Journal of Poverty, Investment and Development
ISSN 2422-846X An International Peer-reviewed Journal
Vol.37, 2017
www.iiste.org

The Socio-Economic Effects of HIV/AIDS in Sub-Saharan Africa: The Nigerian Case

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Abstract
Since the discovery of the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) in the early 80s on the continent of Africa and Nigeria in 1986, the disease has turned out to be the most devastating and destructive in contemporary African societies. It has a serious impact on human resources and other aspects of societal development. The paper has examined some of the social and economic effects in Nigeria, using secondary data. It pointed out the impact of the disease on the population and loss of lives among the youth in their productive and reproductive ages, which reduces the labor supply which, in turn affects the overall economic output at micro and macro levels. The effect is glaring on the family that bears the cost of medical care and other expenses in addition to the suffering from stigma associated with AIDS. The financial burden of the family is responsible for the reduced care and consumption pattern in particular for women and children. The infected persons who remain alive but lose their jobs continue to face the problem of settling medical bills. The children of the dead who become orphans lose parental care and the required support for education and other welfare services. Among others, the paper recommends that the government and other stake-holders should put more efforts on the prevention of new infections and initiate welfare programs to address the problems of the infected and the immediate members of their families, in particular women and children.
Keywords: HIV/AIDS, Social Effects, Economic Effects, Stigma, Discrimination

1. Introduction

The first HIV/AIDS case in Nigeria was discovered in 1986 among prostitutes in Anambara and Lagos (NMA 1991). Since then, the virus and the disease have continued to gradually resurface and spread to different parts of the country, in particular the Sothern Parts from where it first appeared. There are two types of the HIV virus that infect human beings world-wide, namely HIV 1 and HIV 2. HIV 1 was found among wild chimpanzees in Southern Cameroon that transferred the virus to humans in the twentieth century. It is this HIV virus that is responsible for the global HIV pandemic. HIV 2 is believed to have originated from some wild monkeys in Guinea Bissau (Keele *et al*. 2006). All the two HIVs are believed to have originated from Africa, although the first world known case was in the United States of America. In Nigeria, 89% of the infections are caused by HIV 1, only 4% by HIV 2 and 7% by a combination of the former and the latter. Both the two types of HIVs are transmitted through sexual intercourse, infected blood, from mother to infant and through other several traditional and cultural sources of transmission that include traditional marks, barbing, injection, nail-cutting, cutting, the umbilical cord and circumcision with unsterilized objects. It is through these and other sources that HIV/AIDS spread rapidly in the continent of Africa. The disease affects human and material resources all over the world, especially in Africa, Asia and Latin America. This, in turn, has a direct serious implication on the societies and the economy (Keele *et al*. 2006). Nigeria has over 3.5 people living with HIV/AIDS and has the third highest rate in the world after India and South Africa. As at 2016, there were over 196,000 adolescent living with HIV/AIDS in the country and more than 10 percent of the world HIV infected persons are in Nigeria (THISDAY 2016; UNICEP 2016).

The objective of this paper is to examine and review some of the social and economic effects of HIV/AIDS in Nigeria. The focus is on the social and economic effects on the infected and the affected, in particular members of his/her immediate family, as well as the entire house hold and the society at large.

2. Theoretical Framework

This paper is theoretically guided by Parsons' (1951) Sick role theory. The theory as proposed by Parsons provides a social explanation of illness as well as the economic demand upon the sick and his relatives for seeking treatment from a qualified and competent health personnel. The sick person is relieved or exempted from all social and economic responsibilities in order to go and seek for health care for his own good and the benefit of the society which requires him to get well as quickly as possible to resume his normal role for the smooth functioning of the society. The treatment may be costly and could constitute a great social and economic burden to the sick, his family and other relatives. In the case of HIV/AIDS, it could be continuous and endless until death. The central idea of this theory is based on four basic principles that include two obligations and two rights. The first obligation is *the sick person is exempt from normal social roles.* This exemption, however, is relative to the nature and severity of the illness. The second obligation is *the sick person is not responsible for his or her condition.* An individual's illness is thought to be beyond his or her own control. Among the two rights the first

right is *the sick person should try to get well.* Exemption from normal responsibilities is temporary and conditional upon the desire to regain normal health. Thus, the sick person has an obligation to get well. The second right is *the sick person should seek technically competent advice and cooperate with the physician*. The sick person is also expected to cooperate with the physician in the process of trying to get well (Cockerham 2009:148-149).

