

ASSESSMENT OF HIV & AIDS EFFECTS ON  
HUMANS IN CHANCHAGA LOCAL  
GOVERNMENT AREA OF NIGER STATE

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A Project Submitted to the  
DEPARTMENT OF BIOLOGY,  
SCHOOL OF SCIENCES  
NIGER STATE COLLEGE OF EDUCATION,  
MINNA

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**TITLE PAGE**

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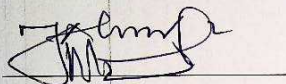
**A PROJECT SUBMITTED TO THE DEPARTMENT OF BIOLOGY,  
SCHOOL OF SCIENCES, NIGER STATE COLLEGE OF  
EDUCATION, MINNA**

**IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE  
AWARD OF NIGERIA CERTIFICATE IN EDUCATION (NCE).**

*NOVEMBER, 2014.*

## CERTIFICATION

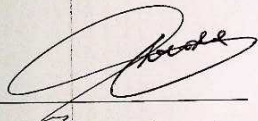
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**Project Supervisor**

20-11-2014

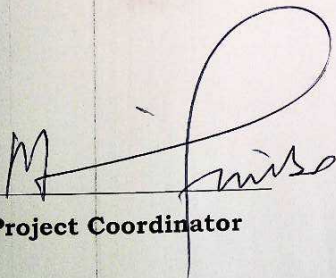
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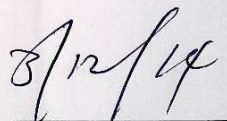
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Date

## CERTIFICATION

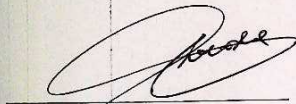
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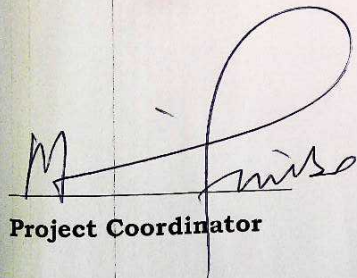
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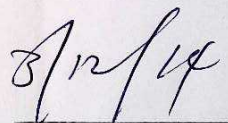
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Date

## DEDICATION

We dedicate this project work to God Almighty, the giver of life, wisdom and source of our inspiration.

We also appreciate our project supervisor Mr. John M. Mwanuzi who stood as a father unto us throughout the course of this project carried out. Also not forgetting the Head of Department Mr. Bernard Gushi and all the Biology lecturers who have helped us in one way or the other.

We sincerely appreciate our families who supported us spiritually, financially and morally throughout the course of this institution.

We give great thanks to NCE/CA organization for making this project a reality by providing all necessary facilities for us to complete our project work.

## ACKNOWLEDGEMENT

We give thanks to Almighty God who give us life and wisdom to carry out this project and guide us throughout all our stay in the college.

We also appreciate our project supervisor Dr. Aliyu Mohammed who stood as a father unto us throughout the period of this project carried out. Also not forgetting the Head of Department Mr. Samuel Goshi and all the Biology lecturers who have helped us in one way or the other.

We sincerely appreciate our families who supported us spiritually, financially and morally throughout our stay in this institution.

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## ABSTRACT

*AIDS is no longer a new disease again in the world even in Africa as a continent. Assessing the effect of HIV/AIDS on humans in Chanchaga Local Government is the concern of this project work. This research is carried out using questionnaire method and paying visit to hospitals and other agencies. By the result obtained, over 10% of the population of people in Chanchaga Local Government Area are affected with HIV/AIDS. Therefore, the people living within the local government are advised to abstain from pre-marital sex, multiple sex partners, shearing of sharp objects, etc and furthermore, let the government at the local level create awareness on the importance of HIV/AIDS test.*

## CHAPTER ONE

### INTRODUCTION

#### 1.1 The Background of the Study

In Niger State, since early 1990s, there were a few reported cases of AIDS patients in a few hospitals in Minna, Suleja, Bida and Kontagora towns. Chindo (2005).

It was observed that many patients complained of constant fever, malaria, typhoid, body weakness, lack of appetite, etc. some fell sick too often while others look ill and become emaciated and died too soon. Chindo (2005).

Initially some people thought that patients were bewitched or that witches cast a spell on their victims, but blood tests carried out in various hospitals revealed that such persons were HIV/AIDS positive.

Since there is no known cure even at this present moment, patients started dying and the Niger State Ministry of Health, National Orientation Agency, Niger State. GWAPE International started carrying and campaign and sensitization outreach on AIDS, such campaign were carried out on television, newspapers, public film shows, drama at the village square and market places, posters, etc.

Population of some villages started decreasing children started loosing their dear ones and some cases both parents died and leaving their children as orphans.

This created some concern for us to undertake a vigilant study to assess those lives stolen by this disease (HIV/AIDS) and how those living with this disease (HIV/AIDS) are treated in Chanchaga Local Government Area of Niger State.

## **1.2 Statement of the Problem**

This research is to assess the data of people living with HIV/AIDS, how they are treated by the government, their relations, friends and peer group end also to know how many people have died because of this disease and stigma discrimination and finally to advice the younger ones living within the local government area to say "No" to this promiscuous act which will not help the society but lead the society to disastrous death. For the bible says, the wages of sin is death. But instead we should say "No" to ungodliness and worldly passions and to live self-controlled, upright and Godly lives in this present age. Joseph (2002).

### **1.3 Purpose and Significance of the Study**

This study is intended to help those living with or without this pandemic disease as mentioned earlier. We should live sensibly, righteously and godly in this present world. Engaging in this ungodly behavior will lead to eternal destruction which is death.

There is still no known cure for AIDS, and it often leads to a painful death. Our youths are advised to stay pure and wait for the right time. Youths and our elders are to zip up to do away with this disease. Jean (2003).

#### **Some of the Purpose and Significance**

1. To promote young people genuine participation.
2. To promote policies and action for young people's health and develop using a human right framework.
3. To mobilize social and private sectors to work in partnership on young people's health and development.
4. To reveal the number of people living with HIV/AIDS in Chanchaga Local Government.
5. To equip the public with technical correct information on HIV/AIDS.
6. To create awareness of safe and responsible sex.

#### 1.4 Scope and Limitation of the Study

Due to the lack of funds, distance and time, this study is basically conducted in Niger State, Minna.

A careful look at the various hospitals; general hospital Minna, the specialist hospital Barkin Sale and also Niger State Ministry of Health, etc. looking at these hospitals and organizations, the mortality rate became alarming. This project is therefore limited to the observation of the researchers in Chanchaga Local Government Area in a couple of time.

#### 1.5 Hypothesis

The researchers assume that there is great increase in negative effects of HIV/AIDS virus in Chanchaga Local Government Area of Niger State.

There are more solutions to be done to curtail this trend. We have limited agents to educate the masses about the trend.

#### 1.6 Definition of Terms

**Assessment:** Is an opinion or a judgment about somebody or something that has been thought very carefully. (Oxford Advanced Learner's Dictionary).

It can also be defined as the act of judging or forming an opinion about somebody or something (Google online dictionary).

**Effect:** Is a change that somebody or something causes in somebody or something else. (Oxford Dictionary).

**HIV:** Also referred as AIDS virus is a deadly virus that causes AIDS.

**H:** Stands for Human because the AIDS virus only leaves in human being and not in animals, insects, water or air.

**I:** Stands for Immuno Deficiency. The AIDS virus causes the soldiers of the body that act as body defense immune system not to be effective in protecting the body from diseases.

**V:** Stands for Virus. This is a very small germ that we cannot see with our naked eyes but very harmful to our body.

**AIDS:**

**A:** Acquired means that one gets the disease from somewhere else and that the body does not make the disease.

**I:** Immune means that one is protected and has body soldiers with the ability to fight illness so that one can stay healthy.

