

## HIV/AIDS and Family Socio-Economic Development: An Insight from Stakeholders in Metropolitan Gusau, Zamfara State, Nigeria

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### Abstract:

Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is a social problem that affects the life of people in different sphere of human existence. This paper seeks to examine the impact of HIV/AIDS on socio-economic development an insight from stakeholders in Gusau metropolis. Specifically, the paper explores how HIV/AIDS disrupt family as a social system; examine the impact of costs treatment on family and proffer solution to mitigate the impact of HIV/AIDS on family. Qualitative method of research was used in the course of this study. This research relies heavily on the open-ended tradition of participatory and qualitative research tools, using specifically In-depth Interviews (IDI). Interview was conducted with ten (10) stakeholders; three (3) from community; two (4) from Non-Governmental organisations and three (3) from medical personnel. The study finds out that HIV/AIDS disrupt family system in various ways. It is also finding out that cost of HIV/AIDS treatment negatively affect family income and consequently the study proffer recommendation on way out to HIV/AIDS. The study recommends poverty reduction, public enlightenment as major solution to HIV/AIDS.

**Keywords:** HIV/AIDS, socio-economic, development, metropolitan Gusau

### Introduction and Problem Statement:

Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is not just a health issue but it is also social as well as economic issue that hinders development in one way or the other (FMH, 2018). The impact has a huge repercussion for development in Nigeria and world at large. The HIV/AIDS epidemic adversely affect growth rate in complex ways not least by killing off the most productive people in their prime age but leaving the most needed (children) orphaned to carter for their self (FMH, 2019).

HIV/AIDS has cause immense human suffering in Nigeria. The most obvious effects of the crises have been illness and death, but the impact of the epidemic has certainly not been confined to health issue alone but it has huge and adverse repercussions to the various sectors of development-education, agriculture, household income and economy have been badly affected (FMH, 2019; FMH, 2018; Amzat, 2009).

Even though, there are quite a number of studies (FMH, 2019; FMH, 2018; Umar, 2008; Ahonsi, 2005; Salisu, 2001) conducted to find out the

impact of HIV/AIDS, but there is still a need to explore from the stakeholders perspectives the impact HIV/AIDS has on socio-economic development. Consequent upon the foregoing this research work comes up to explore the impact of HIV/AIDS on socio-economic development: an insight from the stakeholders in metropolitan Gusau, Zamfara state Nigeria. Specifically, the paper seeks to address the specific fundamental research questions.

### **Research Questions:**

1. What is your opinion on impact of HIV/AIDS on disruption of social stability?
2. How do you think cost of HIV/AIDS treatment has impact on the family income?
3. How to reduce the effect of HIV/AIDS on family development process?

### **Research Objectives:**

The main objective of this research is to study the impact of HIV/AIDS on socio-economic development an insight from stakeholders in Gusau metropolis Zamfara state, Nigeria. To be specific, the study:

1. Explore the impact of HIV/AIDS on disruption of social stability
2. Identify the impact of cost of HIV/AIDS treatment on the family income
3. To offer solution on how to reduce the effect of HIV/AIDS on family development process

### **HIV/AIDS in Nigeria:**

Federal Ministry of Health (2007) reveals that the first HIV case in Nigeria was reported in 1986. Nigeria has the second largest HIV epidemic in the world (NACA, 2017). Even though HIV occurrence among adults is much less with 1.5% than other sub-Saharan African countries such like South Africa with 20.4% prevalence rate and Zambia with 11.3%, according to NACA (2017) the size of Nigeria's population means 1.9 million people were living with HIV in 2018. Recent drops in prevalence estimates for the country has been attributed to better surveillance (Rodriguez-Hart et al, 2017; NACA, 2017; UNAID, 2017).

Nevertheless, UNAIDS (2017) estimates that around two-thirds of new HIV infections in West and Central Africa in 2017 occur in Nigeria (UNAIDS, 2017). Equally with South Africa and Uganda, the country accounts for around half of all new HIV infections in sub-Saharan Africa every year (NACA, 2017; UNAID, 2017; FMH, 2010). This is notwithstanding achieving a 5% reduction in new infections between 2010 and 2017.

Unprotected heterosexual sex accounts for 80% of new HIV infections in Nigeria, with the majority of remaining HIV infections occurring in key affected populations such as sex workers (FMH, 2019; FMH, 2018; NACA, 2017; UNAID, 2017; Amzat, 2009).

Six states in Nigeria represent for 41% of people living with HIV, including Kaduna, Akwa Ibom, Benue, Lagos, Oyo, and Kano (NACA, 2017; UNAID, 2017; FMH, 2010). HIV prevalence is highest in Nigeria's southern states (known as the South South Zone), and stands at 5.5%. It is lowest in the southeast (the South East Zone) where there is a prevalence of 1.8%. There are higher rates of HIV in rural areas 4% than in urban ones 3% (NBS, 2017; NACA, 2017; UNAID, 2017; FMH, 2010). Approximately 150,000 people died from AIDS-related illnesses in Nigeria in 2017 (NACA, 2017).

