

SOCIO-ECONOMIC IMPACT OF HIV/AIDS IN
JIGAWA STATE
(A CASE STUDY OF JIGAWA STATE ACTION
COMMITTEE ON (JISACA))

B.

ISYAKU LAWAN
HND/PAD/18/043M

July 2021
MARCH 2021

TITLE PAGE

SOCIO-ECONOMIC IMPACT OF HIV/AIDS IN JIGAWA STATE
(A CASE STUDY OF JIGAWA STATE ACTION COMMITTEE
ON (JISACA)

BY

ISYAKU LAWAN
HND/PAD/18/043M

*BEING A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF PUBLIC
ADMINISTRATION COLLEGE OF BUSINESS AND MANAGEMENT STUDIES,
JIGAWA STATE POLYTECHNIC, DUTSE IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE AWARD OF HIGHER NATIONAL DIPLOMA (HND) IN
PUBLIC ADMINISTRATION.*

MARCH, 2021

DECLARATION


I hereby declare that, this project is a product of my own research effort. It has not been presented or published anywhere by any person, institution or organization or used for any previous application for the degree, HND or other qualification. All sources of data used been dully acknowledge by means of references.

ISYAKU LAWAN

.....
Sign/Date

APPROVAL PAGE

This is to certify that, this research work has been read and has meet the requirement of the Department of Public Administration, for the award of Higher National Diploma (HND) of the College of Business and Management Studies Jigawa State Polytechnic Dutse.


.....
MALLAM GHALI ISYAKU
Project Supervisor

.....
22-03-2021
.....
Sign/Date

.....
MALLAM GAMBO UBA
Head of Department

.....
Sign/Date

.....
EXTERNAL SUPERVISOR

.....
Sign/Date

.....
PROJECT COORDINATOR

.....
Sign/Date

ACKNOWLEDGEMENT

All thanks and gratitude goes to Allah, the almighty who in his infinite and blessing grand me the ability and made it possible for me to complete this project. I therefore return all glory back to him for the great success.

My gratitude goes to my supervisor in person of Mallam Ghali Isyaku who has taken his time to make possible correction of this project, also to my entire lecturers who impact knowledge on the throughout the course to my study may Allah bless them all Ameen. I am indebted to my lovely parents Malam Suleiman, Hajiya Rahma, for their support towards my life and studies (you are parents indeed). Also to my lovely and incomparable brothers and sisters, for your love, support and encouragement, in person of Huzaifa Ibrahim, Bashir Shu'aibu, Zakar Usman, Adamu Suleiman, Habiba and Hadiza Suleiman, Sadiya Suleiman, and also a wife like no other and the mother of my lovely daughter thanks you all.

Likewise to my friends and course mates especially Abubakar Ibrahim Dutse, Adamu Suleiman, Abubakar Sani Isma'il, Bashir Mohd, Musa Aliyu Madaki, Rahma Muhammad. Also thanks you all may almighty God bless you all abundantly Ameen.

Lastly, I appreciate everyone that has contributed to my life positively and well wishers wishing you all the very best in life, and may Allah bless you all Ameen.

DEDICATION

This is dedicated to almighty who give me the ability to conduct this research work and also members of my family and my Boss Dr. Babangida Hussaini MNI (Walin Kazaure) who sponsored me throughout my academic time.

TABLE OF CONTENT

Title Page
Declaration
Approval Page
Acknowledgement
Dedication
Table of Content
Abstract

CHAPTER ONE

1.0	Introduction
1.1	Background of the study
1.2	Statement of the problem
1.3	Aims and objectives of the study
1.4	Research hypothesis
1.5	Significant of the study
1.6	Scope and limitation of the research
1.7	Historical background of the study area
1.8	Definition of the key terms
1.8.1	Socio
1.8.2	Economic
1.8.3	HIV/AIDs
1.8.4	AIDs
1.8.5	State
1.8.6	Socio Economic
1.8.7	Action
1.8.8	Committee
1.9	Plan of the study

CHAPTER TWO

2.0	Literature review/theoretical frame work
2.1	Introduction
2.2	Socio economic impact of HIV/AIDs
2.3	Psychological impact of HIV/AIDs
2.3.1	Psychological impact on orphans and vulnerable children (OVC)
2.3.2	Psychological impact on family members and caregivers
2.4	Causes of HIV/AIDs
2.5	Ways of combating the spread of HIV/AIDs
2.6	AIDs stages
2.7	AIDs-progression

- 2.8 Blood test for HIV/AIDS infection
- 2.9 Clinical manifestations
- 2.10 AIDS/HIV-Lab tests and focus
- 2.11 Symptoms of HIV Infection
- 2.12 Stigma and HIV/AIDS
- 2.13 Sources of Information on HIV/AIDS
- 2.14 HIV/AIDS and Health care professionals
- 2.15 Attitudes and beliefs towards people living with AIDS, a function of knowledge
- 2.16 Theoretical Frame Work

CHAPTER THREE

- 3.0 Research methodology
- 3.1 Introduction
- 3.2 Research design
- 3.3 Types and sources of data
- 3.4 Instrument of data collection
- 3.5 Sampling method and procedure
- 3.6 Method of data analysis

CHAPTER FOUR

- 4.0 data presentation and analysis
- 4.1 Introduction
- 4.2 Data presentation
- 4.3 Data analysis and interpretation section two: responses of the respondents
- 4.4 Ways in which JISACA can prevent the spread of HIV/AIDS
- 4.5 Efforts of individual in reducing the spread of HIV/AIDS
- 4.6 Advice to people who stigmatized (discriminate HIV/AIDS patient)

CHAPTER FIVE

- 5.0 summary, conclusion and recommendation
- 5.1 summary
- 5.2 conclusion
- 5.3 recommendation

References

Bibliography

Questionnaire

Abstract

The main aim of this study was to find out the socio-economic impact of HIV/AIDs in Jigawa state. The major ways of transmitting HIV/AIDs in Jigawa state is unprotected sexual intercourse among the people and the major problems faced by P.L.W.H.A. in Jigawa state is fear and anxiety by the patients. This project contain five chapters, chapter one deal with background of the study, statement of the problem, aims and objectives of the study, research hypothesis and definition of the terms, chapter two deal with literature review, which contains the work done by other personalities, s well as magazines, and other secondly data. Chapter three deal with research methodology, which includes research design method of data collection and analysis, target population, sample sizes and sampling techniques. Chapter four contains data presentation and analysis, while chapter five includes summary, conclusion and recommendation. However, the methodology adopted for the collections of data during the research process was the questionnaire method purposive or judgment sampling techniques was used in the selection of the population for the study.

CHAPTER ONE

Several factors have contributed to the spread of HIV in Nigeria which includes: sexual networking practices such as polygamy, a highly prevalence of sexual transmitted infection (STIs), low condom use, poverty, and low literacy, poor health status of women, and stigmatization and denial HIV infection risk among vulnerable groups. Nigeria is a complex mixture of diverse ethnic groups, languages, cultures, religious and regional political groupings, all of which are major challenges for HIV prevention programs.

Moreover, the problem of HIV/AIDs is very worst and harm to people or the total society at large that is why the government (Jigawa State) through the Jigawa state action committee on AIDs (JISACA) tend to prevent/control the high rate of HIV/AIDs.

The failure was a result of inadequate or inappropriate measures, mechanism, and technology qualified and professional workers. Therefore, the problem of HIV/AIDs is concerned with improper or inadequate support. Cooperation by the state NGOs (Jigawa state) and inadequate programs, workshops, or seminars by the other agencies related to health in the state (Jigawa).

Lastly, the problem is associated with misunderstanding, interpretation of the agencies (JISACA), and also fear and anxiety from the patients to go for the treatment or counseling.