**D:** Deficiency simply means that one is lacking something.

**S:** Syndrome means a group of illnesses that happen together. People with AIDS get many of the same types of infection and illness such as cough, diarrhea, skin infection and so on.

### **1.7 Research Methodology**

The researchers paid constant visits to the hospitals and organizations listed in 1.4 above discussed with nurses and staff and friends who happened to be workers in those hospitals and assuring them of confidentiality.

A lot of times, the researchers listened to news on radio and television whenever the Niger State news was broadcasted. Those in blood screening department also kept careful statistical data which they will not want to release to anybody but mere verbal information was given by a confidant.

The researchers also kept track of deaths in Chanchaga Local Government Area and discovered that many deaths were as a result of HIV/AIDS. A visit to the Niger State Ministry of Health was also relevant and also some literature books on HIV/AIDS.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 The Concept of HIV/AIDS

Viruses cause many different illnesses, such as the common cold (catarrh), measles, hepatitis A, B and C, chicken pox, polio and rabies. The Human Immuno Deficiency Virus (HIV) that causes AIDS is very small germ that is too small to be seen with an ordinary microscope. It is so small that there could be two hundred and thirty thousand at the tip of a pen, or on full stop at the end of a sentence. It only takes a few of these viruses to enter the body for one to become infected and later develop the condition we call AIDS. AIDS is not a disease caused by witchcraft, or directly from God, or from bad water, or from mosquitoes, but by a virus.

HIV belongs to a group of virus called retroviruses. There are many types of the virus found in different areas of African, such as Nigeria, Ethiopia and South Africa have entered the generalized phase of the epidemic. If you are infected with any type of HIV, you will almost certainly develop AIDS and die within two to ten years. (Shehu, 2012).

**Human:** The virus is only found in humans. It is not found in animals or insects.



**Immunodeficiency:** The virus reduces the defense ability of the immune system. The immune system has the job of protecting the body from all kinds of infections and invaders. It destroys germs that enter the body.

**Virus:** A virus is a germ too small to see with a regular light microscope. People must use powerful electronic microscopes to see HIV. Viruses are the smallest of all microorganisms and hundreds of times smaller than a bacteria or malaria parasite. The word from the Latin (200-2004).

The immune system is the body's ministry of defence. Germs are all around us, some of them getting into our bodies from the day we are born. Most are harmless but some can make us sick. The white blood cells in our blood are part of the immune system. They are soldiers on the attack against germs that enter our bodies. HIV kills many of these white blood cells so that they can no longer respect the body, as they should.

When immune system is working well, we can see evidence of that. For example, when a person has a threat infection, the lymph nodes in the neck may become swollen and tender, obvious to the person himself and to the doctor, the swollen lymph nodes shows that the immune system is fighting the threat infection.

HIV attacks the white blood cells especially ones called CD4 cells, it attaches to the cell and then enters it. The virus multiplies by using the cell's own production "factories" to make copies of itself. HIV eventually kills the CD4 cells. The CD4 cells are like the coordinators of the immune system, they pass on the information they have to the rest of the immune system. They are the eyes and ears, the radar and telephone of the body's army. We can compare the CD4 cell to the ministry of information; they both analyze and pass along important messages. try to imagine what would happen to Nigeria if after the Nigerian Armed Forces were weakened, the ministry of information was destroyed, Nigeria would be in chaos. Important information would not be passed on.

The CD4 count is a measure of how many CD4 cells are working in the body. A healthy person's CD4 count is between six hundred and fifty and one thousand two hundred and fifty. When a person's CD4 count drops below two hundred, the person is said to have AIDS. Doctors do not usually start anti-retroviral drug therapy until the patient's CD4 count drops to around three hundred and fifty.

When the CD4 cells are destroyed, the whole immune system does not work in harmony. They body's protection

against infection is gradually worn out. This allows many different infections to enter the body and destroy it.

### **“AIDS”**

The word “AIDS” causes confusion in the minds of some people. The word sounds like the number eight, people in some areas call it “eight”. In some places, it is known as 7+1, 10-2, 4+4, 6+2, 3+5 and 9-1. In Hausa, AIDS is also known as *kanjamau*, *ciwon kanjamau* and *ciwon zamani* (modern disease). Some respondents called it “positive disease”, “monkey disease”, “*ciwon takwass*” (disease of eight), “*gi gi gi*”, “*gobe da nisa*” (tomorrow is too far), “*haka raminka*” (dig your own grave) and “*nakandare disease*” (skunny disease). The **Beacon of Hope Survey** asked people, “what is AIDS”? they gave many varied responses. Generally, people felt that AIDS is a dangerous killer disease, often transmitted by sexual activity. However, 44% thought that HIV and AIDS were the same thing, while 20% said that they did not know whether there was a difference between the two. In truth, AIDS is a group of signs and symptoms that develop towards the end of the life of a person infected with HIV.

The acronym A-I-D-S is for the following:

**Acquired:** That is, it is a disease that people get or catch, not one they are born with. The virus is passed from person to

person, including often from mother to baby. An infected person gets or acquires the virus that causes AIDS from someone else who already has the virus.

**Immune:** The HIV attacks the immune system. The word “immune” speaks of protection or defense. (Paul Ehrlich. Net modified 21 January, 2014).

**Deficiency:** There is a deficient, inadequate, or “less-than-needed” response to all diseases by the immune system.

**Syndrome:** Any syndrome is just a group of signs and symptoms. When a person has AIDS, there is a group of signs and symptoms that point to that fact.

## 2.2 Stages Leading to AIDS Window Period

HIV infections are generally been broken down into four distinct stages. Primary infection and progressive fro HIV to AIDS.

### A. Primary HIV infection (Window Period)

This stage of infection lasts for a few weeks and is often accompanied by a short flu-like illness in up to about 20% of people. The HIV symptoms are serious enough to consult a doctor, but the diagnosis of HIV infection is frequently missed.

During this stage, there is a large amount of HIV in the peripheral blood and the immune system begins to respond to the virus by producing HIV antibodies. Test is done before conversion is complete then it may not be positive.

### **B. Chemical Asymptomatic Stage Hysptom Free Period**

This stage lasts for an average often years end, as its name suggest, is free from major symptoms although there ay be swollen glands. The level of HIV in the peripheral blood drop to very low level but people remain infected and HIV antibodies are detectable in the blood, so antibody tests will show a positive insect.

Research has shown that HIV is not dormant during this stage, but is very active in the lymph nodes. A test is available to measure the small amount of HIV that escapes the lymph nodes. This test which measure HIV RNA & HIV genetic materially is referred to as the viral load test and it has an important role in the treatment of HIV infection.

### **C. Symptomatic HIV Infection**

Over tie the immune system becomes severely damaged by HIV. This is thought to happen for three main reasons:

- i. The lymph node and tissue become damages or "burnt" out because of the year of activity.

- ii. HIV mutates and becomes more pathogenic in other words stronger and more varied, leading to more T (CD4) rampant cell destruction.
- iii. The body fails to keep up with replacing the T helper cells that are lost.

Antiretroviral treatment is usually started once an individual's CD4 count (the number of T helper cells) drops to a low level indicative that the immune system is deteriorating. Treatment can stop HIV from damaging the immune system. Therefore, HIV infected individuals on treatment usually remain clinically asymptomatic.

However, in HIV infected individuals not receiving treatment or treatment that is not working, the immune system fails and symptoms develop. Initially many of the symptoms are mild, but as the immune system deteriorates the system worsens.

Symptomatic HIV infection is mainly caused by the emergence of certain opportunistic infections that the immune system would normally prevent. This stage of HIV infection is often characterized by multi-system disease and infection can occur almost in all body systems.