Though it was stated that the prevalence is differ between region, Amzat, 2009 averred that in some states, the epidemic is more concentrated and driven by high risk behaviors, while other states have more generalized epidemics that are sustained primarily by multiple sexual partnership. Youth and young adults are more vulnerable to HIV, with young women at higher risk than young men (Nosa, 2007). According to Nosa (2007) there are many risk factors that contribute to the spread of HIV, including prostitution, high risk sexual practices among itinerant workers, high prevalence of sexually transmitted infections, homosexual practices, international trafficking of women and irregular blood transfusion among other (NACA, 2017; Nosa, 2007).

## **Impact of HIV/AIDS on Socio-Economic Development in Nigeria:**

Despite the limited information of its impact on the socio-economic and other aspect of development, research by different scholars and organization (FMH, 2019; FMH, 2018; Umar, 2008; Ahonsi 2005; Onyeka, 2005; Salisu, 2001) reveals that the epidemic had serious implication on development process in Nigeria. Lets us look at the meaning of sustainable development and briefly look at the impact of HIV/AIDS in various sectors of development.

Sustainable human development is development that not only generates economic growth but distributes its benefits equitably, that regenerates environment rather than destroying it; that empower people rather than marginalizing them. It is the development that gives priority to the poor, enlarging choices and opportunities and providing for their participation in decisions that affect their lives (UNDP, 1994). The major indicators of measuring human development include; ability to meet basic needs such as food, shelter, health and protection.

### **Agriculture:**

According to FMH (2007) HIV/AIDS affect mainly adults in their productive years of life (20-49) years. These decreases the size of the work forced in the agricultural sector and also increases the cost of labor. Salihu (2001) reveals that HIV positive persons tired easily as a result of high metabolic rates even when at rest. In turn this affects not only the agricultural sector but also the overall economic development. The implication of this is expected to be great. It may likely lead to tremendous implication on the agricultural sector to cope with shortage of labor and labor cost. Other implication includes shortage of food production and increased in poverty especially in household affected by HIV (FMH, 2019; Salihu, 2001).

### **Education:**

According to FMH (2019) HIV/AIDS have the following impacts on the education system in Nigeria which includes decrease in supply of

teachers, drop out school enrolment especially for girls and loss of financial, material and emotional support for orphans towards successful schooling (FMH, 2007). Salihu (2001) stress further that HIV weakens staffing levels teacher efficiency, and orphan and vulnerable children school enrolment, attendance and completion. Teachers and supporting staff that are HIV positive or affected are likely to spend less time on work because of stigma, illness and caring for the sick. In case of death, the teacher is not easily replaced immediately due to the duration and cost of training. The class may be taken on by another teacher, combined with another class or left untaught especially in schools where the staffing level are already low. According to Amzat (2007) some vulnerable children are withdrawn from school to care for the sick parents and relatives or due to inability of the family to generate income or provide fees. Being education as the back born of development of any nation, HIV impact not only affect education sector alone, but also to various sectors of economy that demand for education sector to feed them with manpower (FMH, 2019; FMH, 2018; Umar, 2008; Ahonsi, 2005).

### **Health:**

Umar (2008) observed that there is shortage of health care workers to cope with growing number of HIV/AIDS patients. The work load of health workers is increasing and affecting their morale and efficiency in service provision. Many hospital beds are occupied by people with HIV related cases, HIV patients are hospitalized for a longer duration than other patients ((FMH, 2019; FMH, 2018; FMH, 2007). This shows that the funds suppose to use on other sector of the economy has been diverted to health sector to increased infrastructure modification and spending to cope with new demands that are emerging due to epidemic. Those impacts pose a large challenge not only to the capacity of the health sector to carry out its functions effectively but also to the overall health profile of the people and economic development in general. The impact of HIV/AIDS is that the already fragile health care delivery

system has been overloaded (FMH, 2019; FMH, 2018).

### **Household/Social:**

Henry (2002) opined that the presence of HIV causes the household to dissolve, as parents die and children are sent to relatives for care and upbringing. It is hard to emphasize the trauma and hardship that children affected by HIV/AIDS are forced to bear. Amzat (2007) stated that the epidemic not only causes children to lose their parents or guardians, but sometimes their childhood as well. Henry (2002) averred that as parents and family members become ill, children take on more responsibility to earn incomes, produce food and care for the family members. It is harder for those children to have access to adequate nutrition, basic health care, housing and clothing.