1.1 BACKGROUND OF THE STUDY

It has been suggested that HIV evolved from the viruses that originally infected monkeys and apes in Africa and was transmitted to people in 1981. Researchers in USA found evidence that HIV-I mostly and likely originated in population of chimpanzees in West Africa. The virus may have been transmitted to people believes HIV infection become wide spread after

significance social change took place in Africa during 1960s and 1970s. Large number of people moves from rural areas to cities, resulting in overcrowding, unemployment and prostitution. These conditions brought about an increase in case of sexual transmitted disease including AIDs.

HIV may have been introduced in to industrialized nation several times before transmission was sustained and become wide spread. AIDs were first identified "New" disease by physician in Los Angeles and New York City in 1980 and 1981. The doctors recognized the condition as new because all patients were previously healthy young homosexual who suffering from the virus, otherwise rare from cancer and phenomena. The name AIDs was adopted in 1982. Scientist soon determine that AIDs occur when the immune system become damage or was spread through sexual contact. And infected blood transfusion. After HIV was isolated as the course of AIDs in 1983 and 1984, researchers developed test to detect HIV infection. These tests have also to analysis stored issues from several people who died from the late 1950s through the 1970s. Scientist has concluded that some of these people died from AIDs. The first two HIV/AIDs cases in Nigeria were identified in 1985 and were reported at international AIDs conference in 1987 in the Nigeria health sector established the nation AIDs advisory committee on AIDs (NEACA) and it estimated that more than 1.500 people get infected with HIV mostly through sexual intercourse. The majority of the people in Nigeria who have HIV do not even know have the virus. As result, people who are sexual active might continue to spread the virus to their partners without realizing it. (NACA 2010).

The HIV/AIDs refers to the fact that HIV severely damage, cases of AIDs were first identified in 1981 in the united state, but researcher have identified HIV

in a worldwide. Nigeria is the most populous country in Africa with an estimated population of approximately 150 million people, about five percent (5%) of its citizens age 15 to 49 years almost 4.5 million Nigerians were infected with HIV/AIDS disease. The HIV/AIDS pandemic represents one of the greatest challenges facing developing countries (UNISAI 2016).

The human immune deficiency virus (HIV) infection causes a gradual deflection and weakening of the immune system. The result is an increase in susceptibility of the body to infection such as pneumonia and tuberculosis, and it can lead to the development of AIDS. Most people infected with HIV do not know that they become infected, because no symptoms develop immediately after the initial infection, but they are highly infectious and can transmit the virus to another person. Acquired immune deficiency syndrome (AIDS) is the term applied to the most advanced stage of HIV infections. The majority of the people infected with HIV, if not treated, develop signs of AIDS within 10 to 15 years. Globally, the people most vulnerable to HIV/AIDS include the poor, women and girls, people with multiple sex partners, and the injecting drug users and children of infected mothers. (Nigeria national agency for the control of AIDS, 2012) HIV is spread through sexual intercourse, blood transfusion, the sharing of contaminated needles in the health care settings, through intravenous drug use, from mother to infant, during pregnancy, child birth, and breast feeding. There has been a common tendency to perceive the HIV/AIDS epidemic primarily as a health problem and responses to be designed and implemented within the paradigm. Hence many responses have tended to focus on the "technologically" solution of condom and sexually transmitted disease (STD) service provision. More recently, solutions have also included consideration of issues relating to access to ant-retroviral treatment

and the possibility of vaccine development. Clearly these are and will continue to be critical issues in the fight against HIV/AIDS. Nonetheless, the epidemic is also the development issue: both in term of deferring level of susceptibility and vulnerability to infection different group (and their capacity prevent it) and in term of socio-economic impact of the epidemic. Within any population, patterns of infect underlying pattern of social and economic inequality: for example, in term of distribution of wealth and power, gender relation and lack of sustainable livelihood, civil disorder and unrest. More over probably because of the sexual transmitted nature of most instance of HIV infection, the social response to those who are infected has (at least initially) been characterized by blame, stigmatization and the further marginalization of already vulnerable population. The term HIV/AIDS are two words in general, in which each word stand on its meaning but HIV refers to as AIDS virus. As a virus that infects human being and cause lowering moreover, the problem HIV/AIDS is very worst and harm to people or the total society at large that is why the government (Jigawa State) through the Jigawa state action committee on AIDS (JISACA) tends to prevent control/control the high rate of HIV/AIDS. The failure was a result of inadequate or inappropriate measures, mechanism, and technology qualified and professional workers. Therefore, the problem of HIV/AIDS Nis concerned with improper or inadequate support. Cooperation by the state NGOs (Jigawa state) and inadequate programmers, workshops, or seminars by the other agencies related to health in the state (Jigawa).

1.2 STATEMENT OF THE PROBLEM

The continued increase spread of HIV/AIDS and its socio-economic impact in Jigawa state has great concern the people and government. This is true because since the disease was noticed in the early 1993 to date Jigawa state great number of lives known and unknown have been claimed. This is worrisome because those mostly infected are the youth that are naturally supposed to be an instrument of the economic development of the nation. However, this study x-rayed to know and find solution to the attendant problems such as the cause of HIV/AIDS, its socio-economic impacts in Jigawa state, the means by which people are infected, as well as to ascertain the number of HIV/AIDS patients that have been admitted into various hospitals in the state (Jigawa) and the types of treatment being given to them.

1.3 AIMS AND OBJECTIVES OF THE STUDY

The objectives of this research is to provide the essential and effective way of dealing with HIV/AIDS patients in Jigawa state and enlightening the people on the primary responsibilities of Jigawa state action committee on AIDS (JISACA), and what HIV/AIDS is all about.

Moreover, the research intend to examine and find out some major factors that cause HIV/AIDS in human body, and how the virus is transmitted from the infected person to another, and some socio-economic impact of HIV/AIDS on patients and family or society at large and effects of HIV/AIDS counseling and the psychological management of patients with HIV/AIDS. The study intends to discover how community with HIV/AIDS patients is and factors which contribute to HIV/AIDS related stigma.

Lastly, the research intend to provide recommendations on how to cope with existing HIV/AIDS through JISACA, and find out what ever category of age group affected with HIV/AIDS.

1.4 RESEARCH HYPOTHESIS

In This Research Work the following research hypothesis were tested:

- HIV/AIDS is one of the factors that lead to early death.
- HIV/AIDS is another factor that leads to social stigmatization and isolation as well as economic hardship.
- Unprotected sexual intercourse is a factor to HIV/AIDSs.
- Lack of parental care which leads to prostitution is another factor to HIV/AIDSs.

1.5 SIGNIFICANT OF THE STUDY

The significance of this research is to enlighten the people on the vital role played by the Jigawa state action committee on AIDS (JISACA) in prevention and control of HIV/AIDS. Another of this significance of this research is for further references to the 'researchers who intend to investigate similar or related issues. The significances of this research are to combat stigmatization and discrimination on HIV/AIDSs (PLWHA). It provides information to those who are affected with the virus, including suggestion about how to get adequate information and support. The significant of this research is to combat stigmatization and discrimination on HIV/AIDSs, and comprehend the relevant care and support in prevention and management of HIV/AIDS in Jigawa state and Nigeria at large.

1.6 SCOPE AND LIMITATION OF THE RESEARCH

The research work will only elucidate on the issue of the study of that is the socio economic impact of HIV/AIDSs in Jigawa state. It is also limited to Jigawa

state action committee on AIDs due to the time frame under which the project should be completed. On the process of conducting this research work, the researcher was confronted with a lot of problems and difficulties for instance financial problem, insufficient of primary data, lack of co-operation and support from the respondents.