In the case of HIV/AIDS, the search for cure and spending could be forever terminating the sick from social and economic activities and increasing his burden and that of his relatives to the point of social and economic bankruptcy, leading to his total collapse and of his family.

3. Methodology

Secondary data were used for the writing of this paper. The data both theoretical and empirical on the social and economic implications were generated from various sources. Documentary sources that include publications and documents of various national and international governmental and none-governmental organizations were utilized. In addition, books, published journal articles and newspapers were used. The extracted relevant data from these sources, with reference to the objective of the paper, were thematically subjected to narrative analysis.

4. The Prevalence of HIV/AIDS

The problem of HIV/ AIDS is a serious issue of great concern that is not only limited to health, but also extended to the social and economic aspects of human life. The impact of the pandemic is felt world- wide. It is an epidemic that has become a global disaster for human kind and has tremendous implication for human development, health, food production, economy, national security and it is also one of the causes of morbidity and mortality among youth who are economically in their reproductive years (Frank 2005). It has been estimated that there are not less than 15,000 people who become infected every day. Thus, more than 5.4 million people are infected each year. In the year 2003, UNAIDS estimated that there were about 38 million people who were HIV positive world -wide and among them 26 million were workers below the age of 50 years. Out of the 2.9 million people who died from the HIV/AIDS infection world-wide in the year 2003, a large number of the HIV/AIDS cases were from Nigeria (UNAIDS Africa Fact Sheet 2004). Nigeria, a Sub-Saharan African nation, the most populous in Africa and also the most populous black nation on earth is estimated to have a population of not less than 140 million according, to the 2006 national census figures and a high prevalence of HIV/AIDS. In fact, the HIV/AIDS prevalence rate in this country is the highest in West Africa (NPC 2007).

Joint United Nations Program estimates revealed that there was an increase in the number of people living with HIV/AIDS between the years 2001-2003 in Nigeria. In the year 2008, there were an estimated number of 2.9 people living with HIV/AIDS. The country has the third highest burden of HIV/AIDS infection in the world following India and South Africa. The National Agency for the Control of AIDS (NACA) disclosed that among the 2.9 infected people in Nigeria, 278,000 are children and 1.72 million females (UNAIDS/WHO 2004).

Many people have died as a result of the HIV/AIDS infection. It was revealed that as at the year 2009 an estimated figure of 2.99 million people had died out of which 1.38 were males and 1.61 females. It was also estimated that 28,000 people die annually from the HIV/AIDS infection (NPC HIV/AIDS 2009). However, the number of people living with HIV/AIDS increased to 3.5 million people in 2016 and about 500 Nigerians die of the disease each day, with an average new infection of 600 persons per day (NACA 2016). It is evident that this disease has destroyed the country's human resource.

5. The Social Effects

The social implication of HIV/AIDS revolves centrally around the stigmatization and discrimination of the infected, as well as his/her immediate members. Stigma as defined by Goffman (1963) is an undesirable or a discrediting family attribute that an individual possesses, thus reducing the individual's status in the eyes of society. Aids related stigma refers to the prejudice and discrimination directed at people living with HIV/AIDs (PEPFAR 2008). Infected persons suffer from social stigma of different types that could be in the form isolation, rejection and social discrimination, marital instability and divorce, loss of respect and family responsibility, including the socialization and care for children. It therefore affects family structure and social life. The stigma of HIV/AIDS in Nigeria involves negative attitudes, beliefs and policies towards people living with HIV/AIDS, their families, associates, friends, social groups and communities. One of such stigma is through discrimination. Discrimination has spread rapidly, fuelling anxiety and prejudice against the group infected, as well as those living with HIV/AIDS (Nigeria Aids Bulletin 2003). HIV/AIDS-related discrimination has remained an enormous barrier to people seeking treatment for AIDS or from admitting their HIV/AIDS status publically. Discrimination occurs when a distinction is made against a person that results in his or her being treated unfairly on the basis of belonging or being perceived to belong to a particular group. Therefore, discrimination and stigmatization have been described as some of the primary social consequences of HIV/AIDS. Stigmatization is believed to cause persons with HIV/AIDS to face social isolation, increased emotional stress, loss of social and