Nosa (2007) stressed further that loss of a parent to HIV/AIDS can have serious consequences for a child's access to basic necessities. Orphans are more likely than orphans to live in large female headed households where more people are depended on fewer income earners. This lack of income put extra pressure on AIDS orphans to contribute financially to the household, in some cases driving them to the streets to work, beg or seek for food. The majority of the children who lost parents continue to live in the care of surviving parent or family members, but often have to take on the responsibility of doing the housework, looking after sibling and caring for ill or dying parents (FMH, 2019; FMH, 2018; Nosa, 2007).

Similarly, UNICEF (2009) assert that children whose parents are living with HIV often experience many negative changes in their lives and can start to suffer neglect, including emotional neglect long before they are orphaned. They suffer the death trauma of their parents and the emotional disturbances. They have to adjust to a new situation with little or no support, and may suffer exploitation and abuse (FMH, 2019; FMH, 2018).

### **Materials and Methods:**

Interview technique is used in this research in order to seek an insight from stakeholders on impact of

HIV/AIDS on socio-economic development in Gusau metropolis. Qualitative research is a method of investigation engaged in different academic disciplines, traditionally in sociology, and many other social and administrative sciences. Qualitative research aims to collect an in-depth understanding of social behavior and the causes of such behavior. The qualitative research technique explores the why and how not just what, where and when. According to Kalthum (2008), Sekaran (2003) qualitative research design incorporate extensive use of verbal and developing full information on comparatively few cases. It is also provide accurate information from social event and picture conclusions from available data.

The reason for qualitative study was to disclose and make details on the phenomena (impact of HIV/AIDS on socio-economic development) and to achieve in-depth understanding of the research subject. In this current study it was set to achieve in-depth understanding on the stakeholder's insight into the impact of HIV/AIDS on socio-economic development in metropolitan Gusau in Zamfara state, Nigeria.

Stakeholders served as target respondents of this study. They include people from health sector (both governmental and nongovernmental) who work in HIV/AIDS related issues. Other segment of the stakeholders comprises community members who share or experience the brunt of HIV/AIDS in their community. Those entire respondents are drawn from metropolitan Gusau as study area of this research.

### ***Interview Protocols:***

Designing interview protocols is very vital for researchers that are going for qualitative research method. The main purpose of this is to guide the researcher to conduct the interview successfully without any difficulty. Therefore, some tips provided by Stacy A. Jacob (2012) for conducting interview were adapted and strictly adhere by this study. The tips for the interview provided by Stacy A. Jacob (2012) are as follows:



1. Start with your script
2. Collect Consent
3. Use some types of recording device and only take brief notes so we can maintain eye contact with your interviewee
4. Arrange to interview your respondents in a quiet, semi private place
5. Be sure that both you and interviewee block off plenty of interrupted time for the interview
6. Have a genuine care, concern and interest for the people you are interviewing.
7. Use basic counseling skills to help your interviewees feel heard
8. Keep it focused
9. Listen, listen and listen
10. End with your script

Interview guide was used as instrument for this study. It covers questions regarding the topic of this study (impact of HIV/AIDS on socio-economic development). Interview was conducted with 20 respondents that participated in the study. Among the interviewee are household members across Gusau municipal. Stakeholders that participated in the interview include three staff from National Control for AIDS (NACA) Zamfara state office, three staff from state ministry of health. Five respondents from Non-Governmental Organizations (NGOs) and another five respondents from key economic development expert in Gusau. This interview was conducted with sole aims of exploring the impact of HIV/AIDS on socio-economic development. The systematic collection, ordering, description and interpretation of textual data generated are strictly used to ensure the quality of this research.

### Thematic Analysis:

This process of thematic analysis involved the familiarizing with data that is transcribing data by reading and re-reading. This is followed by generating initial codes in a logical way across the complete data set. After searching for themes, the next is to reviewing themes. Later defining and

naming theme. Generating clear definitions and names for each theme and finally producing the report. After transcribing the recorded version of the interview, this study arranged those into themes for simple thematic analysis of the results. Three themes were generated for this study. The table below shows the themes generated for this study and their codes.

**Table 1: Themes**

S/N	Themes Code	Themes Name
1	DSS1	Disruption of Social Stability
2	HFI2	HIV and Family Income
3	CSH3	Causes and Solution to HIV/AIDS

### Results:

#### Disruption of Social Stability (DSS):

Disrupting social stability defined to, or used to evaluate the level of alteration or dysfunction HIV/AIDS convey to the breakdown of social life in different communities. This study interviewed a number of stakeholders in relation how HIV/AIDS contribute to the collapse of social stability by making life miserable and depressed to communities and societies affected which in turn has implication to their development in various aspect of life.