1.7 HISTORICAL BACKGROUND OF THE STUDY AREA

The Jigawa state action committee on AIDs (JISACA) was established on may 24th 2006 after all formalities pertaining to World Bank credit effectiveness were met. Their main function as far as World Bank guideline is concern was to co-ordinate, support and monitor HIV/AIDs activities in the state, through partnership with the state comprising public, private and civil society organizations. As a result of transformation of the committee at the national level, the state has now has an agency for the control of HIV/AIDs (JISACA) and local government action committee. For the control of HIV/AIDs (SACA) in order to have government ownership and sustain HIV/AIDS response beyond world bank period. Ninety percent (90%) of finance come from World Bank that is thorough the International development association (IDA) Grant, while 10 percent is provide by the state as counterpart fund. Initial deposit on 24th May, 2006 was \$400,000 equivalent to N169, 717000 approved for the fund in 2007 and 2009. Out of the above 60 percent of fund goes to 13 key state ministries, NGOs has 30 percent and (SACA) has 10 percent. Government and approved the sum of N20, 000, 000 Counterpart fund to the agency, this amount was being used to complement the World Bank fund. With the success of HALF-I in which 10 NGOs participated, the proposal now is for participation of 20 NGOs for HAF-II. The sum of N 90,000,000 is expected to be

disbursed within the period of 12 months to the NGOs at least each NGOs would be given the sum of N4, 000 on quarterly basis.

1.8 DEFINITION OF THE KEY TERMS

The major terms of this research were defined according to their use. They are as follows:

1.8.1 SOCIO:

World book encyclopedia (2004) defined socio as a process of dealing with Individuals, group and institution that make up human society. Socio refers to a structure, formal and informal of society thus it is one among the care field of sociology. It is concern with institution and groups, their relationship to individuals and each other.

1.8.2 ECONOMIC

Economic is defined as an enquiry in to the nature and cause of the wealth of nations. Robins (1932) defined economic as a science which studies human behavior as a relationship between ends and scarce mean which have alternative uses (cited in Aderinto et al, 2008).

1.8.3 Impact:

Impact refers to as a powerful effect that has on somebody or something. On the other hand, impact is defined as the act of one object hitting another one and the force with which this happens.

1.8.4 HIV/AIDS

HIV/AIDS extension guide (2008) defined HIV as human (the person affected Immune deficiency (the result) virus casual agents). This is the virus that causes AIDS.HIV is different from most other viruses because it attacks the immune system. The immune system is made up calls that help to protect the body form infection and white blood cell (W.B.C) are part of body's immune

system. W.B.C. is like the defense army of the body because they are collection of different kinds of cells that work together to protect the body from infection and disease. There are several kind of W.B.C. and one of this is the helper (T-cell) on which a protein is found called the cd-4 this code is of the main target of which the HIV attack and destroys and this make immune system become losable to deal with infection and disease. In full UNICEF (2008) defined HIV as human immune deficiency virus, also referred as the AIDS virus, is a virus that makes or infects human beings and causes of the body's immune system become losable to deal with infections and infections and disease. In full UNICEF (2008) defined HIV as human immune deficiency virus, also referred to as the AIDS virus, is a virus that make Infect human beings and causes of body's immune system, this make it impossible for the body to fight certain infections.

H= Human: Because the AIDS virus only likes human being and not in animal, insects, water or air.

I= Immunodeficiency: The AIDS virus causes the body soldiers that act as body defense army immune system not be effecting in protecting the body from disease.

V= Virus:-this is very small germ that we cannot see with our naked airs but which are very harmful to our body.

1.8.5 AIDS

AIDS is a name given to the condition that occurs when HIV has weakened the body's defense system and the infected person begins to fall ill. People with AIDS may have different systems. Some people may lose weight, have tuberculosis, etc. These symptoms also occur in people who do not have AIDS.

Therefore AIDS is a severe disease condition of advanced HIV infection, and if someone is infected, he may die as a result of the disease.

Acquired: means that one gets the disease from someone that had the body does not make the disease.

Immune: means that one is protected and has body soldiers with the ability to fight illness.

Deficiency: means that lack of weakened of something that is necessary.

Syndrome: a group of illness that happen together. That is people with AIDS get many types of infection, etc.

1.8.6 State

Anyele (2003) defined state as politically organized body of people occupying a definite geographical territory with an organized government entirely free from external control and with coercive power to secure evidence from its citizens and other. The state is identified with one or more highly specific features, such as organized power. Defined spatial boundaries and a formal judiciary. The state is regarded as the institutional aspect of political interaction, no concrete structured as specified and state being continuous with society varnishes in university.

1.8.7 Socio economic

Socio economic defined as a social that studies how economic activity affects and shaped by social process. In general, it analyzes how societies progress, stagnate or regress because of their local or regional economy, or the global economy.

1.8.8 Action

Action is a process or condition of acting or moving, as purposed to rest, exertion of power or force as when one body acts on another, the effect of

power exerted by one another. Action is the process by which a demand made of right in organization or individual preceding the enforcement or prevention of right, the redress or prevention of a wrong or other Problem that attack people in society. Moreover, action refers to the process of doing something or being active operation.

1.8.9 Committee

Committee is a group of people officially delegated to perform a function, such as investigating, considering reporting or acting on matter. Moreover, committee can be as a group of people chosen or appointed to perform a specified service or function in organization or society.

1.9 PLAN OF THE STUDY

This project contains five chapters, chapter one deal with background of the study, statement of the problem, aims and objectivities of the study, research hypothesis and definitions of the terms. Chapter two deal with literature review, which contains the work done by other personalities, as magazines and other secondary data. Chapter three dealt with research methodology, which includes research design method of data collection and analysis, while chapter five includes summary, conclusion and recommendations. However, the methodology opted for the collection of data during the research process was questionnaire method purposive or judgmental sampling techniques were used in the selection of the population for the study. The main aim of this study was to find out the socio economic impact of HIV/AIDS in Jigawa state. The major ways of transmitting HIV/AIDS in Jigawa state is unprotected sexual intercourse among the people and the major problem faced by P.LW.H.A in Jigawa state is fear and anxiety by the patients.

CHAPTER TWO

2.0 LITERATURE REVIEW/THEORETICAL FRAME WORK

2.1 INTRODUCTION

This chapter reviewed the literature on the topic "social economic impact d HIV/AIDS in Jigawa stat, a case study of Jigawa State Action Committee on AIDS

2.2 SOCIO ECONOMIC IMPACT OF HIV/AIDS

According to Gwarzo product (1993) he identified the following as socio economic consequence of HIV/AIDS, epidemic:

- ❖ Growth domestic product (*GDP*) of the country will decline slowly and steadily.
- ❖ Labor shortage could arise affecting house hold productivity and production in commercial agriculture and industry.
- ❖ More House Holds will be impoverished because of lost of productivity and los of access to market.
- ❖ The available social services like hospital clinic and other facilities will be stressed.
- ❖ Nutritional status may suffer because of a decline in house hold labor and subsistence agricultural production.
- ❖ School enrolment will decline due to increase of morality rate of children under the age of 10 years and there increase demanded for child labor.
- ❖ Stigma and discrimination against the infected and his/her family member.
- ❖ Lower life expectancy.

Opportunities for abuse. Children tend worry all the time and are also afraid that one day they will find their parents dead when they come home from school. They also worry about who is going to take care of them. This fear results in children often option not to attend school, or being hyperactive and inattentive while in school, (Tjinkuua, 2002). Many orphans are usually incorporated into extended families that act as a safety net. However, then shrinking number of caregivers and the considerable strain on families means that children are much more vulnerable to economic and social hardship such as malnutrition, poverty, child labor, homelessness and reduced access to education and health care, (AIDS Brief, 2002).