economic support and increase in violence against women in Nigeria. It also discourages non-HIV/AIDS positive individuals to avoid being tested for their HIV/AIDS status (Aggleton & Parker 2002).

Most HIV/AIDS infected persons are rejected by their families, their loved ones and their communities. They suffer from loss of family responsibility due to shame. Sometimes these persons experience discrimination from the health care providers within the health setting. The health sector is reported to be contributing to the stigmatization of People Living with HIV/AIDS (JAAIDS 2004). Cases of embarrassment meted out against PLWHA by some medical practitioners and the denial of treatment have been the order of the day. Some of the discriminative acts among health workers include delivery of poor quality treatment and counseling services, early discharge from hospital, segregation of hospital wards, isolation, the labeling of patients beds, files and ward, selective application of precautions and lack of confidentiality (Ehiri *et al*. 2005).

Women were forced to undergo compulsory HIV/AIDS test while inhuman stigmatization was shown at work places between employers and employees in Nigeria. This is evident from way employers request the employees to undergo medical examination. The result is only disclosed to the employers without the expressed permission or knowledge of the employees (Maijama'a & Muhammad 2013). It was discovered in Lagos State that the attitude of some health workers towards PLWHA was poor. Similarly, in Bauchi, among Ashaka Cement Factory workers social stigmatization was very strong, giving rise to psychological burdens on the family in addition to economic burdens (Bolelinger *et. al*. 1999). The effect of HIV/AIDS is most devastating on children because not less than 1.8 percent of them has become orphans and do not enjoy their childhood. They also miss out on the required parental care and protection, education and health care (UNICEF 2016).

The language used at the early stage of enlightenment on the transmission, symptoms, prevention and the dreadful effects of HIV/AIDS by different media organizations has in no small measure contributed to the stigmatization of PLWHA (JAAIDS 2004). The awareness campaign is reported to have caused a dreadful image against PLWHA, as HIV/AIDS was portrayed as punishment for immoral behavior, crime committed against innocent people and war to be fought against the virus. But for members of the public, it was a war for self-protection against the infected and the disease, which was exclusively conceived by some Nigerians as the product of immorality. Some people demonstrate their anger against the infected by describing them as sexually irresponsible, immoral, indecent and blame them for their present predicament (Odumegwu 2002). In Kano metropolis, a predominant Muslim community, it was reported that stigmatizing PLWHDs was high and their acceptance low. This is attributed to the high moral belief in this community that only sinners become infected with HIV/AIDS (Abdullahi 2004; Abba 2017).

In addition, Muhammad and Haruna (2015) discovered that in Kaduna 79.3 percent of the infected persons suffered from loss of respect from members of the community, 76.7 percent were isolated from participation in the socio-economic activities of the couple and 79.6 percent experienced rejection by members of their extended family. The chances of marriage by their sons and daughters are reduced. In fact, Pennap *et al* (2011) has succinctly summed up the social effect of HIV/AIDS as an epidemic by stating that:

> It penetrates the core of social life: rights of women, norms of abstinence and masculinity, work place behavior, conventions of family life and privacy and also the concept of sin, decency, lust, deviance, prostitution and drug addiction (Pennap *et al*. 2011: 164).

In a study of people's feelings towards persons living with HIV/AIDS, support for coercive policies, the attribution of blame and responsibility for the infection, belief about transmission and the knowledge of and intention to use voluntary counseling and testing services, the results indicated a mixture of stigma and empathy and a strong ethnic differential in stigma attitude in Nigeria. The results also revealed that the Igbos were more likely to show stigma attitude and behavior towards PLWHA than the Yoruba (Odumegwu 2003).