Treatment for the specific infections is often carried out, but the underlying course is the action of HIV as it erodes the immune system. Unless HIV itself can be showed down the symptoms of immune EUPP progression will continue to worsen.

#### **D. Progressive fro HIV to AIDS**

As the immune system become more and more damaged the individual may develop increasingly severe opportunistic infection and cancers, leading eventually to an AIDS diagnosis.

A clinical criteria is used by who to diagnose the progression to AIDS this differs slightly between adults and children (aged 5 or over). The progression to AIDS is diagnosed when any condition listed in clinical stage 4 is diagnosed and (or the CD4 count is less that 200 cells lmm. 3 or CD4 percent less than 15. In children younger than five, an AIDS-diagnosis is based on having any state 4 condition and 1 or 1 CD4 percentage less than 20 (children aged 12-35) Months) and a CD4 percentage less than 25 (children less than 12 months). The criteria for diagnosing AIDS may differ depending on individual country guidelines.

Examples of oppportunistic infection and cancers: system  
example of infection/cancer respiratory system:

pneumocystis diro uecii pneumonia (PCP), tuberculosis (TB), koposis sarcoma (KS), gastro + intestinal system: cryptos poridiosis candida, cytomegolavirus (CMV), isosporiasis, kaposis, sarcoma.

Central/peripheral nervous system: cystomagola virus, toxoplasmosis, cryptococcosis, non-hodylain's lymphonic, varicella zaster herpes, simplex skin herpes, simplex kaposis sarcoma varicella zoster.

**AIDS** is a group of signs and symptoms. Up to this time, the person was an HIV cancer. This blood tested HIV positive but they only had symptoms come and go as the opportunistic diseases came and went. Now at this end stage they have AIDS. The person is an AIDS patient; this period of AIDS is the short time before death when many signs and symptoms (the syndromes) appear and they are ill continuously. Some of the signs and symptoms of AIDS may appear before AIDS fully develops. With treatment they may improve or disappear for some times only to return later.

### **2.3 The Need for HIV/AIDS Education**

There is need for HIV/AIDS education because people are to be taught to keep sex for marriage. The best way to avoid getting AIDS is "No sex before marriage, No sex outside



marriage". There is no doubt that this is the best way to avoid AIDS. Moreover, it is God's way.

When a man and woman married are both virgins, and neither has had an infected blood transfusion, then they are extremely unlikely to have become infected with HIV. Therefore they cannot give HIV infection to each other. Moreover, for as long as both partners in the marriage have sexual intercourse only with each other, there is no risk of acquiring HIV by sexual activity.

In Uganda, the slogans, "Love faithfully" and "Zero grazing" are used to describe this faithful relationship between husband and wife. Consider this quote from Josh McDowell's book, *Why Wait?* Today if you have sexual intercourse with a woman, you are not only having intercourse with her, but with every person that woman might have had intercourse with for the last ten years and all the people they had intercourse with.

When you have sexual relations with someone you are exposed to all the germs that they have collected from their other sexual partners, the chart below will give you some ideas of how many people you could be exposed to by having sexual relations with someone who has the same number of sexual

partners as you. This is how HIV in Nigeria and elsewhere is being passed on so effectively from one person to another.

### **Sexual Exposure Chart**

Number of people you are exposed to when each sexual partner has sex with the same number of partners as you.

<b>Number of Sexual Partners</b>	<b>Number of People you are Exposed to</b>
1	1
2	6
3	21
4	52

By only having four sexual partners, you can be exposed to the germ of fifty two people, because my partners also had four partners who also had four partners, and so on. If one of those fifty two people had HIV infection and the chances of that are high in Nigeria, then I can also be infected by HIV passed along the line from that one person.

Commercial sex workers (CSWs) in Nigeria are known to be at higher risk of infection than others are. At least, 35% of them are infected according to a 1996 Federal Government statistic.

People are to be educated on how to prevent the need for transfusions. If every pregnant mother had an adequate diet, including iron supplements, the need for emergency blood transfusion would be greatly reduced. This is something that the rural clinics and churches could teach their pregnant women, and that Bible Schools can teach their students. Other reasons people need blood transfusions are related to poverty, poor nutrition, intestinal worms, inadequate antenatal care due to poverty, poor delivery techniques by inexperienced birth attendants. All of these are causes that could be prevented.

It is very important that there should be no sharing of sharp skin cutting or piercing instruments, in order to avoid the mixing of blood from one person to another. Thus the slogans - one man, one needle, one man, one blade.

Avoid injections; it is better to use any medicine in tablet or capsule form where possible, instead of taking injection. Most modern medicines are quite effective taken by mouth. Many people mistakenly think that an injection is better than tablet. As long as the person is vomiting, medicines taken by mouth are equally effective. However, if the person must have an injection, a new syringe and needle together cost very little,

and are worth it. This is little money to pay to protect yourself from the risk of HIV infection.

People are to be educated to avoid drug abuse. We need to teach our young people to avoid drug abuse of any kind. Injectable drugs like cocaine and heroin are available in the cities and young people are becoming addicted and killing themselves with these drugs. Share needles often pass HIV infection from one to the other.

People should be educated to use sterilized instruments for cutting and injecting. The use of only sterilized instruments at all times when your skin needs to be cut open or pieced. The common disinfectants like Saulon and Settol are not strong enough to kill the HIV virus. Chemicals that do kill HIV are iodine 2% solution with water, rubbing alcohol 70%, surgical spirit 70%, hydrogen peroxide 6% and Lysol 3%. Boiling instruments for 20 minutes in water also kill virus.

One practical way that you can cut down the risk of infection from the barber's blades is to insist that he clean his blades with a jik or parazone bleach solution. You can even take this little bottle of bleach solution along with you to the barbers and watch him clean his blades with it before shaving you or cutting your hair. Even better, you can take your own new blade to the barber. It is important that you make sure

that a sterile blade is used for male circumcision. Insist that the person circumcising your child uses a new blade for your baby boy. It is best not to allow female circumcision. This is a cruel practice that is a health risk to women causing them to have no pleasure in sex and making child birth more dangerous for them.

In rape, someone forces another person to have sex against her will. Rape can spread HIV if the rapist is infected with the virus. The woman being raped is vulnerable of the vagina. This creates an open door for the virus to pass from the man's semen to the women.

The following advice, developed from experience in South Africa, may be useful to a woman in a rape situation.

1. Unless you can easily attract someone's attention by making a lot of noise, or can run and escape, it may be better not to fight the rapist as this simply adds to the possibility that he will hurt you more and possibly even kill you.
2. If you cannot prevent the rape, spit on you hand as much as you can and put that saliva (spittle) inside your vagina before the rapist enters you. In rape situations your vagina is usually very dry, which can cause tears or cuts when a man forces himself into you. The spittle will do two things;

it will act as a lubricant and make it less likely you are cut and bruised. It may also help to destroy the virus.

3. Report the rape to the police authorities.
4. If possible, get to a hospital where there are anti-retroviral drugs and insist that you have a dose of AZT immediately. This could prevent you from being infected with HIV, but only if it is used within hours of the rape. You then need to continue taking antiretroviral drugs for four weeks, under the care of a doctor who knows how to use him.

5. Go to somewhere you can get good counseling help.

Drunkenness and alcohol abuse lead to risky sexual behavior, bringing an increased risk of AIDS. The same is true of other substance abuse. It is obvious that people who take excess alcohol or other drugs that cool their minds often make foolish decision in the area of sex.