Interview was conducted with one of the stakeholders from community in relation to impact of HIV/AIDS on social stability. The respondent reveals that:

If somebody ask to talk about the impact HIV/AIDS has on family issue, it means you are ask to not only discuss how the virus impose the devastation to that particular family but also how it is end or about to end the family structure entirely. Yes I said so because there is a number of family members that today we don't know where to find any one among the members of that particular family and we know the cause was as a result of the

death of family heads (father/mother....) to HIV virus. So I can reveal to you that those family end to be as a family (DSS1-Community Stakeholder).

Another respondent also from the community members averred that:

HIV/AIDS has a huge implication to the stability and strength of the family. Many children of those affected lack proper upbringing. They lack basic need to grow as healthy children with all required necessity of life. They lack means to provide for their education, to cater for food, shelter and some other fundamental necessity required for life. This I affirm to you has a great consequence to the stability of family. Imagine a situation where you lack or lost someone who suppose to provide for your childhood and upbringing as a child, how do you think? If I am to ask you even if you as an adult lost a mean of survival and subject you to become or lost your source of income please how do you explain the level of dissatisfaction this may cause. So you see it is really disturbing and has a huge repercussion to the stability of the whole family system (DSS1-Community Stakeholder).

Respondent from the same segment (community members) highlighted the role HIV/AIDS play in breaking down the social stability in the family. He stated that:

Children especially those at the tender age bear the great consequences of HIV/AIDS. Those children as a result of death of their parents lost the affectionate and loving care from their lost parents. As a result of such they are left with no option than to resort in finding on their own the means of survival. This put them into serious danger into the hands of traffickers and also faces many abuses including the rape, hard labor and related maltreatment and neglect (DSS1-Community Stakeholder).

The same respondent stressed further that:

Not only those consequences mention earlier, the huge repercussion of this has a long implication to the community, society and nation in general. Due to the lack of basic need to have access to good education, health care and shelter, they grow up to

become a liability to the society. You bear witness that children grow up without proper caring most of all them, not all of them but their significant number has no mercy in their mind. Because they see society as their enemies because the society fails to assist in providing their basic needs due to the lost of their parents. So you see the implication is that all those mention consequences are among the implication you are talking about. Some of the implications are beyond explanation or discussion on this stage (DSS1-Community Stakeholder).

Similarly, respondent from community members informed that:

HIV/AIDS you are talking about causes children to lost their parents. As a result of losing their parents it also subject such children to difficulties of schooling, of eating, of protection and many more atrocities. This negatively affect the childhood of those children in one way or the other. A child of this situation has to work and earn income to cater for the rest of the family members especially the women. So this has a social impact to their childhood and also their upbringing as well (DSS1-Community Stakeholder).

Another respondent maintained that:

You know the situation here with regard to implication of HIV is that in some cases the male die mostly. So if the male as a head of the household die all the burden of the family responsibility place on the shoulder the women. Those women will now take charge as the head of the family. This I told you it happen even to the family of the decease that come from larger or extended family. Because you know today even your relative cares for you only when you have means or resources at your disposal. So if you die your family left with no body to take care of them. So if you look at this situation the children in this situation grow up in the hands of their mothers. The implication is that you know the mothers are weak. So you see their upbringing will not be the same with the children of male headed household. This I can tell you in almost all circumstances you can't compare the children from the family headed by

male with that headed by female (DSS1-Community Stakeholder).

Another respondent from community members affirmed that:

Do you know the story I want to tell you with regard to question you ask me? I will tell you but you promise not to shed tears with me. Do you hear? It was some time that I come back from journey that I spend I think two weeks if I can remember. I don't want be so specific to you but there is some one that I know He die as a result of HIV because we are close friends or relatives. So when I come back home from journey as I told you my children and children of the decease friend rose to welcome me back they are happy all together with my children. But I notice one of the children of the decease friend feeling somehow disturb. Then seek his attention and his name and said what happen? He replies to me that his dad was gone and up till now he did not come and start cry seriously. I too start cry and telling him that your dad is on his way back home soon. It was the other child that told me no dad our father is die I know you took him to cemetery dad and anyone who die will not come back again. The child told that dad I remember our father when he ask us that we pray for him if we grow up so that the prayer will meet him in his grave (DSS1-Community Stakeholder).

The same respondent continued that:

So if you look at this emotional and psychological trauma cause to those children, those shock and distress is among the worst social implication HIV has to the family affected. It is not easy at all to handle or manage this emotional disturbances and pain from such kind of situation. So it is serious it is painful not only to children but also adult family members. You know some time you as an adult you can even lose control and in short the situation is terrible, very terrible (DSS1-Community Stakeholder).

Another respondent reported that:

You see many of the social impact of HIV and AIDS is that it consumes a lot of resources means to take care of family responsibility. You know the

situation now the little income is not even enough to cater for the basic needs and responsibility of the family. So you see in the case of family with HIV experience it may put the family into extra financial burden. You know to spend on HIV medication is not easy. Some time it requires one of the family members to escort the HIV patient for the purpose of getting HIV drugs outside the town. These you know add extra pressure of the family expenses. A little of the family income will spend for treatment of those affected instead of using those little resources for the benefit of the entire family members (DSS1-NGO Stakeholder).