HIV/AIDS stigma and discrimination in Nigeria, in particular the discriminatory attitude towards the patients take place in the family of the infected persons. There is a measure of discrimination and stigmatization in the context of the negative attitude of the people of Nigeria towards PLWHA. This includes unwillingness to care for a family member, refusal to work with an infected colleague and refusal to purchase food items from the infected. The result of the study conducted by Anune (2004) on the effects of HIV/AIDS among women in Kaduna State indicates a high level of discrimination against infected women by way of terminating their jobs, expelling their children from school and denying them social interaction.

5.1 The Family/House-hold

Marriage as a union between a man and a woman and their relatives is the foundation of the family and by extension the society. The family system is significant in all societies in that it satisfies and controls the sexual needs of its members in addition to its most important functions of procreation, socialization and restructuring the personality of the young, stabilizing the personality of adults and protection, love and mutual affection among its members. It is this important social institution that HIV/AIDS destabilizes and shatters the life of its members.

Majority of the infected married couples in Kaduna were separated from their children. Most of them also

revealed that they were rejected by members of their extended families due to their HIV status. Their relatives keep their distance and their association and interaction are largely affected and significantly reduced. According to Muhammad and Haruna (2015), a relative of one of the infected people mentioned that:

> As our blood relations, we cannot afford to disassociate ourselves from those infected with HIV/AIDS as is the case with most of their friends, because we cannot claim others as our relations. However, due to the infection has figured them it makes some of us and their friends to distance ourselves from them (Muhammd & Haruna 2015:71).

The HIV/AIDS infected persons also suffered from community isolation. They are marginalized by members of the community through the denial of participation in the social and economic activities of the community. They also experienced loss of respect and in extreme cases are dehumanized despite rigorous enlightenment and awareness campaigns.

The infection among married couples leads to accusation and counter accusations, marital instability, divorce and the total disintegration of the family. Most of the accusations of immorality and the transmission of the disease are labeled against the males, who have access to multiple partners. Among the infected couples studied in Kaduna, some of them managed to remain together and continue with life as husbands and wives, although a number of them experienced threats of divorce. Among the infected couples, 28.4 percent were no longer living together after the infection due to divorce, change in the pattern of the settlement and death, among others. Generally, the infected persons lose their family responsibilities that are taken over from them by their children and other close relatives. They become less influential on the members of the house-hold due to shame and loss of respect (Muhammad & Haruna 2015).

5.2 Educational Effects

Education as one of the biggest and important social service sectors is also an indispensible foundation for social and economic development in human societies. HIV/AIDS constitutes a threat to this sector. Education as a vehicle of societal progress and development has been adversely affected with the emergence and spread of HIV/AIDS. At the community level in Nigeria where the population is decreasing as a result of the HIV/AIDS epidemic, the number of potential beneficiaries, in particular children, for school enrolment also declines. In addition, there is also a decline in school attendance by children who have become orphans as a result of which they cannot afford school fee and other expenses. For some children, attending schools has become disrupted because they might have been turned into care-givers for their infected parents. According to Future Group International (FGI), HIV/AIDS has an impact on education sector in many ways:

> The demand for schooling may be decreasing and this includes lack of attendance due to the need for children to work or care for their sick family members, inability to afford school because ill parents are not able to generate the necessary income, and ostracism due to infection or HIV/AIDS in the family (FGI 2003).

In addition to these, some parents try to marry out their young daughters early as an escape from overcrowded extended families. Men prefer to marry uninfected young girls. Another reason is that parents want to save their children from the unsafe school environment that exposes their children to the danger of HIVAIDS infection either due to consensual of forced sexual activity.