Many young people under the influence of drugs or alcohol, or both, have sexual encounters that they do not even remember marijuana (Indian hemp or weed) is easily available in Nigeria. Unwanted pregnancy and sexually transmitted diseases can also result. It is the responsibility of parents to train their children to avoid these pitfalls. The church also has much work to do in training its young people; too often these

issues are ignored and seen as unspiritual, while young people are facing the temptations alone and are dying as a result.

Sexually transmitted diseases should be treated promptly. Sexually transmitted diseases (STDs) cause sores, irritations and discharges that are open doors for spreading HIV. If someone does become infected by a sexually transmitted disease, that disease should be treated medically at once and completely. If these diseases are not treated, the sores or a discharge leave the door open for other infection especially HIV. Most people living with HIV also have other sexually transmitted diseases. Besides increasing the risk of HIV, untreated STDs can cause sterility (barrenness) and serious illness of the whole body.

There are some good evidence that male circumcision reduce the risk of a man acquiring HIV infection. This is thought to be because the HIV is less likely to be trapped on a circumcised penis than behind an uncircumcised foreskin.

Health workers are at risk of HIV. They need to learn to always use gloves when cleaning wounds, doing circumcisions or encountering any body fluids. Midwives and surgeons are especially vulnerable. Some laboratory workers seem to pay little attention to their risk from HIV and do not consistently use gloves while working with blood and other body fluids; this

is foolish behavior. Gloves should always be worn by relatives or health workers when handling and dressing a dead body. Perhaps the government trainers of health personnel need to do more work with traditional birth attendants and community health workers. Trainers must warn these workers of the dangers of HIV. Schools of health need to train community health students about AIDS, how to avoid becoming infected during the course of their duties and how to care for those with AIDS. Also, schools of health need to teach students how to promote AIDS awareness in their communities. As at 2002, AIDS is not a major part of their syllabus, though encouragingly it is becoming more prominent. AIDS is the number one killer in Nigeria. Schools of health need to realize this, and to address HIV from all angles. The spirit of denial rules even among health workers. There is so much more that could be done at this level.

### **Voluntary Confidential Counselling and Testing (VCCT) Centers**

The Spring of Life Counselling Centre in Jos is an example of a voluntary confidential counseling and testing centre. A concerned individual can come off the street and ask for an AIDS test. A trained counselor can give HIV infected



people support and hope towards making the remainder of their lives as worthwhile and healthy as possible. The person who does have HIV can also learn how not to infect others. Counselors can teach the non-infected person how to avoid getting the infection in the future. VCCT centres were available at certain state and private hospitals across Nigeria. Some church operated clinics also offer this service.

Many more VCCT centres need to be established so that those who wish to know their HIV status can be tested and counseled, pre and post-test counseling is very necessary to help clients prepare themselves for the test results and to give them guidelines for healthy living after the result is out. Medical personnel, even doctors need to be educated to refer inquirers to counselors for help. Sometimes health workers and doctors simply dismiss their patients who are living with HIV/AIDS, without referring them to someone who can help them. The attitude of many medical workers remain one of the hopelessness and abandonment, rather than on-going support and help.

There is need for pre-marital testing. Voluntary testing is especially important for all couples before marriage. No one can force couple to have these tests, but certainly can

encourage them to do so by explaining the reasons for such testing.

Pre-marital testing is practiced widely in East/South Africa. Many religious leaders there feel that it is wrong for them to perform a marriage ceremony joining an infected person to an uninfected person. They know that the deadly disease will probably be passed on from one person to another. Any child will likely be infected also; even if they do not, they will certainly become orphans. Some of the major churches and denominations in Nigeria have already introduced premarital testing and counseling. If religious leaders join a couple in marriage when one or both partners are infected, and when they expect to have children, is as if they are say:

*"Be fruitful and multiply HIV infection and be blessed in caring for your infected children (at least 30-40% of them) and in bring them up for a very see the growl".*

Pastors and other religious leaders may sometimes decide to marry couple knowing that one or both are infected by HIV. In this case, they must certainly help the couple understand all of the facts about AIDS. Before deciding to

marry, the couple must know all the facts, including the risks to themselves and any future children.

## **2.4 HIV/AIDS and Religion**

The relationship between religion and HIV/AIDS is complicated and often controversial. Controversies have mainly revolved around lesbian, gay, bisexual and transgender (L.G.B.T) people and condom use.

### **Religious Charity Work**

Many religious charities provide service for people living with HIV/AIDS. One example is the "Drug Resource Enhancement against AIDS and Malnutrition (DREAM) programme promoted by the Christian community of Santiegidio.

### **Islam**

HIV/AIDS awareness is growing in the Muslim community with efforts to prevent the spread of the disease. Islam support research aimed at curing HIV/AIDS and care for those affected by HIV/AIDS.

Lesbian, gay, bisexual and transgender (L.G.B.T) people Jerry Falwell regularly linked the AIDS pandemic to LGBT issues and states, AIDS is not just God's punishment for

homosexuals, it is God's punishment for the society that tolerates homosexuals.

*Religious attitudes towards HIV-positive people and AIDS in Islam:* The questions of Isla and AIDS has arisen in recent years as the HIV/AIDS epidemic has grown stronger, especially since the spread of the disease is often due to preventable social factors involving religious ethics.

Prism of sin many Muslims view the epidemic through the prism of sin and as the consequences of sinful behavior such as prostitution, sex with multiple partners or promiscuity.

*Awareness of HIV/AIDS in the Muslim community:* Awareness of the HIV/AIDS among the Muslim Awareness Programme (MAP) based in South Africa is a Faills based organization that promote HIV/AIDS prevention strategies based on the moral teaching of Islam. These activities include the promotion of abstinence from all sexual activities outside marriage refraining from drug uses and instilling faithfulness within marriage. There is a need as an effective education programme directed at the health-care system in 3<sup>rd</sup> world and Muslim countries.

## **Strategies to Combat HIV/AIDS**

According to most Muslims, the key to combating the HIV/AIDS epidemic is prevention. In their view, the Islamic position on morality chastity and the sanctity of marriage needs to be shared with the world. Islam cities have sex with multiple partners, sex outside marriage, other promiscuous sexual behavior and homosexuality as immoral and as a result of this, some Muslims consider this behavior the main cause of HIV/AIDS, believing that promoting abstinence, chastity and intra-marital sex is the key to ending or at least containing the epidemic.

## **Judaism and Jewish Thinkers**

As opposed to the Catholic church and some other denominations or religions today, there isn't any central Jewish religious authority that is acceptable by vast majority of religious Jews or by most Jewish religious movement.

Orthodox Judaism links between immoral sexual behavior and AIDS (Immanuel Jekobouits, Baron Jeko Boviots, former Chief Rabbi or England) a prominent figure in 20<sup>th</sup> century Jewish medical ethics maintains in his article "Halachic perspectives on AIDS" that "from my reading of Jewish yources, it would appear that under no circumstances

would we be justified in branding the incidence of the disease as punishment we have not the vision that would enable us to link as an assertion of certainly, any form of human travail, grief, bereavement or suffering in general with shortcomings of a moral nature. It is one thing to speak of a consequence, and it is quite another thing to speak of a punishment if you warn a child not to play with fire lest he gets burnt and the child gets burnt, then the burning may not be a punishment from not listening but it certainly is a consequence. I think we should declare in very plain and explicit terms indicating that our society violated some of the norms of the divine law, and that as a natural law, and that as a consequence we pay a price and an exceedingly heavy price, this certainly is Jewish doctrine". In Jewish Orthodox society, having AIDS is considered a mark of disgrace. Orthodox Rabbis deal with issues such as should HIV carrier tell his/her future spouse about his/her situation? (One must tell). Is it permitted to use condoms in marital sex, which is prohibited by Halachic law? (yes, condoms in case of AIDS should be used).