Same respondent added that:

One of the terrible situations is when the head of the family become affected. It is horrible because he is the main source of income of that particular family. So when he becomes ill it means the family lost or lacks the basic means of survival. This implies that the family has to suffer in one way or the other with regard to provision of basic need and services of that family. This seriously impacted in the social stability of that family. You can think of many family are struggling for the management of little resources at their disposal, so what of that family that their main source of income is shaken, unstable or absent. Therefore, you see this is the great family instability that may likely pose a serious danger to that family to continue as a basic social unit (DSS1-NGO Stakeholder).

A further discussion on the impact of HIV on family social stability was express by another respondent and claimed that:

Children who their parents are sick or become HIV victims spend more time looking after their sick parents. This prevent them to enjoy their childhood, to attend schools and many other extra children activities like play with their fellow children and so on and so forth. These affect their psychological and emotional stability due to their close contact with sick parents who are in difficult health condition. Their morale in some instance is likely to be down due this traumatic experience of handling their ailing parents (DSS1-NGO Stakeholder).

This respondent added that:

Those children in many cases take the responsibility of taken care of the ailing parents. Some time they need to work hard labor and earn income to support their sick parents. Those children I can tell you they suffer neglect and abandon by their close family relatives. You can now by yourself observe the social impact you are talking about? Now let me ask you if you were ask about the children of those children what you say? The simple answer is that they lost or not enjoying their childhood at all. So if we are to be candid and honest to the situation it is very disturbing (DSS1-Community Stakeholder).

### **HIV and Family Income (HFI):**

Family income in this study refers to proceeds or gross earnings of a family as a social system. This theme discussed the impact of HIV and AIDS on general family income. Interview was conducted with stakeholders on various ways that HIV/AIDS affect the general welfare and the provision of basic social responsibility to the affected family due to the lost or shortfall of income.

With regard to impact of HIV/AIDS on family income, interview was conducted with stakeholder from Non Governmental Organization (NGOs) working in health care services and delivery in metropolitan Gusau. The respondent mentioned that:

There is a gross and serious implication of families that has or have an experience or to put it that way the family affected by HIV. You most of the head of those households in the affected families are struggling to earn a living on daily or hourly basis. So in that case when he or she affected by HIV they no longer work for some hours long that is to say even if there is possibility for them to work. So in that case even if they work they may not be able to work for long hours because they need rest. So by the nature of the work they are engaged the modalities and means of payment was done base on hours or days you spend working. In that case also, due to the nature of their sickness they earned less income. The terrible nature of this issue is that even

if they work fully for the required hours or days the income they earn may not likely be enough to provide the basic provision their family require to survive. In that case their sickness only worsens the already insufficient pay they are receiving to take care of their family. HIV/AIDS in that reinforce more and more hardship to those families. Simply because the income is either be not enough or totally absent. This has a huge and terrible repercussion to the existence and survival of that particular family as a social system (HFI2-NGO Stakeholder).

In a related narration another respondent explained that:

Family headed by HIV/AIDS patient working in a private sector organization face several challenges. This is as a result that, the HIV/AIDS patient skips so many days off work. You know those private sector organizations operate only on profit maximization reason. You can pay only if you work. Any day you spend off work will definitely count out when it comes to payment. Those that are working and paying on daily basis have a simple question to answer. You are not around or not shown up in the working place the simple arithmetic is that you would not been paid. Though there are laws protecting people working with private sector organization but those laws seem like not working. As a result of days you spend off work which at the end of the day you would not received any pay likely to affect the general welfare of that family (HFI2-NGO Stakeholder).

When ask if the case is the similar with HIV/AIDS patient working with governmental institutions and agencies the same respondent averred that:

There is a slight different in some instance with those that are working with government firms and in some instance there is also no difference with those that are working with private organization. The reason why I said so is that, if the place the sick person is working is just an ordinary working place without much competition or in a situation where by his work is not highly needed so in that case there is no much trouble. This is because his services are not direly needed. Even in that case the



patient survives only if he has a good rapport with management of the institution or organization he or she is working. Or in some cases if he knows who is who. But if the patient is working in a highly competitive environment and he is needed more in that particular organization he need to be replace with some with sound health and ability to face that particular job that required the presence of you at all times. In that case this may also affect the patient income because even if he is allow to go or to pay him his salary whether he come or not some allowances attached to the nature of his work need to be remove. You see this reduce his income due to the nature of his sickness that did not allow him to work full time. This also affects the way and manner he is taken care of his family members (HF12-NGO Stakeholder).

