

Full length Research Paper

AIDS Security of Vulnerable Population: Implications for Economic Development in Nigeria

James Akpan Ekah¹ and Victor Effiong Ben^{2*}

¹Department of History and International Studies, University of Uyo, Uyo

²Department of Sociology and Anthropology, University of Uyo, Uyo

Received 19 January, 2017; Accepted 6 February, 2017

The Human Immunodeficiency Virus (HIV) pathogen that causes Acquired Immune Deficiency Syndrome (AIDS) has been the most destructive emerging infectious virus in recent years. HIV/AIDS has proven to be a social challenge, a political headache, and a scientific mystery. The virus is also a humanitarian catastrophe of incomparable proportions and a critical strategic threat to the achievement of millennium development goals (MDG) particularly those related to poverty reduction, the achievement of universal primary education and improving the health of mothers, among others. The piquant irony is that till date no cure has been found for this pandemic. Given this reality, this paper demonstrates the vulnerability of health security in Nigeria; establishes the linkage between AIDS pandemic and security issues in Nigeria; discusses the relationship between human capital development in Nigeria and prevalence of HIV/AIDS; and examines the problems faced by Nigerians in the fight against this security dilemma. The paper concludes that HIV/AIDS has become a primary threat to the Nigerian State.

Keywords: AIDS, Security, Implications, Development.

INTRODUCTION

Since the outbreak of the HIV/AIDS epidemic over three decades ago, governments all over the world have been confronted with the challenge of finding a lasting solution to this devastating virus. Virtually, no country particularly, in the Sub-Saharan Africa has ignored or paid passive attention to the dreaded disease. However, in spite of all these efforts and volume of material and financial resources committed to tackling it, over 25 million people have lost their lives, and over 36.9 people are living with the virus worldwide (NACA, 2014).

In Nigeria, the situation is quite worrisome. Recently, the country has an estimated 3.2 million infected persons and is ranked the third highest in the world, after South Africa and India. Life expectancy has dropped from 53 years in 1990 to 51 in 2013 with HIV/AIDS being the major factor. Current life expectancy

should be 57 years if there were no AIDS pandemic. Similarly, maternal mortality would not have been as high as 576 per 100,000 and under five mortality would be lower than 69 per 1000 (NDHS, 2013) if there was no HIV/AIDS epidemic. Given this stark reality, this paper examines that the impact of HIV/AIDS pandemic on Nigeria security in key areas such labor supply, loss of skilled and experienced workforce, absenteeism, early retirement, and the negative impact on strategically important people (soldiers and peacekeepers).

AIDS in Nigeria

Nigeria is the most populous country in Africa with an estimated population of about 180 million. Nigeria's community reflects extraordinary diversity and richness with more than 260 ethnic groups in existence and at least six major languages. The country is predominantly a rural one with more than two – third of its peoples

*Corresponding Author Email:
Vikeben4reality2007@yahoo.com

living in villages in 2010. According to Welcome (2011) at present, Nigeria is confronted with mass poverty, political corruption, inequalities, unemployment, and outbreaks of disease such as malaria, tuberculosis, Lassa fever and HIV/AIDS, among others.

Just as in the case of other diseases, HIV/AIDS has a long history in Nigeria; dating back to 1984 when the first case was diagnosed in a sexually active 13 years old girl and reported officially in 1986 (Kanki and Adeyi, 2006). In 1987, the Nigeria health sector was straightened with the establishment of the National AIDS Advisory Committee and later the National Expert Advisory Committee on AIDS (NEACA). It should be mentioned that the establishment of these committees was certainly praiseworthy, but the follow-up proved disappointing because it was only in 1991 that the Federal Ministry of Health made its first attempt to assess the Nigeria HIV/AIDS situation. As a result of the delay in responding to the spread of HIV/AIDS, it was discovered in 1991 that 1.8 percent of the population of Nigeria were infected with HIV. Subsequent surveillance reports revealed that during the 1990s the HIV prevalent rate rose from 3.8 percent in 1993 to 4.5 percent in 2001. However, the 2003 zero prevalence showed a slight reduction in the prevalent rate down to 5.0 percent (FMI, 2003).