Reform Judaism does not link between AIDS and any sort of human behavior. It just mentions the Jewish religious and human obligation to take care of the sick rabbi mark.

Felman, Director of Joint Commission on social action of union for reform Judaism: however, we must look first the comprehensible statistics and long list of facts and recognize the divine image within the faces of the individual people infected and affected by this disease. The responsibility lies with each of us to protect and care for these victims. Conservation Judaism, like the reform movement emphasizes the importance of biker cholim the responsibility to care for the sick (the United Synagogue of Conservative Judaism) calls upon all of it's congregation to reach out to individuals infected with the AIDS virus, their families and their friends by providing acceptance, comfort, counseling and sympathetic listening and affirms that those infected with the AIDS virus must be protected from all forms of illegal discrimination, such as discriminatory housing, employment, health care delivery services and synagogues services. Assia-Jewish Medical Ethics, Vol. 2, No. 1 January 1991 pp. 3-8.

### **Uses of Condoms to Prevent Transmission of HIV/AIDS**

Christianity, Catholic Church and AIDS: the Roman Catholic opposes condom use between heterosexual couples because it is an artificial form of contraception that does not rely on the function of the body and thus also God's will itself

as to whether a conception will occur or not and the church believes. It also has series to implicitly and inexcusably encourage premarital and extramarital sexuality, (and recourse to abortion if the condom fails). The church therefore promoted the concept of abstinence as the only morally reliable course of action. There is still some discussion in the church particularly in Africa, about whether condoms could be justified, but only if it was already notable for a married couple to use a condom, to protect the other partners from infection not as a contraceptive. Dissident groups such as catholic for sure disagree with the position.

Pope John Paul II strongly opposed the use of artificial birth control and prevented the spread of HIV. Meanwhile Pope Benedict XVI stated in 2005 that condoms were not a sufficient solution to the AID crisis, but then in 2009 Olaned said that AIDs cannot be overcome through the distribution of condoms, which would ever aggravate s the problem. The (Moscow patriarchate) gave support to Benedict XVIS position, in response to the statement encouraging condom distribution in the places of worship.



On November 20<sup>th</sup> 2010, when questioned about the rampant HIV spread in Africa. Pope Benedict XVI suggested that the use of condoms in male prostitution there is no moral solution of stopping AIDS, but could represent a first step in assuming moral responsibility "in the intention of reducing the risk of infection in Vatican City clarifies Cyter Benedicts statement sows confession that in homosexual relations, where unnatural contraception is not the main concern (condoms), can be seen as moral responsibility in preventing HIV infection. On Nov 23<sup>rd</sup> 2010, Benedict furthermore stated that the concept of condoms as a lesser evil in preventing HIV infection can be applied to women as well. The use of condoms is the first step in taking responsibility and attempting to prevent the infection of one's partner. The Pope does not say anything about condoms being expectable as unnatural birth control, only as a responsible approach.

### **Protestant**

Armand Razafimaheta former head of the madagas as cares protestant church was quoted as saying "I am firmly opposed the use of condom a means of fighting AIDS, because it promote promiscuity. In contrast, many other protestant denominations have not objected to the use of condoms within

the context of a marriage relationship. (Arguably), an infected partner of a married couple has an obligation to use protective measures to safeguard the health of the other partner.

### **Buddhism**

In the land some Buddhist monks encourage the use of condoms for HIV prevention as part of campaign. Buddhist monks have affected it and blessed condoms for couples.

### **Christianity**

The work of some Christian ministries has affected the treatment of AIDs. According to the African health policy net work, some churches in London claim that prayer will cure AIDs and the Harkney based centre for the study of sexual health and HIV reports that sexual people have stopped taking their medication, and sometime the direct advices of their pastors, leading to number of deaths.

Some denomination have already set up their own AIDs awareness programmed to educate pastors, church leaders, women's fellowship groups and young people about AIDs. The evangelical church of wanting all (ECWA) AIDs to lead the way in Nigeria and is to be commended for their foresight. For several years now, the ECWA AIDs ministry (team) teams have

traveled from state to state visiting churches to give training about AIDS. TEAM also operates the spring of life counseling center, an AIDS counseling center at of life evangel hospital in Jos. Besides providing counseling for inpatients and out patients suffering with AIDS, spring of life counselors also visit the home of people with HIV/AIDS, and once a month they run a support club for those living with HIV/AIDS TEAM is also training staff in Ecuda's primary health care clinics to do AIDS counseling and care. In the area of education they have developed, lesson for ECWA's primary schools.

Church of Christ in Nigeria (COCIN) is developing is own "AIDS awareness and care programmed". They are educating pastors and church leaders to know how to teach their congregations about AIDS, and how to counsel member who have AIDS. The COCIN hospital at UCMC (south of Jos) and the health center at panyam have AIDS testing facilities.

"Taraya Ekklesiyoyin Kristi a Nigeria" (TEAM) to encourage each one to be active in AIDS awareness and care in their own area of northern Nigeria. The Anglican Communion and the Roman Catholic Church are also active in the JOS Diocese in educating their members. Various other Para- Church organizations (Christian organization order than

church bodies) are doing a very effective Job in reaching out with AIDS awareness. The aid for AIDs design for the family programmed of fellowship of Christian students (FCS) was one of the first organizations in Nigeria to catch the vision of what needed to be done to prevent the impending AIDS disaster. The FCS leadership started their programmed with little finance or backing. God has honored their faith and since 1997 more than five thousand, five hundred trainers have been trained to do AIDS awareness work. A training team has traveled from state to state through the twenty northern states of Nigeria and the federal capital territory. Already many millions of young people have heard the message about AIDS and about God's plan for keeping sex for marriage alone. The FCS programmed teaches young are the life skills needed to avoid AIDS, many have come to faith in Jesus Christ during the meetings. Scripture union in the south of Nigeria has a similar ministry, through not so well developed as of 2002.

The synagogue Church of all nations advertise an "anointing water" to promote God's healing, although the group deny advising people to stop taking their medications and us patent application 2001051133 similarly suggest that intravenous pure distilled water will eradicate HIV through the mercy of God. United synagogue of conservation Judaism

(1991) "united resolution on AIDS", help the Jewish federation Lasilegas, to retrieved 27 June 2013.

## 2.5 Source of HIV/AIDS Virus

HIV spreads when an infected persons blood, semen or vaginal fluid contacts a healthy person's blood or mucous membranes, mucous membranes are the most surfaces like those inside the mouth, in the living of the eye sockets, inside the vaginal and at the tip of the penis. Okeke (2004)

### (a) HIV spreads by sexual intercourse

The virus is passed by having sexual intercourse with all infected person can be enough to infect someone. All over African 80% and up to 90% of cases of HIV infection occur in this way. Most sexual infection in Nigeria and Africa is heterosexual. Heterosexual, means sex between a man and a woman. Homosexuality is sex between two male or two female. There Africa compared to Western Europe and North America, through if testimonies from boy's schools are to be delivered from homosexuality so that it may not be become more common in Nigeria. In some countries in the western world, more than 50% of HIV infection is spread by homosexual activities. Homosexuality is forbidden by God in the scripture.

(Placenta) from the side of the womb (uterus) will cause the mother's blood to mix with the baby's blood systems otherwise all babies of infected mothers would become infected. Okeke (2004)

#### **(b) During the birth process**

This is the most likely way for the baby to get the virus from the mother. The virus can be passed to baby from the mother when the delivery period. Infection is more likely if the mother has an episiotomy (surgical cut) or a tear during delivery. This virus can then pass through the mucous membranes in the baby's mouth or eyes and into the baby's body. In addition, if the baby is delivered using instruments like forceps and bruising occurs, the baby is more likely to become infected through the small cuts in the bruise. The newborn baby's skin is very fragile. It is like fine tissue paper and even a small cut can be an open door for the virus from the mother's blood

#### **(c) During breast feeding**

Proximately 15% of babies who are born to infected mothers become infected through breast feeding. The virus in the breast milk probably passes to the baby through the mucous membranes in the baby's mouth. If the mother has bleeding nipples as often happens during the harmattim season the

virus can also pass from the mother's blood through the mucous membranes in the baby's mouth.