Another respondent lamented that:

One of the implications of HIV and AIDS to income includes the diversion of little family income to the treatment of those affected among the family members. The HIV medication required a lot of resources for treatment. Some time you need to travel for long distance that is to say from one town to another looking for Anti Retroviral Drug (ARD). Some time there is short or cut of supply of those drugs that make you to travel to other places. You must travel to where ever destinations to get that drugs if you want to survive. Because failure to continue taking these drugs may let to serious repercussions. The problem here is that most of the family affected does not have enough resources or income to go through all those challenges. But since it is the case of emergency the family or the household manage to surrender the little income they have to take care of the affected member of the family. Some little income sometime are meant for the provision of some basic essentials of the family such as food, medication and other things basic for life (HF12-Community Stakeholder).

This respondent added that:

If the income suppose to take care of the provision of basic necessities to the family and provision of the general welfare are squandered by the treatment

of sick HIV person it means the rest of the family members most suffer in one way or the other. That is to say the suffering may be battling with shortage of food, inability to pay for school fees and lacking several other things that life required. This is some of the impact that HIV has on family income. The income in the first instance are not sufficiently enough even without some other burden or challenge. So with this it is seriously affect the income of that particular family in the provision of social welfare and other basic necessities (HF12-Community Stakeholder).

Interview with another respondent with regard to impact of HIV/AIDS on family income lamented to this study that:

Family income severely affected due to HIV and AIDS if the head of the household are the victim of the disease. You know the head of the household is the main source of the household or family income. So when he is down it mean the family income most also be down. Even if there is reserved for the family, at least what is coming from the family is no longer available because of the sickness. The HIV positive household head may not be able to work as expected which may lead to the reduction of his income. This affects the family in so many instances. For example, as a result of income reduction if may likely affect the general welfare of the family. So many things have to change in the family system because of the lessening of head of the household income. In short this is some of the ways that HIV and AIDS impact on the income of the family. As I have mentioned from the beginning of this discussion that it is more severe if the household head are the one suffering from HIV or AIDS virus. This is simply because he is the main source or in some cases the only source of the family income (HF12-Community Stakeholder)..

It was reveal by another respondent that:

HIV/AIDS impact negatively to the family headed by age persons. Families headed by aged person rely heavily for the family members at their vibrant age period. That is to say family members ages between 15-45 years. The sad story here is that HIV/AIDS affect mostly people on that age

category (15-45). So when they relied on those people and consequently plunge in as HIV victims it means those families are to suffer. The reason here is that those that they rely upon are certainly not capable to provide or assist the family with anything again due to the situation they found themselves. On the other side of the story is that the family now most resort to find the ways on how to assist those young person that become infected with HIV which before they are the one that the family relied on. I hope you are getting the logic here on how this painful discussion harmfully affects the income and broad welfare of that family. The issue is that those that family relied on are now looking for the assistance of the family to address or handle the situation they are in. so you see this is serious not only to the income but also to the welfare provision and stability of the household as a social system(HFI2-Community Stakeholder).

When asked on how the family headed by aged person could render assistance to those affected, the respondent said that:

In some cases there is no any other alternative than to sell some family assets. Some family assets like plot of land, or even house, farmland, animals like cows, sheep, goats and rest of those kinds of things. You I told you that the household are headed by already weak persons due to their age. In that case they heavily rely for those at their vibrant age period to provide all require social provision to the family. So upon a situation where by those that are rely on to provide for the family are down to the HIV sickness this means that they are now the ones in need of assistance. So the family in this case has to look for ways of providing assistance to those in need. One of the ways that the family looks for is to resort to selling of their asset. The implication also becomes worse if the family has nothing to sell. But in so many cases we have attended previously most of the family has something to sacrifice in those difficult times (HFI2-Community Stakeholder).

#### **Causes and Solution to HIV/AIDS (CSH):**

This theme provides discussion of various solutions to reduce the impact of HIV/AIDS

epidemic. Expert in the area of public health issues and other stakeholders was interviewed and proffer adequate explanation on how the issue of HIV/AIDS should be address. To begin with an interview was conducted with public health expert with regard to possible solution to HIV/AIDS in order to mitigate its impact to the family and general members of society.

The respondent commence with this statement:

To God be the glory. For someone to begin discussion on how to tackle the issue of HIV/AIDS one has to look beyond the solution but to go back and look and the main root causes of the epidemic. What are those root causes? First of all you have to understand that there is ignorance among the general populace about the reality of HIV/AIDS. That is to say many people deny the reality that HIV exists. So if there is such perception among the people it simply signifies that people may likely reject all form public awareness or enlightenment about the possible danger of the disease. In the same vain they may also refuse all guidelines and protective mechanism set in place to mitigate the prevalence of the disease. This is number of the problem (HFI2-Medical Stakeholder).