Concurrently, Nigeria has a prevalent 4.1 percent of the HIV/AIDS epidemic; an estimated 3.1 million persons are living with HIV; 2,215, 130 AIDS-related deaths annually, and 2,229,883 total AIDS orphans. By December 2012, only 491,021 out of an estimated 1.66 million people who require ARVS received them (NACA, 2013). New infections continue unabated in the country; in 2011 there were 281,180 new infections with more than half (154,520) occurring in children. These gloomy statistics placed Nigeria as having the third greatest burden of people infected with HIV in the world. Indeed, over the last two decades, the HIV epidemics in Nigeria have gone from affecting only a few states, to becoming a 'generalized' epidemic in many states (NACA, 2010). The picture at state level varies dramatically. Some states are facing epidemics at a rate that is as high as 12 percent and others at a rate less than 4 percent. For example, it varies from 3.4 percent in Kano, 5.1 percent in Kaduna, over 6.0 percent in Rivers and 7.1 percent in Cross River to 9.1 percent in Bayelsa and 12.7 percent in Benue.

Factors Driving the Epidemic

There are many factors driving the HIV/AIDS epidemic in Nigeria. These factors are polygamy and traditional bias, which include genital mutilation and festivities involving casual partner exchange. Other factors include migrant

workers concentrating around the oil extracting industries, mass transfer of public servants away from their spouses and long-distant transport workers exposed to high- risk sexual behavior (FMI, 2005). Heterosexual intercourse is the dominant method of transmission accounting for an estimated 80 percent of all infections. Ten percent of HIV transmissions occur through mother to child transmission (MTC) while the remaining 10 percent is estimated to be through the use unsterilized needles and surgical implements, infected blood transfusions and occupational exposures. Beyond this, current statistics show that many people in Nigeria are unaware that they are infected with HIV. In 2003 survey, just six percent of women and 14 percent of men had been tested for HIV. In 2005, only around ten percent of pregnant women were tested for HIV (UNICEF, 2007). The reason for this unpleasant situation is not far to seek. Many people refuse to go for voluntary HIV testing because AIDS stigma exists in Nigeria in a variety of ways. These vary from rejection, ostracism, avoidance and discrimination of HIV-infected people. This unpleasant scenario has turned what could be a manageable chronic illness into a death sentence and perpetuate the spread of HIV (Ogden, 2005).

The most disheartening fact is that the epidemic highly infects women than men in Nigeria. In 2006, UNAIDS estimated that women accounted for 61.5 percent of all adults age 15 and above living with HIV. This means that HIV is four to seven times more prevalence among girls aged 15 to 19 than among boys their age (Fleishmann, 2003). Traditionally, women in Nigeria marry young, although the average age at first marriage varies between states. According to the 2007 reports, 54 percent of girls in the North West, aged 15 to 24 were married by age 18 (The Population Council, 2007). The report revealed that the younger married girls lacked knowledge of reproductive health issues. They also tend to lack the power and education needed to insist upon the use of a condom during sex.

In many parts of Nigeria, HIV-infected women often face more discrimination than men. This is due to the false cultural and social norms that imbue men with powers and authority over women. Studies have shown that an estimated 17 percent to 80 percent of women choose not to disclose their HIV status for fear of abandonment, rejection, discrimination, violence, upsetting family members, and accusation of infidelity from their partners, families, and communities.

Security implications of AIDS in Nigeria

HIV/AIDS is undoubtedly the most underestimated

enemy of all time. This is reflected in the negative implications that the disease has on the economic and food security, military, and peacekeeping operations, and deaths and reduced supply of labor, loss of skilled and experienced work force. As the World Watch Institute points out “the HIV epidemic ranging across sub-Saharan Africa is a tragedy of epic proportions; one that is altering the region’s demographic future. It is reducing life expectancy, raising mortality, lowering fertility, creating an excess of men over women, and leaving millions of orphans in its wake”. Moreover, statistics show that 80 percent of the three million global AIDS deaths occurred in the region during 2000. Indeed, what these chilling statistics show is that AIDS is not a traditional security threat, but the consequences are just as serious. That is, it is non-violent but only disguises its capability. The crux of the matter is that AIDS can no longer be confined to the health or social portfolios because if national security is defined as protection against threats to a country’s population, territory, and way of life, then AIDS certainly present danger to much of sub-Saharan Africa.