A mother can greatly reduce the risk of passing HIV to her baby, by taking an anti-retrovirus drug near the time of delivery. If the mother takes a single tablet of the drug zidovudine during labor, and baby is given his own very small dose, the risk may become lower than one in ten babies. That is only one in ten babies may become infected at birth with HIV without such drugs the risk is closer to one in three babies. However, babies may be infected later through breast feeding.

The risk of the baby being infected by HIV is further reduced if the baby is delivered by caesarean section (surgically) and if the mother does not breast feed the baby. (Society for women and AIDS in Africa).

**(d) HIV is pass by infected blood transfusion**

HIV infected blood transfusion cause about 5%, 7% of all HIV infected blood, he is sure to develop by the infection, many Nigeria hospital and clinic still do not have kits or supplies for testing blood for HIV. They do not have the money to buy the testing kits, or may be there do not have a trained technician to perform the test. Dr. Chinua Akuwe says Nigeria has one of the highest rates of unsafe blood transfusion in the world, at 14%; the HIV virus is easily transferred during blood

transfusion. In some hospitals in Nigeria 60% of blood transfusion may not undergo internationally acceptable screening.

Cerkinly, hospitals and clinic give many blood transfusions without testing the blood. Some states of the federation have made the transfusing of non-tested blood as illegal act. You are not at risk of being infected by HIV when you give your blood for transfusion to another person as long as a new needles is used. You are only at risk when you receive blood from someone else.

The HIV blood test does not become positive until three to six months after infection. During this three to six months window period, the blood will pass HIV to anyone who receives it, even though it appears to be safe. Therefore, there is always some danger in receiving a blood transfusion. Blood transfusion should be avoided except when necessary. When a transfusion is truly needed only tested blood should be used. Infested blood contains many viruses so any one who receives the blood. Will become sick more rapidly than after a sexually transmitted HIV infection Chindo (2005)

**(e) HIV is passed by sharing needles**

Needle sand syringes can pass HIV from one person to another by carrying infected blood. The risk is also great when



we shears needles in our Clinics or Chemists. Some well meaning people will take sick people to the back of their small shops and give them an infection of chloroquine or others medicine. When they do this with the same needles they are shearing the HIV virus among the people they inject. Intravenous drug abusers often shear needles and syringes without sterilizing them. The social problem of drug abuse is increasing among young people especially in the big cities. Those who inject themselves using sheared needles are likely to get HIV.

**(f) HIV is passed by shearing other sharp**

**Instruments:** Razors and instruments used for tribal markings and circumcision can pass the virus just as needles do they become infections when they cut the barber accidentally cuts the skin of an infected person before you, the razor could carry HIV into you if it cuts you or touches an open wound that you already have, even so, the risk is small and very few people will get HIV even after such a prick or cut. A very small percentage of HIV is transmitted this way. Infection by non-sterile blades, sharp instruments and needles accounts for only about 5% of the total of HIV infection. Jaen (2003)

## 2.6 Effects of HIV/AIDS

According to faith based AIDS initiative (2003) the effects of HIV/AIDS are:

1. It causes premature death to those who engage themselves in the bad acet.
2. It causes weight loss (more than 10% of the body weight).
3. It causes fever which often lasts for more than one month.
4. It causes diarrhea more than one month.
5. It causes tuberculosis found in 30-50 of the people who have AIDS
6. It causes infection of mouth and throat (80-100% people with AIDS).
7. It causes skin rashes
8. It causes blisters on mouth or private part or on one side of the body (Herpes and shingles).
9. It causes lumps in neck. Armpits and grain (swollen lymph glands).
10. It causes lung and brain damage.

Danny (2003).

## **Social Effects of HIV AIDS in Nigeria**

1<sup>st</sup> March 2002, the National AIDS and STD control programme of the Federal Ministry of Health released a pamphlet that outlines some of the implication for Nigeria if vigorous efforts are not made to curtail epidemic. Thankfully, our present Nigerian government is well aware of the social consequences of AIDS in Nigeria. The church, which has such influence at the grassroots of this nation needs to recognize them, also.

In the area of education, the federal ministry of Health says that the sully of teachers is decreasing because of absenteeism due to AIDS and the training costs are rising.

Less public finance will be available for the school as funds are diverted to health care and social welfare. Schools environment may drop because children may be required to go to work to compensate for losses and to avoid school fees, girls in particular may have to forfeit their educational opportunities.

Commenting on the agricultural industry the report says:

AIDS will have adverse effects on agriculture, including loss of labour supply and remittance income. The loss of a few workers at the crucial periods of planting and harvesting can significantly reduce the size of harvests. Additionally a lot of agricultural labour intensive crops; in many cases, this may mean switching from export crops to food crops thus, AIDS could affect the production of cash crops and as a result, affect foreign exchange earnings. Production may also suffer if the timing of general agricultural tasks is disrupted as workers fall ill and as others need to take time off to care for them. Relating to business and industry, the picture is portrayed similarly.

AIDS related illnesses and deaths to employees affect firms by both increasing expenditures and reducing revenues. Expenditures are increased for health care costs, burial fees and training and recruitment of employees to replace those who are ill or who died. Revenues may be decreased because of absenteeism due to illness or attendance at funerals and time spent on training. Labour turnover can lead to a less experienced labour force that is less productive.

On family resources, she says:

"The household impacts of HIV/AIDS begin as soon as a member of the household starts to suffer from HIV related illnesses. Illness prevents the amount of money the household spends on health care and requires other household members to miss school or work in order to care for the patient. Death of the patient results in a permanent loss. Income, through lost wages and remittances, or through a decrease in agricultural labour supply. Households must also bear the costs of funerals and mourning, which in one in some settings or substantial. When children are withdrawn from school in order to save on educational expenses and increase the labour supply the household suffers a several loss of earning potential.

In the area of human rights in Nigeria, the report says:

"The stigma and discrimination that are often associated with HIV/AIDS can lead to violations of basic human rights protection of human rights is important by itself, but also fasters a climate of efforts to prevent further spread of HIV. Recognizing and respecting the human rights of PLWHA (persons living with HIV/AIDS), as well as other persons affected by the epidemic, is therefore fundamental to addressing the epidemic protecting human rights of PLWHA

promotes openness, tolerance and involvement of the public in HIV prevention programmers' which can reduce opportunities for the spread of HIV and eventually bring the epidemic under control".

On issues of gender and HIV/AIDS the 2002 report says, although both men and women are vulnerable to infection and disease, the impact of HIV/AIDS affects the two sexes differently. Women are two to four time vulnerable to HIV infection than men are. Similarly, women are more vulnerable to other STDS, the presence of which greatly enhances the risk of HIV infection. Young women attain high HIV infection levels at notably younger ages than young men do. The impact of disease on women is multidimensional. Care of the sick continues to be the responsibility of the women within the family. Women also are the immediate nurtures of orphaned children, many of whom are survivors of AIDS affected household girls in the household also share or totally assume care giving responsibilities for siblings and ailing parents' sometime school early in order to shoulder these responsibilities.

## Counseling

HIV/AIDS counseling is a dialogue between a client to cope with stress and to take personal decisions relating to HIV/AIDS. The counseling process includes the evaluation of personal risk of HIV transmitting and the facilitation of prevention behavior. In this context the care system include all health and social services facilities both formal and informal, where individuals receive care and social support.