6. The Economic Effects

The economic effects of HIV/AIDS have been associated with the rising morbidity and mortality rates for certain age groups, in particular the sexually active youth and adults, including children infected at birth. Most of the people infected with HIV/AIDS in Nigeria fall within the age category of 15-49 years. This group constitutes the "highest proportion of the labor force-academia, scientists, doctors, administrators and entrepreneurs, as well as unskilled laborers". The epidemic has the implication of cutting short the productive lives of this critical age group, reducing their saving level and increasing health care expenditures. The rise in morbidity leads to "a negative labor productivity effect and a positive health care expenditure effect" (Maijama'a & Mohammed 2031:765).The HIV/AIDS infection had seriously affected the farm families of Makurdi Local government in Nigeria. It was discovered that the serious negative effect was on "the productivity, farm income and standard of living of the affected farm families" (Daudu *et. al* 2003 in Maijama'a & Mohammed 2013:766).

6.1 The Impact on Saving and the Standard of Living.

Most of the infected persons suffer from low level incomes, and as a result of the valuable time they used seeking for medical care. They money spent money on medication, rather than on the basic necessities of life, such as food, education, clothing and other daily needs. Most of these people are poor living below the poverty level. Thus, the additional expenses due to the HIV/AIDS infection compound their condition of poverty. The effects on the infected in Nigeria are multi-faceted. Lack of savings by a sizeable number of the respondents can be attributed to low income levels and increased healthcare expenditure, which necessitate some of them to

resort to either borrowing or selling their property to meet the cost of living, as well as their medical expenses. Low income levels coupled with increased healthcare expenditure and extra-financial burdens due to adopting orphans has inevitably reduced the quality and quantity of the food consumed (Maijama'a & Mohammed 2013).

The impact is not only limited to the infected but also extended to the affected, in particular his significant others. When the savings and the standard of living of the people infected with HIV/AIDS were compared with those of the un-infected, the result shows that the un-infected are better off economically. Yet a number of them are affected due to spending part of their savings/income on treating infected family members or friends. By extension, HIV/AIDS has spared neither the infected nor the affected persons from its devastating impact. On this Muhammad and Haruna (2015) stated that in Kaduna:

> 75.6 percent of the infected disclosed that the disease has led to the depletion of their income and 79.6 percent disclosed that their personal savings were diverted for treatment of the disease and 62.2 percent of the infected persons mentioned that their family assets were sold in order to meet up with the cost of the treatment and 13.8 percent of the infected retire voluntarily due to the loss of productivity (Muhammad & Haruna, 2015).

In a case study of the HIV/AIDS infected workers of the Ashaka Cement Company in Bauchi from 1995-1996, it was revealed that despite the company's assistance in settling the medical expenses of the HIV/AIDS patients, the illness has drained family resources. When any of the patients died, the family source of livelihood was lost, creating a major economic burden (Bollinger et al. 1999). The sale of assets for medical treatment is common among the infected and members of their immediate families. Bollinger *et al*. (1999) stated that:

> Anecdotal evidence in Nigeria indicates that the extended family sells off assets in order to pay for treatment; one woman with Aids recounted how her father had already sold off two cars in order to pay the N2, 400 monthly cost of her treatment (Bollinger *et. al*. 1999:4).

6.2 The Macro Economic Effects

The economic effects are not limited to the infected and the affected or the entire household, but also extended to the wider society. Therefore, in addition to the micro-economic effects, there is also the macro-economic effect, particularly on Agriculture, Education, Health, Industries and the Civil service, among others.

6.3 The Agricultural Sector

Majority of the Nigerian population are farmers who engage in farming as their primary occupation, though a significant number engages in other occupations as secondary sources of income. Agriculture is a major production sector and the largest employer of labor. Although there is no sufficient data on the effects of the HIV/AIDS infection on the agricultural sector, it is generally noted that the adverse effects include the loss of labor supply and income remittance and the reduction of the size of the harvest. Loss of agricultural labor compels farmers to switch from export crops to food crops. In a study of seventeen different states in Nigeria, it was discovered that there were on the average 8-10 AIDS infections per week in the rural areas. In another study in Kano at Gadar Tamburawa village, it was revealed that in 1997 the prevalence rate was 16 percent, which was far above the national average of 4.5 percent in 1996. The national prevalence rate was estimated to be between 8-10 percent (Akintoye 1997; & Bollinger *et. al* 1999).