Impact of HIV/AIDS on strategically important people in Nigeria: Soldiers (Peacekeepers)

Although some might question the significance of AIDS as a contributor to conflict, no one denies the role of conflict in the spread of the disease. Given credence to this point, Price-Smith observed that warfare is an amplifier of disease, creating ideal conditions for its spread in terms of poverty, famine, destruction of health and vital infrastructure, large population movements, and the breakdown of family units.

Moreover, AIDS has the potential to weaken foreign militaries and make mobilization of international forces difficult. It has been estimated that 40% of the military in South Africa and up to 60% in Angola and the Democratic Republic of the Congo (DRC) are HIV-positive, as are many soldiers serving in African peace operation forces. Viewed from this perspective, Richard Holbrooke, then U.S. Ambassador to the United Nations, advised that peacekeepers need better education about AIDS because “it would be the cruelest of ironies if people who had come to an end a war were spreading an even more deadly disease”.

In Nigeria, the armed forces constitute a significant population group. They are highly mobile and often called upon to serve at borders or deployed outside of national boundaries. The punch line is that military personnel are a population group at special risks of exposure to sexually transmitted disease (STD), including HIV. This argument is based on the fact that the military service, especially during wartime, often includes lengthy periods spent away from homes. As a

result of this, some military personnel is tempted to look for ways to relieve stress, loneliness, and build-up sexual tensions. As UNAIDS (1998) put it:

Probably the simple most important factor leading to high rates of HIV in the military is the practice of posting personnel far from the accustomed community or their families for long period. Aside from the emotional stress, this places on individuals; the practice encourages the use of commercial sex.

In addition, some military personnel are in the age group at greatest risk of HIV infection. For example, sexuality is active in the 20-29 years age bracket. This group consists of predominantly young and unmarried individuals who show a low level of maturity and are always willing to take risks. These traits are further encouraged by a military culture which encourages aggression and risk taking as important characteristics of effective combat soldiers (Schonteich, 2001).

Given credence to the above viewpoint, the author writes:

Soldiers especially those stationed in conflict areas, often have more disposable income than the local population. This gives them the financial means to purchase sex on an on-going basis, something which is facilitated by the fact that military bases frequently attract urge numbers of sex workers (Schonteich, 2001).

In a study conducted among military personnel in all zones in Nigeria, NACA (2001) reported in parts that: out of 1549 respondents (military personnel) randomly selected in the study, majority had sexual intercourse in this past 12 months (95.8% of men and 83% women); 17.3 percent had with more than two partners in the past one year; and, that 2.6 percent had sexual intercourse with commercial partners while 14.6 percent had with casual partners. The report also indicates that as large as 58.8 percent of the respondents never used a condom during the sexual intercourse (NACA, 2001).

According to Nwokogi and Ajuwon (2004) AIDS is now the leading cause death in the military and police force in some Africa countries; accounting for more than half of in-service mortality. The US National Intelligence Council explicitly estimated that HIV/AIDS probably will complicate staffing in the military officer Corps of Nigeria and Ethiopia. For example, Nigeria military personnel who worked as peacekeepers in the late 1990s had an HIV- prevalence rate of 7 percent after one year of peacekeeping duties. This increased to 10 percent after two years, and 15 percent after three years (Alban and Guinness, 2000).

In an interview, former President Olusegun Obasanjo argued that one of the watershed events for his government’s approach to the epidemic came when tests of the Nigerian military revealed a high incidence of HIV/AIDS disease. In his (Obasanjo) words:

When I took over the reins of government in Nigeria, HIV/AIDS had not been given the type of attention it

should be given. It was still a sort of hush-hush affair. What recently spurred me up was when I got back some of our soldiers from Sierra Leone... We found that they were, on average, about 11 percent infected (a rate twice the national average). That gave me cause for alarm (Barbara Crossett, New York Times, June 28, 2001, p. A-10).