The respondent stressed further that:

Another root cause to be discussing before start talking about solution of HIV is poverty factor. Poverty in this case served as another root cause of HIV. Many people contracted HIV as a result of poverty and many people that are already infected by the virus become severely affected as a result of poverty. How poverty served as one of the major root cause of HIV? Ok it is one of the root causes simply because many people become brutally affected mainly because they lack basic ability to manage to pay for treatment. Therefore their inability to meet up treatment requirement worsens their cases. Some other HIV victims harshly victimize because they can no longer afford to take good nutrition which is also part of treatment requirement. Many of them as a result of poverty do not have enough rest due to the weaken nature of their immune system. The condition of being them poor does not allow them to have enough rest

time as they have to struggle on daily basis in order to survive. This also adds up to make their health condition deteriorated. Another instance of poverty as root cause of HIV many HIV victim cannot find the money for the treatment of the disease (HF12-*Medical Stakeholder*).

The same respondent goes on to explain that:

Another most important root cause of HIV is frequent movement of people from place to another. There are so many reasons that warrant those movements. So of those reasons behind the movement of people from one location to another include political instability, draught, disaster and several other reasons. As you are aware today there are so many cases of insecurity, insurgency, political turbulence today not only in Nigeria or Africa but across the globe. This make people to move constantly you know, and most of the people involve on those movement are people marriage people or people with ages ranges between 25-45 years. They move mostly without their family or their wife. As they stay longer they are more prone to HIV. To that is the reason (HF12-*Medical Stakeholder*).

Similarly the respondent averred that:

All the above long discussion we have started is social in nature. I decided to begin with it looking for your background as a social scientist and sociological researcher looking for social implication of the disease. But if we are look at the other side of the biological causes it is the place that we can talk about the sexual relationship as the main foundation of getting HIV. Biologically, sexual intercourse is major way of getting HIV. Other biological explanation of the causes of HIV includes blood transfusion with infected blood. Many people get to HIV as a result of blood transfusion with infected blood. Using sharp objects like needles, clippers, razor used by infected person also served as another root cause. So in short those are the some of the root causes of HIV/AIDS which I think is imperative and will sharp our direction in the discussion of the solution of HIV (HF12-*Medical Stakeholder*).

The respondent suggested that:

Ok, to begin with offering solution to mitigate the prevalence of HIV/AIDS among the family let us look at the social solution to the problem. Let us look at the foundation laid before this discussion. With regard to social root causes of HIV and AIDS we have just discussion the solution here place on how to address those root causes we have just mention. For example and with regard to this there is need to implement comprehensive and aggressive poverty alleviation and eradication programs that aims to address various segment of society in general and family as a social system in particular. There is need for establishment of various social intervention programs especially in the rural areas in order to lessen or to stop frequent rural urban migration and also to boost agricultural activities in the rural areas. This is without doubt decrease the number of large people from rural settlement to urban centers looking for the means of survival especially in the dry season. This is because this kind of movement is described as one of the root cause of HIV transmission. So this revamping agricultural activities in the rural areas including reviving irrigation system of farming with no doubt address this vital issues of HIV transmission (HF12-*Medical Stakeholder*).

The respondent added that:

With regard to the biological root causes of HIV/AIDS we discussion earlier, there is need here to focus on public enlightenment programs. That is to say to enlighten people about the reality of HIV. Many people even in the urban cities did not belief about the reality of HIV. They mentioned different sort of story and perception. With this wrong perception they hardly accept the preventive measures put in place to stop the spread of HIV. In this regard the major concern is how to enlighten people to accept this reality that yes, HIV exists and it is real. So there is need for the party concern to look into the possibility of adding or increasing more effort in enlighten people to believe that HIV is real so that for them to be prepare on how to be safe. Ideas on how to abstain yourself from indiscriminate sex should be encourage and if this

become necessary or condition warrant to do so, in this case in order to be safe than you are advice to condom. Sterilizing of sharp object also need to be enlighten people to encourage whenever they use the sharp objects use by someone (HFI2-Medical Stakeholder).

Another respondent interviewed in relation to have more insight of the possible solution from stakeholders on proffer solution to HIV/AIDS. The respondent declared that:

The better way to solve the problem of HIV and AIDS is through the provision of Anti Retroviral Drugs. This is because someone can put all measures in place to protect himself or herself from HIV but due to the numerous ways of getting the disease every one can become victims. Some time you can get through barbing or even nail cutting using sharp object used by those infected by the virus. So in this situation what is most important is to provide those drugs so that even if by mistake one get it there is already a medication for it. And you know if you are to buy those drugs it is expensive and if you are infected you have to use it for long period of time or even for life. So, there is need here for government to come in collaboration with other partners at local regional and global level to make HIV drugs available and free to all victims. There is already initiative in place but there is also a need put more effort into it (HFI2-NGO Stakeholder).