2.3.1 SOCIOLOGICAL IMPACT ON FAMILY MEMBERS AND CAREGIVERS.

The following are some psychological stressed that are experienced by infected family members and caregivers some of these stresses are: fear of infection, anticipatory grief, shame, helplessness and discrimination. Thus, these same anxieties are felt by the affected members and caregivers. It was also stated that affected people are faced with challenges of loss, death, perceived in helplessness, uncertainly about the future, sadness and anger, frustration in navigating the medical system, financial worries and Interpersonal stress. These burdens are usually placed on the shoulders of elderly caregivers, family members, members, partners and sometime friends.

2.3 CAUSES OF HV/AIDS

HI V/AIDS is caused by two viruses that belong to a group called retrovirus. The first HIV/AIDS virus was also isolated by researchers in France in 1983 and researchers in United State in 1984. Person with HIV/AIDs may be forced to see themselves as undesirable by others who view them as "contagious". This is an emotional situation that can cause infected people to withdraw, not

to disclose their feelings and became socially isolated. Inevitably this may lead to an emotional breakdown because these feelings continue to be suppressed. The most destructive stressor is that feeling isolated. This isolation can have many causes, including the loss of support by lovers, family and friends. Additional feeling of isolation may result from the need to change their sexual practices and take more precaution to protect themselves and others.

2.4 PSYCHOLOGICAL IMPACT ON ORPHANS AND VULNERABLE CHILDREN

There are number of psychology impacts affecting children of HIV/AIDs parents. A parent who is HIV infected may show less interest in the child due to the dramatic mood swings associated with the pressure of being infected. The child usually does not know what the problem is, that it is not his or her fault, and does not understand why the parent seems moody. The child is likely to react with fear and anxiety and sometimes will blame themselves (sir Mallam, 2002). Children don't like to see their parent sick and so the pressure begins in a child when he or she realizes that the family structure and way of doing thing also changes, especially as the sick parent is unable to perform the normal house *hold chore and routines*. The older children are expected to take up responsibilities which are beyond their capabilities and can be overwhelming. This is especially true in rural settlements where the family responsibilities and needs are great. Anger and neglect are other concerns. The psychological impact of stress, grief, avoidance and teasing by the other children, social isolation and discrimination can lead to behavioral disturbances, fatalism, self-stigmatization, and increase

HIV/AIDS is a key concern in South Africa. However, its impact cannot be examined in isolation of other stresses such as food, insecurity, high climate variety, market fluctuations, and poor governance, (Zievogel et al 2005).

2.5 PSYCHOLOGICAL IMPACT OF HIV/AIDS

The psychological or internal challenges a person with HIV/AIDSs face vary from individual to individual. Not everyone will experience of the emotional responses or stages of emotional responses. Each HIV/AIDSs situation is a unique as the people involves. There are individuals who might face catastrophic changes not only in their personal and job relationships, but in their physical bodies and in self-mage and self-esteem, (Watstain and Chandler, 1998). As a result of these change in both working and personal relationship, the behavior of those infected may change. They may withdraw, aggressive and rude to colleagues and friends. This may cause because the infected person may fell (or image) being victimized. Infected and in some cases, affected people can experience a decrease in self- esteem as they are no longer confident in themselves or what they can achieve. This is likely caused by stigma within the society against the infected and affected people.

According to Watstain and Chandler (1998) there are emotional responses that are symptoms of the psychological effects that people have when infected or affected with HIV/AIDSs. Infected person may be confronted with having to reexamine their sexual identity and the behavioral choices they have made in support of that identity, when one associate HIV/AIDSs with what society has traditionally considered immoral, the infected person then has to work through his/her feelings in order for his/her sexual identity to be reaffirmed in a way that will allow for feeling good about oneself. This virus became known as HIV I in 1985, scientist in France identified another closely related

virus that also produces AIDS. This virus was named HIV II which occupied mainly in West African. HIV I occur through the world HIV infects certain white blood cells including the helper cells and macrophages that key role in immune system. The virus attaches to C.D4 part of immune system receptor molecule on the surface these cells, which are often called C.D4 calls. Although it is clear that HIV is the underlying cause of HIV/AIDs is:

- AIDS in drug user's homosexuals is probably used by the ancillary use of glucose cord and other immune suppressive agents to medically treat the wide range of chronic serious illness.
- HIV/AIDs in hemophiliacs clearly related to the use of corticosteroids and other immune suppressive agents to prevent the development of antibodies for factor to treat chronic illness.
- HIV/AIDs in people receiving blood and or tissue is related to use of Glucose to cold to prevent reaction of transfusion and tissue rejection.
- HIV/AIDs in infants and children is probably caused by the exposure to corticosteroid after birth used to treat their chronic unless.
- HIV/AIDs in Africa is caused by malnutrition, release after removal of the true insulting agent of treatment of the causes in both HIV positive and HIV/AIDs negative patients.
- Damage to the immune system is rapidly reversibly after removal of the true insulting agent of treatment of the true causes in both HIV positive and HIV/AIDs negative patients. Money for school fees, uniforms, health care, etc. and this not possible for pensioner income, food and water must be supplied to those infected hereby *alleviating* at least one sources of stress that is infected on daily basis.

- Elders can help by volunteering to teach youth moral responsibilities and work. The awareness of HIV/AIDS and all issues relating to it, such as the psychological impact should be made compulsory core module within the Nigeria education about this should begin at primary school level.
- People be educated understand that HIV/AIDS weakens the immune system and that secondary infection, such as pneumonia, tuberculosis, etc causes death this is important because people often blame the death to people whom have HIV/AIDS virus on these other disease and don't believe that HIV/AIDS can actually lead to death. Public awareness should be raised by openly recording AIDS death as such, In order to educate people and to overcome the shame and stigmatization.

2.6 AIDS stage

The disease from the point of infection till the development of AIDS has a lot of intermediate stages. The stages are as follows:

a. First Stage or Window Period:

The first stage is called the window period which extends from six weeks to six months. It is the time interval existing the time infection when the virus enters one's body to the time when the patients develop enough antibodies to be measure on an HIV test.

b. Second Stage or Symptomatic Stage.

The second stage is called the symptomatic stage where the patient shows no sign of infection. This is because the immune system is strong in combating the virus.

c. Third Stage or Symptomatic Stage:

The third stage is called the symptomatic stage where the virus (HIV) becomes very active which in turn weakens the patient's immune system. In this stage symptoms of HIV infection may begin to appear.

2.7 AIDS PROGRESSION

Following infection with virus the disease progression varies widely among individuals depending on host susceptibility, genetics, immune function, health care, co-infections and the viral genetic variability. Some patient's progress rapidly (4years) to AIDS following primary HIV infection and are called as rapid Progressor's show no sign of the disease for over 12 years and remain symptomatic. The common reasons could be that the virus that infects the individual could be replicating inefficiently or that the patient has a strong immune system. Those who clinical and laboratory parameters remain stable over long periods of time but experience signs progression are termed as long term survivors (ITS). The centers for disease control prevention (CDC) have released findings that genes influences susceptibility to HIV infection and progression to AIDS/HIV enters cells through an interaction with both CD4 and a chemokine receptor (CCRS and CCR2). It was found that it is possible that a person with the CCR5- Δ32 receptor gene will not be infected with HIV.

2.8 BLOOD TEST FOR HIV/AIDS INFECTIONS

"The HTLV-III produced by cultured T cells from patients with AIDS is highly infectious and can be readily transmitted to fresh umbilical blood and adult peripheral blood or bone marrow hypothesis." In May 1983 doctors at the institute Pasteur in France reported that they had isolated a new virus, which suggested might be the cause of AIDS and named it as lymphadenopathy-associated virus (LAV) or human T lymphocyte virus (HTLV-III) U.S food and

drug Administration (FDA) Licensed for commercial production, the first blood test for AIDS in the year 1983. The test would reveal the presence of antibodies in their blood would not be allowed to donate blood in the future. At the end of 1985 the first report appeared taking in detail about the transmission of the virus from mother to child through breast feeding. In May 1986, the international committee on the taxonomy of viruses solved the dispute and named the virus HIV (Human immunodeficiency virus). By the end of 1986, almost 85 countries had reported 38 401 cases of AIDS to the world health organization.