6.4 The Industrial Sector

The public and private industries in Nigeria are to a certain degree affected by AIDS. A significant number of the employees die from AIDS and other associated illnesses. This has a serious implication on industries, as it increases expenditure and reduces revenues. Expenditure increases due to health care expenses for the infected workers, burial fees and the cost of the recruitment and training of new and inexperienced workers to replace the lost ones. In addition, revenues may decrease due to the time spent on training, absenteeism from work because of illness, funeral and mourning attendance by the affected. There is also increase of in the cost of death benefits and provision of medical assistance. Life and safety insurance policy also shortens the accumulation period for retirement (Pennap *et. al* 2011; Bill 2005).

For example, Guinness Nigeria supports the cost of treatment for a life time for its employees and dependents suffering from HIV/AIDS illnesses. In fact, Bill (2005) pointed out that even where unemployment rates are high, the retirement and death of large skilled and unskilled workers will put an upward pressure on wages.

The industries are left to manage with inexperienced workers that are less productive. Again, in Nigeria, the Ashaka Cement Company suffered from increased expenditure and decreased revenue as a result of HIV/AIDS. In this company, out of the 23 infected employees, nine of them died and the rest were receiving treatment from hospitals, either as in-patients or out-patients, but were still collecting their monthly salary for work not done. The company suffered from lost time of work because of illness, caring for a sick relative and the time spent attending funerals. The company also incurred the expenses of repatriating the corpses for burial and the re-

settlement of the deceased family. Furthermore, a lot of money was spent on the treatment of the infected staff and the care of their relatives, including expenditures on retroviral drugs (Bollinger *et. al.* 1999).

6.5 The Health Sector

AIDS as a disease constitutes a great financial burden to the health sector because it does not only increase the number of people seeking medical treatment in public hospitals, but also increase the expenditure of the sector because the treatment for AIDS patients is very expensive compared to a number of other diseases. In Nigeria, the cost of treatment for AIDS is estimated to be about N55, 000, which a large majority of Nigerians cannot afford. Additionally, it was pointed out that there are more risks:

> Infections may be spread within the private health sector, as screening of blood for HIV and hepatitis transfusions does not take place due to maintenance costs for blood screening machines, as well as the high cost of the test itself, at N1000 in public hospitals. This lack of screening has a further impact on health workers, as those who handle blood products are becoming infected at higher rates than those who do not (Akway *et. al*. 1998 in Bollinger et. al. 1999: 7).

The impact is also felt in other sectors of the economy that include the transport sector, the Mining sector and those of Electricity and water resources, among others.

7. Conclusion and Recommendations

It is evident that HIV/AIDS constitutes serious health and socio-economic problems not only to the Nigerian people but humanity in general. In Nigeria, the disease has been a great threat to social and economic well being and the survival of infected persons. Millions of lives were lost to the disease, including the lives of young men and women and children in their productive ages as a result of which the social and economic development of the infected person, his family and the nation is negatively affected. Infected persons suffer from stigma and discrimination in their communities. There is no doubt that the HIV/AIDS epidemic has destabilized a number of families, affecting their sources of income and livelihood. This in turn has affected the education and future socio-economic development of their children. The human and material resources devoted to the treatment and prevention of HIV/AIDS could have been utilized for the social and economic growth of the individuals and the country. This paper recommends that:

1. The Nigerian government should introduce policies and strategies for the reduction of discrimination and stigma against people living with HIV/AIDS by their employers, members of their family and the society at large.
2. HIV/AIDS infected persons should be provided with free comprehensive medical care and protected from the discriminatory behavior and attitude of some of the health workers
3. The government should financially assist the infected persons by providing unemployment benefits to them in order to alleviate their financial burdens.
4. All stakeholders should come and work together on the prevention of new infections and initiate welfare programs to address the problems of women and children who lost their husbands and fathers respectfully.

Acknowledgements

I would like to acknowledge the contribution of Professor Aliyu Kamal of the English Department, Bayero University, Kano Nigeria for editing the paper and Pt. Nafisa Muhammad Awaisu for financing the publication

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