Another respondent narrated that:

Youth as the main victims of HIV and AIDS disease should be recruited as volunteer in providing education and awareness campaign of HIV. All measure suggested by medical experts and results from research and study like this one you are conducting should engage those youth in implementing whatever the decision reach on how to tackle the menace of HIV disease. With youth fully involve in the enlightenment campaign you will improvement with regard to the knowledge of HIV and all recommendation provided by the expert on how to tackle the disease will no doubt adhere to. In the first place they even the ones

suffer the most from the treat of HIV (HFI2-Community Stakeholder).

Another responded stated that:

Since the issue of blood transfusion is among the major ways of getting HIV it is better for expert on that area to take extra caution and care. Before blood transfusion take place some strict measures of screening the blood need to be highly emphasized. Some time in cases of emergency some many blood transfusion take place without proper or adequate screening and testing. This happen mostly in case of emergency. You know some time cases of emergency required urgent attention for the survival of the patient. This happen mostly in the cases of fatal accident and cases of maternity. So in those instances cited there are some time a level of confusion even among the health personnel. This is also couple with the pressure coming from the relative of the victim (HFI2-NGO Stakeholder).

Another respondent informed that:

With regard to containing the menace of HIV there is need to reemphasize the care and support program assisting people living with HIV. This program is already in place but it needs some adjustment and some level of commitment to make intervention facilities available to the victim. More stakeholders need to come in from the family level to community, to society. This also involves government and nongovernmental organization at local, state and national level. This will surely save more HIV patient with a lot of difficulties and hardship they are currently experience. This hardship includes their inability to access or pay treatment and several other difficulties (HFI2-Community Stakeholder).

### **Discussion:**

Results from research question one centered on how HIV/AIDS disrupt family social stability. Findings from the interview conducted with the respondents of this study shows that HIV/AIDS disease serve as a major factor disrupting the stability of family as a unique social system. It is from the findings of this that indicate the how



HIV/AIDS serves as a catalyst and weapon of dissolving family. The study also reveals the trauma and hardship the family members especially the children face as a result of HIV. This finding is in relation to the existing literature that stated that the presence of HIV causes the household to dissolve, as parents die and children are sent to relatives for care and upbringing. It is hard to emphasize the trauma and hardship that children affected by HIV/AIDS are forced to bear (FMH, 2019; WHO, 2009; Henry, 2002). The finding from this study also indicates that children from the family headed by HIV victim suffer neglect, both social and psychological neglect. This finding also corroborate that of UNICEF (2009) which assert that children whose parents are living with HIV often experience many negative changes in their lives and can start to suffer neglect, including emotional neglect long before they are orphaned. They suffer the death trauma of their parents and the emotional disturbances. They have to adjust to a new situation with little or no support, and may suffer exploitation and abuse (FMH, 2019; FMH, 2018).

Furthermore, finding from research question two focus on the impact of HIV/AIDS on family income. Results from this study demonstrate that family headed by HIV patient suffer many set back in relation to the income of that family and consequently affect the welfare of the family. This finding also support the existing knowledge form literature which indicate as parents and family members become ill, children take on more responsibility to earn incomes, produce food and care for the family members. It is harder for those children to have access to adequate nutrition, basic health care, housing and clothing (FMH, 2019; FMH, 2018; UNICEF 2009).

The last research question is about the causes and solution of HIV/AIDS in order to mitigate its effect to the family and society in general. Finding from this study provided solutions ranging from social and biological solution of the problem. Some of the social solution provided focus on the root causes of the HIV and AIDS. That includes addressing the

issue of poverty by providing comprehensive poverty eradication program in order to stop large movement of people especially from rural to urban centers. This finding is in line with Salihu (2001) that a comprehensive program for care and support of people living with HIV/AIDS shall be implemented integrating treatment such as hospital/ clinical base care and home base care (Salihu, 2001). Similarly, biological solutions that come from the findings of this study include public awareness campaign to enlighten people about the reality of HIV/AIDS. Many people ignore advice provided by medical expert on how to avoid HIV. The finding shows that people need more information about HIV. This is consistent with UNICEF (2009) that education, communication and advocacy are necessary for effective protection against HIV/AIDS (UNICEF, 2009).

#### **Conclusion and Recommendation:**

In conclusion, this study finds out how HIV/AIDS serve as a major factor disrupting the stability of family as a unique social system. The finding also, provided latest information on the HIV/AIDS introduce a major setback on family income. The findings lastly proffer a viable solution to address the prevalence of HIV/AIDS and also mitigate its impact to family as a social system. In general the study recommended that both social and medical solution should be in cooperated. The social solution focus on root causes of HIV that is social in nature. They include poverty reduction program to mitigate the level of migration. This also provides income for those that are affected to pay medication. Other recommendation includes public awareness campaign to enlighten people on how to abide by precautionary measures provided by medical expert on how to be safe.

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