The counseling process continues through a referral network to various community and social support agencies according to the needs of the individuals and the family affected by or worried about HIV/AIDS. Counseling is a blend of education exploration and discussion Menakaya (1999).

## CHAPTER THREE

### RESEARCH METHODOLOGY

This research was carried out using questionnaire method. It covered the population of Chanchaga Local Government Area.

#### Research Design

The researchers visited the following hospitals and some organizations in Chanchaga Local Government Area.

1. General Hospital Chanchaga
2. Top Medical Centre
3. School Clinic COE Minna
4. IBB Specialist Hospital Mina
5. General Hospital Minna
6. Police Hospital Minna
7. NGSACA (Niger State Agency for Control of HIV/AIDS)

#### Population of the Study

The population figure of Niger State base on the 2006 census was 3,950,249 out of which Chanchaga Local Government has 201,429 (males - 105263, females - 96886). By extrapolation, Niger State should have the population of



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5,161,653 which Chanchaga Local Government should have a population of 263,200 in 2014. Using the increase of 3.4% (NGSACA)

### **3 Instrument for Data Collection**

The instrument used was questionnaire and it was developed by the researcher and the project supervisor.

The questions are as follows:

1. Name of hospital or organization \_\_\_\_\_
2. How many people are been tested in this hospital yearly?
3. How many of them have been confirmed positive?
4. Through birth, how many children have been infected?
5. Among them how many are teenagers?
6. How many are adults?
7. How many males are infected?
8. How many females are infected?
9. How many victims are responding to treatment?
10. How many die yearly of this virus?
11. What are the responses of the community towards those that are infected with this virus?
12. What is the possible assistance the government is rendering to these people?
13. Are retroviral drugs available and easily accessible?

14. What is your feeling about those who are infected with this virus?
15. Mention any other disease associated with HIV/AIDS.
16. What is your advice to people living in Chanchaga Local Government Area of Niger State?

**Method of Data Collection**

The researchers visited six (6) hospitals and NGSACA.

## CHAPTER FOUR DATA PRESENTATION AND ANALYSIS

### 4.1 The Available Statistics for the Year 2011 to 2013, of People Living with HIV/AIDS in Chanchaga Local Government Area

#### Prevalence of HIV/AIDS in Chanchaga Local Government Area of Niger State.

##### As of 2011 Statistics

Indicators	Achieved
Numbers of individuals counselling and tested	48,493
Numbers of individuals tested positive	1,626
Numbers of pregnant women counselling and tested	15,214
Numbers of positive pregnant women	199
Numbers of positive women that are receiving ART	213
Number of individuals enrolled into care	1,023
Number of HIV/AIDS positive individuals newly initiated into ART	664
Total number of individuals on ART	3,680

The percentage of people tested positive is

$$= \frac{1,626}{48,493} \times 100 = 3.35\%$$

The percentage of pregnant women tested positive

$$= \frac{199}{15,214} \times 100 = 1.31\%$$

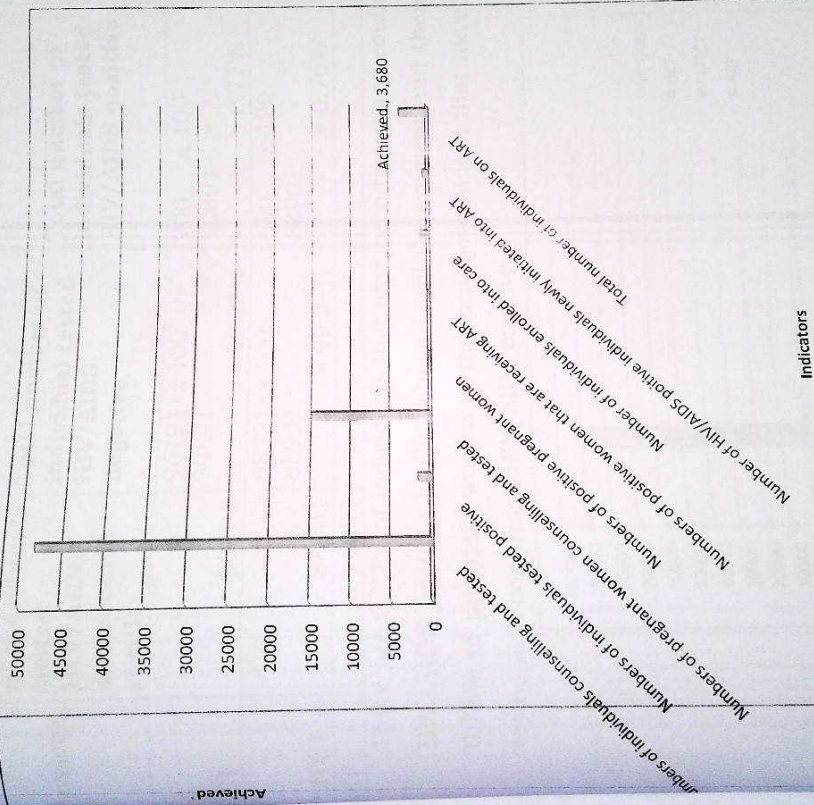


Chart showing the 2011 Statistics

As of 2012 statistics  
Overall data

Sex	Total number of individuals tested HIV/AIDS and receive result	Total number of individual tested HIV/AIDS negative	Total number of individuals tested HIV/AIDS positive
T	90891	90191 = 99.23%	700 = 0.77%
ICT	88901	88221 = 99.24%	680 = 0.76%
	1233		

There are 0.77% of individuals that have been tested and confirmed HIV/AIDS positive in Chantagala Local Government and there are 0.75% of pregnant women in the local government that have been tested and confirmed HIV/AIDS positive.



Figure 1 showing statistics for HIV/AIDS

### of 2013 statistics

#### icators

	Male	Female	Total
Numbers of facilities reporting	35	35	35
Numbers of individuals counselling, tested and received result	4020	6540	10560
Number of individual tested HIV negative	1203	5340	6543
Number of individuals tested positive	900	1200	2100

The percentage of men tested positive is

$$\frac{900}{10560} \times 100 = \frac{900}{1056} \times 100 = 8.52\%$$

The percentage of women tested positive is

$$\frac{1200}{10560} \times 100 = 11.36\%$$

The overall percentage of the individuals that are positive

$$\frac{2100}{10560} \times 100 = 19.89\%$$

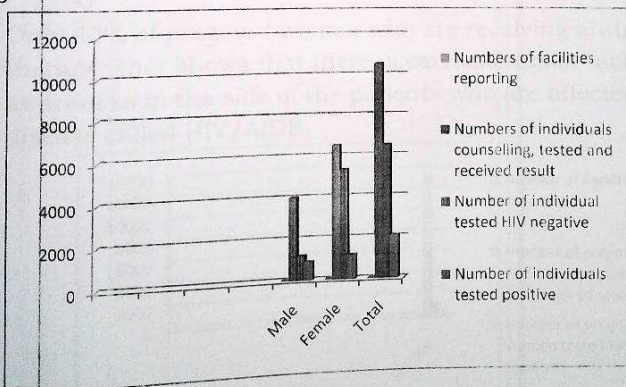


Chart showing 2013 statistics

**Data for pregnant women  
PMTCT Data as of 2013**

Indicators	Female
Number of Facilities reporting	35
Number of pregnant women counselled, tested and received result	13,200
Number of pregnant women tested HIV/AIDS positive	1,200
Number of positive women who received ARU prophylaxis for PMTCT	480

Percentage of women tested positive as of 2013 is

$$= \frac{1200}{13200} \times 100 = 9.09\%$$

Percentage of pregnant women receiving ART (Antiretroviral therapy) is

$$= \frac{480}{1200} \times 100 = 40\%$$

Only 40% of pregnant women who are receiving antiretroviral therapy; that shows that there is carelessness or lack of awareness in the side of the patients who are affected with this disease called HIV/AIDS.