The domino effect is that soldiers who complete their tour of duty in another part of their country often unwillingly introduced a lethal enemy into their homes and communities. As Shell (2000) puts it, the HIV virus uses returning combatants as "Trojan Horses" to enter a low prevalence area and then spread itself among the civilian populations" with devastating consequences. However, most analysts emphasize the negative implications of increasing rates of HIV infection in militaries to include the loss of highly trained professional soldiers, decreased military effectiveness, unhealthy military conscripts, difficulty staffing missions due to troop shortages and missions not accepted (Feldbaum, 2006).

Concurrently, Holbrooke reiterated that the US would never again vote for a (UN) peacekeeping resolution that does not require action by the UN's Department of Peacekeeping Operation to prevent AIDS from spreading to peacekeepers. Certainly, this unhealthy development raises tough questions regarding foreign relations and global security because high HIV prevalence levels can consequently jeopardize future humanitarian and peacekeeping operations, especially in Africa countries. Suffice it to say that the fears that peacekeepers continue to spread HIV have been reinforced by recent accusations of several abused perpetrated by peacekeepers while deployed in Democratic Republic of Congo (Holt and Hughes, 2006).

Following from this, it is our thesis that the HIV/AIDS prevalence is affecting Nigeria national security negatively. This is because the armed forces form the basis of a country's defense and constitute the underpinning of stability both within states and between them. If they become debilitated by AIDS, national security is compromised. Accompanying this, domestic and foreign threats to a country's national security are aggravated by the security vacuum left by weakened military forces. Little wonder that the International Crisis Group (ICG, 2001) (a private multinational organization devoted to understanding and preventing conflict) warns that "even the perception that a neighbor's military is suffering from an AIDS epidemic, suggesting a tactical advantage, may trigger wars". Another negative implication is that in weak states with divided societies, like Nigeria, opposition groups and terrorists could be tempted to exploit the weakness of armed forces debilitated by AIDS and other diseases, by instigating civil unrest or toppling the ruling elite.

The preceding analysis has shown that HIV/AIDS

pandemic poses increasing challenges for the conduct of peace keeping operations given the fact that some peacekeepers spread HIV. Other problems include the reduced ability of countries to contribute peacekeepers owing to loss of trained soldiers and decrease in the willingness of some countries to accept peacekeepers who many pose a disease risk to them. Moreover, the high rates of HIV in Nigeria and South Africa militaries in particular, which are major contributors of peacekeeping troops, may impede African-led responses to regional crises such as that in Syria and Sudan. Viewed from this perspective, the paper argues that Nigerian peacekeepers involved in missions' abroad need to be educated on the risks of contracting and spreading the disease to their communities.

The impact of HIV/AIDS on Economic Development in Nigeria

As mentioned earlier, Nigeria has the second highest number of people living with HIV/AIDS in sub-Saharan Africa, and the highest number in West Africa. This stark reality brings profound economic repercussions for families and communities in Nigeria. This is because wealth and health are intricately and unquestionably related because improved health promotes economic growth while poor health drives poverty. Judged by this, it is pertinent to analysis the concept of development to establish the linkages between AIDS and economic development.

Conceptual Assessment of Development

Without a doubt, the concept of development is a complex one. Its complexity is not just in terms of definition and description but also in terms of measurement. Over the years, some scholars, policy makers, and the general public have used macroeconomic yard sticks such as gross domestic product (GDP) which is a measure of the total value of goods and services produced by an economy over a period, to determine economic development. Many experts including Oyeshola (2007) believe that standard economic statistics such as GDP per capita are the wrong way to measure economic development; because it does not capture the totality of the development situation of the country. *According to Oyeshola (2007):* GDP states the value of the economic output as a result of the use of resources mainly of labor, land, and capital earned by national members of society. The outflow (profit and benefits) of multinational enterprises (MNEs), as well as remittances of immigrants in the society, are not included in the calculation.