2.9 CLINICAL MANIFESTATION

HIV infected persons are symptomatic (without symptoms) early after the infection. The infected persons show symptoms after 2to 15 years after initial infection. The time interval between developments of AIDs development) when the CD4T cell count is less than 200 (Normal: 500to 1500) then the patient is considered to have AIDS. AIDS related complex (ARC) is less serious condition than AIDS. In ARC, the patient test positive for AIDS infection and often has less severe symptoms than classical AIDs.

2.10 ADIS/HIV-LAB TESTS AND FACQS

HIV test is a simple blood test to detect the presence of HIV anti bodies for making a diagnosis of HIV infections. For accurate test results, you have to test your blood 3-4 months for the presence of antibodies. It is important to begin treatment of HIV infection as early as possible as it can improve health outcomes by retarding the progress of the disease. Further proper screening and diagnosis of HIV can help victims change risky behaviors and adopt healthy ones.

The ELISA method of screening is employed to detect antibodies to the HIV virus. If the result are positive, the ELISA, test is again repeated. Subsequently, a western blood test is performed to confirm the results. The western blood test which can be performed on urine, blood or an oral sample, are a series of tests done rapidly with results produce 20 minutes. In the test results for HIV antibodies are positive on both ELISA and the western Blood test, and then the person is confirmed to be infected with HIV. It is important to begin treatment of HIV infections as early as possible as it can improve health outcomes by retarding the progress of the disease. Further, proper screening and diagnosis of HIV can help victims change risky behaviors and adopt healthy ones.

2.11 SYMPTOMS OF HIV INFECTION

Stage 1: No symptoms- in the first stages of HIV, the symptoms don't show up people can live with AIDS for years without knowing it blood test will show antibodies after they form fight the AIDS virus, but it takes the anti bodies three month to appear.

Stage 2: Mild illness- at this stage, the virus grows within the white blood cells and destroys them. When most of the cells are destroyed, the immune system is destroyed and the body weakens. Some symptoms they might have included.

- Feeling tired
- Weight loss
- General symptoms of cough, diarrhea, fever, or sweating at night.

Stage 3: Severe illness-by this time, the AIDS virus has nearly destroyed the body's immune system.

- ✓ The body has great difficulty fighting off germs.
- ✓ Also, patients can develop a rare type of cancer called Kaposi Sarcoma".
- ✓ AIDS doesn't kill anyone, but other infections and cancer do.

2.12 STIGMA AND HIV/AIDS

In a study by Alubo et al (2003) in an area of high prevalence of HIV/AIDS in Nigeria, the level of stigmatization was found to be high and acceptance of people living with AIDS (PLWA) low. The PLWA believe that this was due to fear of contracting the disease, wide spread poverty (precluding any financial aid due to fear of contracting the disease, wide spread poverty) precluding any financial aid to this population, thus isolating them to hasten their death) and lack of sympathy for other people. The known absence of a cure for AIDS as a justification for Neglect is a recurrent theme in the attitudes of community members of PLWA. In addition, the association of HIV/AIDS with commercial sex work introduces an important gender dimension to the discourse of AIDS.

2.13 SOURCE OF INFECTION ON HIV/AIDS

Since the beginning of the 1990s, a considerable amount of information about AIDS has appeared in a variety of sources. The Nigerian national programme on AIDS has produced print, television and radio material on HIV/AIDS prevention and educational directed towards the public at large. However, some of these have been of dubious quality and informational value because they were not based on the needs assessment of any specific group. The current study builds on previous HIV/AIDS research among healthcare workers in Nigeria by examining three different categories of healthcare professionals in the three levels of health care institutions In Nigeria to ascertain their knowledge, beliefs and attitudes about HIV/AIDS related issues

and determine if there is an association between the sources of HIV/AIDS information and knowledge of the disease. Specifically, the study was designed to answer the following questions:

- What do Nigerian health providers know about HIV/AIDS in terms of its cause, transmission, and treatment
- What is attitude of Nigerian health care providers to patients with AIDS
- How do health care providers get their information about HIV/AIDS?

This baseline information will enable public health experts to develop target audience specific HIV intervention programs for health care providers in Nigeria.

2.14 HIV/AIDS AND HEALTH CARE PROFESSIONAL

Health care professionals (HCP) operationally trained health care-given includes doctors, nurses and laboratory scientist workers occupy a potential vanguard position in AIDS preventive programs and the management of diagnosed patients. As HIV/AIDS-related issues usually evoke strong emotional reactions including anxiety and withdrawal, the workers attitudes to such issues may indicate their level of preparedness in caring for people living with AIDS (PLWA). Given that health workers are expected to provide care and accurate information on this subject matter to patients and their relatives, as well as to the general public, it is clearly important that they have credible and accurate knowledge of the disease. This is important for optimal healthcare delivery because several studies have shown that the knowledge and beliefs HCP about HIV and AIDS are frequently inaccurate and their attitudes are often negative.

As a group, it can be said that Nigerian health care providers probably have not benefitted from systematic sensitization towards mobilization against

HIV/AIDS. While several studies have explored AIDS knowledge, attitudes and practices (KAP) in secondary school students in Nigeria and university student and others have examined issues related to HIV/AIDS among health care providers no study known to the authors has been done that explore the relationship between the knowledge of HIV/AIDS and a care for people with AIDS among healthcare providers. Adeleken et al (2002) conclude that healthcare workers in Nigeria were not ready to provide care to patients infected with HIV/AIDS. Thus, there is a need for additional studies that evaluates HIC/AIDS knowledge and attitudes among healthcare providers in Nigeria as well as intervention programs that target misconceptions and fears about HIV/AIDS in population.

2.15 ATTITUDES AND BELIEFS TOWARDS PEOPLE LIVING WITH AIDS, A FUNCTION OF KNOWLEDGE

Cultural norms may affect the attitudes of health care workers towards people infected with the HIV/AIDS virus. These beliefs may translate into reluctance to care for and treat HIV/AIDS patients. McCann (2004) has highlighted that issues related to sexuality, blame, conditional duty and care, and discriminated care should be assessed, and appropriate wide-ranging in service education and support should be provided to health care professionals. Improvement clinical practices are not always guaranteed nor does it always persist following educational interventions.

2.16 THEORETICAL FRAME WORK

It is now generally accepted that HIV is descendant of a simian Immunodeficiency virus because certain strains of simian immunodeficiency virus (SIVs) bear a very close resemblance to HIV. It is also known that certain viruses can pass between species. Some of the common theories, which

for people who already have Impaired immune systems, and the times article described the case of a military recruit with dormant HIV who died within months of receiving it. But no citation was provided regarding people who did not previously have HIV. Currently HIV is considered to be a contraindication for the smallpox vaccine both for an infected person and their sexual partners and household members. Some conspiracy theories propose an expanded hypothesis in which the smallpox vaccine was deliberately contaminated with HIV. In contrast, a research article was published in 2010 suggesting that it might have been the actual eradication of smallpox and the subsequent ending of the mass vaccination campaign contributed to the sudden emergences of HIV. The theory was the possibility that immunization against small pox and the subsequent ending of the mass vaccination campaign contributed to the sudden emergence of HIV. The theory was the possibility that immunization against smallpox "might play a role in providing an Individual with some degree of protection to subsequent HIV Infection and or disease progression. Regardless of the effects of small pox vaccine itself, its use in practice in Africa Is one of the categories of un-sterile Injections that may have contributed to the spread and mutation of immunodeficiency viruses.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter is concerned with the strategies or method and procedure adopted by the researcher in collecting data and suitable information to the research work that is socio economic impact of HIV/AIDS. In the light of this the population sample, methods of data collection, data presentation and analysis and design of the used in this research work have been discussed.