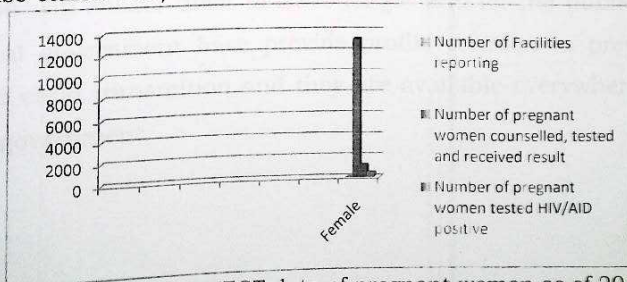


Chart showing PMTCT data of pregnant women as of 2013



**Data for those on ART (Antiretroviral therapy)**  
**ART Data**

Number of facilities reporting		2		
Indicator	Male	Female	Total	
Number of persons enrolled into the ART programme for pre-ART care during the collection of this data	1100	2449	3549	
Number of persons newly started on ART during collection of this data	873	1627	2500	
Number of persons currently on treatment (1st and 2nd line ARU during the collection of this data	1000	1850	2850	

From the result shown, that as of 2013 there are high cases of HIV/AIDS recorded in the various hospitals and organization having about 19.89% and from the result, victims refuse to undergo the ART programme to get some antiretroviral therapy drugs that will enable them to leave longer and let the public be aware that government have provide profile solution to prevent mother to child transmtion and they are available everywhere in the local government.

## 4.2 Meaning of Some Abbreviations

**HCT:** HIV Counselling and tested

**PMTCT:** Prevention Mothers to Child Transmission

**ART:** Antiretroviral Therapy

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Summary

In the light of this study carried out by the researchers, it has been discovered that broadly and vividly in Chanchaga Local Government Area, numerous problems are associated to HIV/AIDS. The following were the identified factors that contribute to the spread of HIV/AIDS.

1. Poverty: is leading to increase in commercial sex activities because looking for survival.
2. Level of utilization of barrier methods for protection against HIV/AIDS for those involved in commercial sex activities, casual sex or extra-marital sex is very low.
3. Too many truck or trailer stops, leading to increase in commercial sex activities at these sites.
4. Indiscriminate blood transfusion without screening.
5. Stigmatation and discrimination of people living with the virus lead to early death of people that are victims reducing the population of people.
6. Socio-cultural practices associated to increase in the spread of HIV/AIDS such as:
  - Widowhood rites of wife inheritance
  - Polygamy

- Street hawking
- Peer pressure, etc.

### 5.2 Conclusion

At the end of the study, the researcher came up with a conclusion that authorities, stakeholders, parents, friends and other individuals themselves are responsible for causes and effects of HIV/AIDS with the local government, over 10% of people in Chanchaga Local Government Area. Therefore, every individual in Chanchaga Local Government Area are advised to go for HIV/AIDS test to know their status to enable them to know how to go about their activities and for those who have known their status, they are advised to play safe.

### 5.3 Recommendations

In caring for people with AIDS, one must take the following measures.

1. Be confident: do not be afraid.
2. Show plenty of love and affection: every person with AIDS need to know he or she is loved and accepted by the family you may touch, hold, hug and share food with them.

3. Provide a clean, safe environment: the bodies of people with AIDS cannot fight germs well. So they easily become sick from disease and germs. Therefore it is important to:

- a. Keep the patient's body and bed clean at all times.
- b. Wash and sweep the room regularly.
- c. Keep the room free of mosquitoes or use a net.
- d. Provide clean water and well cooked food, free from contamination by flies.
- e. Wash your hands frequently with soap to stop the spread of infections.

In taking care of those with HIV/AIDS, one needs protection too so therefore ensure one takes the following measures:

- i. Avoid shearing of sharp objects example - razor blade, needles, etc.
- ii. Practice sterilization e.g. barbing clipper.
- iii. Avoid unscreened blood transfusion/
- iv. Abstain from pre-marital sex and multi-sexual partners.
- v. Encourage the use of condom.
- vi. Protect yourself: simple practices can protect the patient's relatives such as:
  - Wash your hands often with soap and water
  - Cover wound or cuts you may have

- Wear plastic gloves or plastic bags while caring for the patient if blood or fesses (excreta) is on the patient or on the patient's clothing or bed sheets.
- Use bleach: wash clothes and sheets or other body fluids with plenty of soap or water. Dry them well in sun, if they are soiled with blood or other fluid, wash using a bleach solution.

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**APPENDIX I**  
**VICTIMS' QUESTIONNAIRE**

Niger State College of Education  
Minna  
School of Sciences  
Department of Biology/Chemistry

Dear Respondent,

**INTRODUCTION**

We are students of the above mentioned institution, carrying out a research on "Assessment of HIV/AIDS Effects On Human In Chanchaga Local Government Area Of Niger State".

We plead with you to provide answers to the following questions which will enable us round-up our three years NCE programme in the college.

We assure you of the confidentiality of the information you will provide in this questionnaire.

**Instruction:** please fill in the answers in the spaces provided.

1. Date of collection: \_\_\_\_\_
2. Time of collection: \_\_\_\_\_
3. Location (locality): \_\_\_\_\_
4. Age: 0-12 ( ), 13 - 20 ( ), 21 - 40 ( ), 41 above ( )



5. Sex: male ( ) female ( )

6. Tribe: \_\_\_\_\_

7. Are you schooling? Yes ( ) No ( )

8. For how long have you been suffering from this disease?

\_\_\_\_\_

9. Have you been affected by any related infection before?

10. What are the behaviors of people towards you as a victim of this disease?

\_\_\_\_\_

\_\_\_\_\_

11. What is your advice to people who do not have this disease?

\_\_\_\_\_

\_\_\_\_\_

**APPENDIX II**  
**STAFF QUESTIONNAIRE**

Niger State College of Education  
Minna  
School of Sciences  
Department of Biology/Chemistry

Dear Respondent,

**INTRODUCTION**

We are students of the above mentioned institution, carrying out a research on "Assessment of HIV/AIDS Effects On Human In Chanchaga Local Government Area Of Niger State".

We plead with you to provide answers to the following questions which will enable us round-up our three years NCE programme in the college.

We assure you of the confidentiality of the information you will provide in this questionnaire.

**Instruction:** please fill in the answers in the spaces provided.

1. Name of hospital or organization? \_\_\_\_\_
2. How many people are been tested in this hospital yearly?  
\_\_\_\_\_

3. How many of them have been confirmed positive? \_\_\_\_\_
4. Through birth how many children have been infected? \_\_\_\_\_
5. Among them how many are teenagers? \_\_\_\_\_
6. How many are adult? \_\_\_\_\_
7. How many male are infected? \_\_\_\_\_
8. How many female are infected? \_\_\_\_\_
9. How many victims are responding to treatment? \_\_\_\_\_
10. How many die yearly of this virus? \_\_\_\_\_
11. What are the responses of the community towards those that are infected with this virus? \_\_\_\_\_
12. What is the possible assistance the government is rendering to these people? \_\_\_\_\_
13. Are retroviral drugs available and easily accessible? Yes or No
14. What is your feeling to those who are infected with AIDS?  
\_\_\_\_\_
15. Mention any other disease associated with AIDS.  
\_\_\_\_\_
16. What is your advice to people leaving in Chanchaga Local Government Area of Niger State?  
\_\_\_\_\_  
\_\_\_\_\_