3.2 RESEARCH DESIGN

The entire working under (JISACA) including staff and sub staff were forty six (46) in number, The entire people working Inn Dutse general hospital were one hundred and thirty two thousand (132) in number while the entire staff of Rasheed Shakoni Specialist Hospital, Dutse were ninety six in number (96) in number.

3.3 TYPES AND SOURCE OF DATA

The methods were used in conducting this research is;

1. **Primary Sources of Data:** Primary sources of data are the one that is acquire through the administration questionnaires, personal interviews and observation. The data under these are collected from the root; it was obtained, from the undiluted information; from the people concerned. These data were collected through questionnaires; interview and observation were analyzed in this research.
2. **Secondary Sources of Data:** This is the data collected from various write up that is directly related to the research topic. As regards to the secondary sources, information were obtained from various text books written by reputable authors. The source of these data are paper

presentations, published and unpublished thesis from different libraries, all these were used in conducting this research work.

3.4 INSTRUMENT OF DATA COLLECTION

In the process of this research work that is socio economic impact of HIV/AIDs, the researcher employed two main method of data collection; these are questionnaire and interview methods. Structured (closed ended) and unstructured (open-ended) questionnaire was design to sample the different views ideas and opinion of the respondents in the study areas. The questionnaire was divided in two main sections the first; section comprises the characteristics and status of the Respondents such as age, Religion. Sex, tribe, marital status and educational background. The second comprises the knowledge attitudes of the community towards peoples living with H1V/AIDs, and ways of preventing and controlling HIV/AIDs.

The questionnaire comprises of specific question and provides and columns for the answer, therefore the respondents were require to express their views objectively. On the other hand, the researcher employed the interview technique as another method used for collecting data in a face interaction.

3.5 SAMPLING METHOD AND PROCEDURE

Considering the limited resources and time constraint, it is not possible for the researcher to include the whole hospital and agencies in Jigawa state that is related to the study, (50) respondents were able to complete and return the questionnaire distributed.

For the purpose of this investigation, strafed, sampling was applied by the researcher in order to ensure that no element of population has been omitted deliberately except by chance. Therefore inn view of this general hospital Dutse, Rasheed Shakoni Specialist Hospital Dutse, and Jigawa state action

committee on HIV/AIDS were stratified selected with regards to HI V/AIDS carries is a reflection of the agencies of Jigawa state in particular and Nigeria in general.

3.6 METHOD OF DATA ANALYSIS

Data received in the course of this research was presented by using percentage form (%) in this regards, a prepared table was used in order to show the different answer chosen by the respondents.

REFERENCES:

- ❖ Jigawa state action committee for the control) AIDS JISACA (2006) HIV/AIDS prevalence in Jigawa state.
- ❖ Rasheed shekoni Specialist Hospital Dutse (2010) AIDS report
- ❖ Dutse General Hospital (2012)

CHAPTER FOUR

4.0 Data Presentation and Analysis

4.1 Introduction

This research work is aimed to examining the socio-economic impact of HIV/AIDs in Jigawa state: a case study of Jigawa state action committee on AIDs. Data is presented and analyzed, table are used to: represent the views of the respondents, who completed the questionnaire in response to the question. The number of the respondents selected as sample for this research is sixty (60), the respondents are members of three (3) related agencies in the area of study, but only fifty (50) respondents. Were able to complete and returned the questionnaire distributed.

4.2 Data Presentation

Section One: Personal Data of the Respondents

4.2.1 Sex Distribution

Sex	No. of Respondents	Percentage
Male	40	80%
Female	10	20%
Total	50	100%

Source: Questionnaire Administer 2020

The above table shows that majority of the respondents are male with 40 respondents which is equivalent to 80 percent and the rest of the respondents are female with 10 respondents which is e equivalent to 20 percent.

4.2.2 Age Distribution

Age	No. of Respondents	Percentage
18-25	5	10%
26-30	5	10%
31-35	10	20%
36-40	10	20%
41 and above	20	40%
Total	50	100%

Source: Questionnaire Administered 2020

The above table clearly shows that the respondents with the age range of 18-25 years are five in number representing 10 percent, those within the range of 26-30 years are also 5 in number representing 10 percent, those within the range of 31-35 years are also 10 respondents representing 20 percent and those within the age range of 36-40 are 10 respondents representing 20 percent while those from 41 and the above are 20 respondents representing 40 percent of the population.

4.2.3 Religion

Religion	No. of Respondents	Percentage
Islam	30	60%
Christianity	15	30%
Others	5	10%
Total	50	100%

Source: Questionnaire Administered 2020

The above table shows that majority of the respondents are Islam with 30 respondents representing 60 percent, this is followed by Christianity with 15

respondents representing 30 while those respondents with other religion are 5 in number representing 10 percent of the total population.

4.2.4 Marital Status

Marital Status	No. of Respondents	Percentage
Marriage	20	40%
Single	10	20%
Divorce	15	30%
Widowed	5	10%
TOTAL	50	100%

Source: Questionnaire administered 2020

The table above shows that the majority of the respondents are married with 20 respondents representing 40 percent, followed by the divorce respondents who are 15 in number representing 30 percent. The single respondent are 10 in number representing 20 percent while the widowed respondents are 5 in number representing 10 percent of the population.

4.2.5 Tribe

Tribe	No. of Respondents	Percentage
Hausa	30	60%
Igbo	10	20%
Yaruba	5	10%
other	5	10%
Total	50	100%

Source: Questionnaire administered 2020

4.2.6 Educational Background

Education	No. of Respondents	Percentage
Primary	5	10%
Secondary	15	30%
Tertiary	25	50%
Others	5	10%
Total	50	100%

Source: Questionnaire Administered 2020

The above table show that 5 respondents 10 percent Of the population have primary education, 15 respondent representing 30 percent are having secondary school qualification 25 respondent representing 50 percent are having tertiary education while 5 respondents representing 10 percent are having other qualification.

4.2.7 Occupational

Occupational	No. of Respondents	Percentage
Civil servant	25	50%
Business men	15	30%
Farmers	5	10%
Others	5	10%
TOTAL	50	100%

Source: Questionnaire Administered 2020

The above table shows that 25 respondents representing 50 percent are civil servants, 15 respondents representing 30 percent are business men and 5 respondents representing 10 percent of the population are into farming while 5 also representing 10 percent are into others profession.

4.3 Data Analysis and Interpretation Section two: Responses of the Respondents

4.3.1 Any Knowledge on HIV/AIDS

Option	No. of Respondents	Percentage
Yes	40	80%
No	10	20%
Total	50	100%

Source: Questionnaire Administered 2020

The above table shows that 40 respondents representing 80 percent indicated that they have knowledge on HIV/AIDS as a result of the effort of the Jigawa state action committee on AIDs (JISACA) in enlightening the people on the danger of HIV/AIDS and the ways of preventing the virus in the state and the country at large while the remaining 10 respondents representing 20 percent indicated that they do not have any knowledge on I-IIV/AIDS.

4.3.2 Media Through Which Media You Acquire

Option	No. of Respondents	Percentage
Radio	0	0%
Newspaper	20	40%
Television	15	30%
Others	10	20%
Total	50	100%

Source: Jigawa State Action Committee for the Control of AIDs (JISACA)

The above table shows that 20 respondents representing 40 percent indicated that radio is the media through which they acquire their knowledge on HIV/AIDS, 15 respondents representing 30 indicated the newspapers, 10 respondents representing 20 percent indicated the television while the

4.3 Data Analysis and Interpretation Section two:
Responses of the Respondents

4.3.1 Any Knowledge on HIV/AIDS

Option	No. of Respondents	Percentage
Yes	40	80%
No	10	20%
Total	50	100%

Source: Questionnaire Administered 2020

The above table shows that 40 respondents representing 80 percent indicated that they have knowledge on HIV/AIDS as a result of the effort of the Jigawa state action committee on AIDS (JISACA) in enlightening the people on the danger of HIV/AIDS and the ways of preventing the virus in the state and the country at large while the remaining 10 respondents representing 20 percent indicated that they do not have any knowledge on HIV/AIDS.

4.3.2 Media Through Which Media You Acquire

Option	No. of Respondents	Percentage
Radio	0	0%
Newspaper	20	40%
Television	15	30%
Others	10	20%
Total	50	100%

Source: Jigawa State Action Committee for the Control of AIDS (JISACA)

The above table shows that 20 respondents representing 40 percent indicated that radio is the media through which they acquire their knowledge on HIV/AIDS, 15 respondents representing 30 percent indicated the newspapers, 10 respondents representing 20 percent indicated the television while the

remaining 5 respondents representing 10 percent indicating other media as their sources of know on HIV/AIDS.

4.3.3 Major Means of Transmitting HIV/AIDS

Option	No. of Respondents	Percentage
protected sexual intercourse	30	60%
rough the use of contaminated tools	5	10%
rough breastfeeding from an infant mother	10	20%
Others	5	10%
Total	50	100%

Source: Jigawa State Action Committee for the Control of AIDs (JISACA)

The table above shows that 30 respondents representing 60 percent believed that HIV/AIDS is mainly transmitted through unprotected sexual intercourse, 5 respondents representing 10 percent believed that it is mainly transmitted through the use of contaminated tools, 10 respondents representing 20 percent believed that it is through breast feeding from an infected mother while the remaining 5 respondents representing 10 percent believed that the transmission is mainly through other sources.

4.3.4 Major Problem Faced by HIV/AIDS Patients

Option	No. of Respondents	Percentage
Fear and anxiety by the patient	35	70%
Inadequate medicine for the patients	5	10%
Lack of qualified doctors	5	10%
Others	5	10%
Total	50	100%

Source: Jigawa State Action Committee for the Control of AIDs (JISACA)

The above table shows that 35 respondents which are representing 70 percent believed that the major problem that is being faced by the HIV/AIDS patient is fear and anxiety, 5 respondents representing 10 percent believed that inadequate medicine for the patient is the major problem. Also another 5 respondents representing 10 percent believed that lack of qualified doctors is the major problems while another 5 respondents representing 10 percent cited other source as the major problem of HIV/AIDS patients.

4.3.5 Communities with High Number of P.L.W.H.A.

Option	No. of Respondents	Percentage
Developed Communities	15	30%
Underdeveloped Communities	10	20%
Less developed Communities	25	50%
Total	50	100%

Source: Jigawa State Action Committee for the Control of AIDs (JISACA)

The table above shows that 15 respondents representing 30 percent believed that the development communities are those that have high number of people living with HIV/AIDS (PLWFIA), 10 respondents representing 20 percent believed that the under developed communities are those that have high numbers of people living with HIV/AIDS, while 25 respondents representing 50 percent of the population believed that the less developed communities are where you will have high number of people living with HIV/AIDS in the country.

4.3.6 Perception of the Society on People Living

Option	No. of Respondents	Percentage
punishment from God	5	10%
punishment from his/her Immorality	10	20%
Bad Person	30	60%

ormal person suffering from sickness	5	10%
Total	50	100%

Source: Jigawa State Action Committee for the Control of AIDs (JISACA)

The table above shows that 30 respondents representing 60 percent of the population perceived people living with HIV/AIDS in the society as bad people probably because of the multiple sexual intercourse with different partners and they are majority. 10 respondents representing 20 percent believed that HIV/AIDS is a punishment for the person's Immorality, 5 respondents representing 10 percent believed that is a punishment from god, while another 5 respondents representing 10 percent believed that people living with HIV/AIDS in our society as normal people suffering from sickness.

4.3.7 Stigmatization and Discrimination of PLWIIA by the Society

Option	No. of Respondents	Percentage
Yes	35	70%
No	15	30%
Total	50	100%

Source: Jigawa State Action Committee for the Control of AIDs (JISACA)

The above table shows that 40 respondents representing 80 percent who are the majority believed that people living with HIV/AIDS are usually stigmatized against as a result of their infection which result in them not participating in community Activities while 10 respondents representing 20 percent of the population do not believed that people living with I-II V/AIDS are stigmatized in our society which could result in them not participating in community activities.

4.3.8 P.L.W.H.A Easily Die to Emotional Disturbances

Option	No. of Respondents	Percentage
Yes	35	70%
No	15	30%

TOTAL	50	100%
-------	----	------

Source: Jigawa state Action committee for the control of AIDs (JISACA)

The above table shows that 35 respondents representing 70 percent constituting majority of the population believed that people living with HIV/AIDS

could easily die as a result of emotional disturbance arising from their illness while 15 representing 30 percent do not believe that people living with HIV/AIDS could easily die as a result of emotional disturbances arising from their illness.

4.4 Ways in which JISACA can Prevent the Spread of HIV and AIDS

In this question that table will not be made cause the respondents are allowed pointing out the ways based on their perceptions. Only few of them have similar perception or choice but some of these ways are: by improving the ability of preventing program to reach infected and vulnerable population and increase in the credibility of prevention programs and by strengthening communities, creating sense of ownership of the problem and its solution, reduction of stigma and discrimination, care and support actions helps to reduce people's vulnerability to HIV/AIDS, promote behavioral change and help, to establish referral links, establishing of high quality HIV/AIDS prevention counseling to reduce their risk of transmitting or acquiring, to establish Community and home based care in each of the local GOVT and rural areas of the state. (JIGAWA) The research question shows that some of the respondents pointed out ways occurrence of the virus in the state or Nigeria at large.

4.5 Effort of Individual in Reducing the Spread of HIV/AIDS

The choices of the respondents are made in statement form because table will not be use some of these are: Improving health education in the state through improving enlightenment campaign on each local government and rural areas of the state, organizing seminars, workshop and conference on how to reduce the spread of HIV/AIDS in all the local government of the state as well as Nigeria at large. Creating of local agency for the control of AIDs (LACA) through Jigawa state action committee on AIDs (JISACA) organizing non-governmental organization (NGOS) and other voluntary organizations to

enlighten the people in the communities on the danger ahead of HIV/AIDS, printing of new poster pamphlet and books on how to control HIV/AIDS amongst the citizenry of the state as well as Nigeria at large, expanding the HIV/AIDS clubs in secondary schools across the state. The above statement shows that many respondents pointed out their effort in reducing the spread of HIV/AIDS where these is not HIV/AIDS related agency.

4.6 Advance to People who Stigmatized (Discriminate HIV/AIDS Patient

Combating stigma and discrimination against people who are affected by HIV/AIDS is as important as developing new medicine in the process of preventing and controlling the global epidemic. Some strategies for addressing stigma and discrimination of P.L.W.H.A. In the community are pointed out by the respondents. People that are stigmatizing and discriminating the HT V/AIDS patient have to know that it is not a punishment from god it can be affected by anybody. Stigmatization has negative consequence to our society as well as people e.g. (P.L.W.H.A.) stigmatized some of this consequence are: rapid spread of HIV/AIDS, loss of skilled manpower, social disorder etc. The research shows that a lot of advices are given to those people that are stigmatizing and discriminating the HIV/AIDS patient based on their knowledge and some based on their religion and cultures.

CHAPTER FIVE

5.0 Summary, Conclusion, Recommendation

5.1 Summary

The purpose of this study is to find out the socio-economic impact of HIV/AIDS in Jigawa state with particular reference to Jigawa state action committee on AIDS (JISACA). The study dealt with the historical background of the study areas as well as Jigawa state in general. A review of related literature was done to find out the ideas of scholars and what they felt about HIV/AIDS. The review also include: introduction, causes of HIV/AIDS. Psychological Impact of HIV/AIDS on the patients, socio-economic impact of HIV/AIDS on the patients, people living with HIV/AIDS, ways of prevention and controlling of HIV/AIDS. Interviews scheduled, questionnaire and documentary sources that is (newspapers, text books, pamphlets books, others related project.) were used as tools for the collection of data in this study. According To the research finding, HIV/AIDS in Jigawa state is a reality not myth and the ultimate result of HIV/AIDS is death since up to this time there is cure or vaccine for such diseases. Data analysis also revealed that the number of HIV/AIDS patients in Jigawa state is increasing at alarming rates due to the inability to procure drugs, emotional disturbance, and malnutrition. Etc. However, based on the research finding the major causes of HIV/AIDS are sexual intercourse, transfusion of infected blood, using of contaminated tools, sharing of needle or syringe, etc. and the ways through which HIV/AIDS can be prevented include: abstinence from casual sex, be faithful to one's sexual partner, condom use, blood should be tested before transfusion, avoid premarital sex etc.

5.2 Conclusion

The ultimate result of HIV/AIDS is death since as of now there is no cure or vaccine for HIV/AIDS. Any person infected, no matter how healthy he may look, is capable of transmitting the disease to the persons. There is no vaccine for protection of the virus but we hope it will be discovered soon. So for now the only sure protection against HIV/AIDS available is the Informative vaccine. This informative vaccine is not a laboratory produced but simply a system of keeping people constantly informed about the danger of HIV/AIDS. There fire in the light of this investigation on socio-economic impact of I HIV/AIDS In Jigawa state with particular reference to Jigawa state action committee on AIDS (JISACA), the agency provide to us that the disease is currently existing in the study area and many people are infected with the disease, therefore considering the consequence of HIV/AIDS on the patient useful recommendation on how to control or to prevent the disease to the barest minimum were also suggested in addition to this P.L.W.H.A. need some compassion care and support even from family and friends who do not have HIV/AIDS.

5.3 Recommendation

The researcher feel that the recommendation given below when applied properly will go a Long away in minimizing the source of HIV/AIDS in Jigawa state as well as Nigeria in general.

1. The government should embark on enlighten campaign throughout the local government areas in the state (Jigawa) in order to enable the bulk of the population know about the virus, how it is contacted and how to prevent
2. Seminar, conferences and workshop should be organized at local government and rural areas in the state foe a thorough discussion on how to control HIV/AIDS virus right from the grass root and among the youth in the community and society at large

3. Posters, pamphlet and books should be printed and published on how to control HIV/AIDS virus amongst the citizenry of Jigawa state and Nigeria at in general.
4. The Jigawa state action committee on AIDs (JISACA) and other related agencies should make use of the mass media in order to update the people through advertisement on the sign boards with caption such as AIDs is real "AIDS KILLS" Avoids Casual 'SEX" etc.
5. Prostitution should be discouraged in the local government and rural areas of the state (JIGAWA) as newspapers, magazines, television discussion, contain the evil of sex before marriage arid extra marital affairs.
6. The use of condom should be published by youth or even adult in order to reduce the rate of contacting and spreading the virus.
7. Non-governmental organization (NGOS) and other voluntary organization should also mobilized the members of community both rural and urban especially urban dwellers on the risk of HIV/AIDS in their community.
8. All hospital and other medical centers should make proper screening of blood before transfusion
9. Members of society as well as national agency for the control of AIDs (NACA) should give P.LW.H.A care and support to families and friends who have HIV/AIDS.
10. Social Welfare officers, social workers and women development officers should give care and support as well as good guidance and counseling to the HIV/AIDS victims.

References:

- Anyele, J.U.(2003) Comprehensive Government for Senior Secondary Schools, Lags' Johnson Publishers ltd.
- Robbins, 1. (1932) Cited in adherent, A.A et al (200S) Exam focus: Economics for WASSCE and SSCE Ibadan Officer.
- World Book Encyclopedia (2004) Chicago: World Book Inc.
- United Nation's children education fund (2008) Manual for Training Peer Educations, Abuja: LJNTCEF.
- HIV/AIDS Extension Guides (2008) Kaduna: Prime Press Limited.
- Jigawa State Action Committee on AIDS 2006 (JISACA)
- Jigawa State Action Committee for the Control AIDS JISACA (2006) HIV/AIDS Prevalence in Jigawa State.
- Rasheed Shekoni Specialist Hospital Dutse (2010) AIDS report
- Dutse General Hospital (2012),

BIBLIOGRAPHY
JIGAWA STATE POLYTECHNIC
COLLEGE OF BUSINESS AND MANAGEMENT STUDIES
DEPARTMENT OF PUBUC ADMINISTRATION
TOPIC SOCIOECONOMIC IMPACT OF HIV/AIDS IN JIGAWA STATE A CASE
STUDY
OF JIGAWA STATE ACTION COMMITTEE ON AIDS (JISACA)

Dear Respondents,

I am final year student of the above named Institution and as part of the requirement for the award of Advance Diploma Certificate, this project is necessary carried out, adequate information provided shall a long way in helping me fulfill this goal I am soliciting for your assistance by answering the questionnaire items as honest and sincere as possible. Your answer and data collected will be treated confidentially and used strictly for research purpose. Thank you for your co-operation.

Yours faithfully

ISYAKU LAWAN
HND/PAD/18/043M

QUESTIONNAIRE PART (B)

SECTION ONE: PERSONAL DATA OF the RESPONDENTS

1. Sex
 - a. Male { }
 - b. Female { }
2. Age Distribution
 - a. 18-25 years { }
 - b. 26-30years { }
 - c. 31-35 years { }
 - d. 36-45 years { }
 - e. 46and above { }
3. Religious differences
 - a. Islam { }
 - b. Christianity { }
 - c. Others specify..... { }
4. Marital status
 - a. Married { }
 - b. Single { }
 - c. Divorce { }
 - d. Widowed { }
5. Tribe
 - a. Hausa/Fulani { }
 - b. Igbo { }
 - c. Yoruba { }
 - d. Others specify { }
6. Educational background
 - a. Primary Education { }
 - b. Secondary Education { }
 - c. Tertiary Education { }
 - d. Others Specify { }
7. Occupational Background
 - a. Civil Servant { }
 - b. Businessman { }
 - c. Farmers { }

d. Others Specify

{ }

SECTION TWO: Responds of the respondents

1. Do you have any knowledge of HIV/AIDS?
 - a. Yes { }
 - b. No { }
2. Through which media did you get the knowledge?
 - a. Radio { }
 - b. Newspaper { }
 - c. Television { }
 - d. Others specify { }
3. Through what major means HIV/AIDS is being transmitted?
 - a. Unprotected sexual intercourse { }
 - b. Through the use of contaminated tools { }
 - c. Through breast feeding from infected mother { }
 - d. Others specify { }
4. In which ways do you think the agency (JISACA) can prevent the occurrences of the virus in the state?

.....

.....

.....
5. What effort are you doing in reducing the spread of HIV/AIDS there is no HIV/AIDS related agency?

.....

.....

.....
6. What advice can you give to people who stigmatized/discriminate HIV/AIDS patients?

.....

.....

.....