To this extent, therefore, the author concludes that even if the indicator of democracy, level of political corruption and technological advancement is used; it does not explain the totality of the concept of development. The crux of the matter is that human security forms an important part of people's well-being, and is, therefore, an objective of development. Put simply; human beings are both the means and the end of economic development as rightly affirmed by the United Nations Development Programme.

Walter (1970) got the essence of this type of development when he stated that "development in human society is a many-sided process. At the level of the individual, it implies increased skills and capacity, greater freedom, creativity, self-discipline, responsibility and material well-being". The author further states that the protection of individual welfare is more important than the state. If the security of individuals is threatened internally by the state or externally by the states, state authority can be overridden. Concurrently, the development also includes addressing the root causes of humanitarian crises such economic, political and social instability. Extrapolating from this, development cannot be the increase in GNP; it must necessarily include adequate social protection for all, including the working-poor and the not in-paid work. In fact, according to Cairncross (1961), the key to development lies in men's minds, in the institution in which their thinking finds expression and in the play of opportunities on ideas and institutions. Furthermore, Mabogunje (1981) argues that development is essentially a human issue, a concern with the capacity of individuals to realize their potential and effectively cope with the changing circumstances of the lives.

AIDS and Economic Development in Nigeria

With regard to HIV/AIDS and economic development in Nigeria, a recent study found that the average life expectancy of individuals in sub-Saharan Africa has fallen by five years since early 1990, mainly because of AIDS (Business Day, June 13, 2006). The impact that AIDS has had on average life expectancy is partly attributed to child mortality, as increasing numbers of babies are born with HIV infections-acquired from their mothers. For example, an estimated 220,000 Nigerian children age 0-15 were living with HIV/AIDS by the end of 2007. HIV prevalence is high among young people in Nigeria, especially young women. Among those in the 15-24 age bracket, the estimated number of young women living with HIV/AIDS was almost twice that of young men (UNAIDS, 2010).

By affecting this group so heavily, AIDS is hitting adult in their most economically productive years. The microeconomic costs of AIDS and other associated

infectious diseases thus, pose an extra burden on the Nigerian society. As the sickness strikes at the labor force, it takes a toll on productivity and foreign investment in the future. David Gordon (2000) who summarized official comments at the World Bank, points out that AIDS is the single biggest threat to economic development in sub-Saharan Africa.

Beyond the AIDS impact on the labor force, households, and enterprise, the disease has played a more challenging role in the reverse of human development than any other single factor. One aspect of the reversal in development has been the damage that the epidemic has done to the state economic capacity, stealing away its human capital, cutting into its tax base, drying up foreign investment. This plethora of economic factors further limits state capacity to respond to the epidemic through health and education intervention. Another way in which HIV/AIDS affects the economic in Nigeria is by reducing the labor supply through increased mortality and illness. Expatiating more on the devastating effect of AIDS disease on the society, Scbonteich (2001) argues:

Not only does HIV/AIDS affect the day-to-day quality of life of HIV-positive individuals and their families, the disease removes these people from their places of work while they are ill, leading to increased absenteeism also on the side of spouses. While spouses have already died, children are taken out from schools to look after sick adults' parents. Household spending power decreases, labour productivity suffers, the corporate memory or skills base within company literally dies out, and the economy as a whole, the state, and private sector forced to pick up the tab for training new workers, paying health bills and so on, which drain the fiscal from any capacity to expand money on other essential services (Scbonteich, 2001).

The gory picture can well take place in Nigeria. The capacity of Nigeria to diversify her industrial base, expand exports and attracts foreign investment is integral to the economic progress of the country. By making labor more expensive and reducing profits, AIDS limits the ability of Nigeria to attract in industries that depend on low-cost labor and makes an investment in Nigerian business less desirable (Rosen, 2004).

Ironically, the impact of the epidemic on the economy of Nigeria is difficult to measure. At present, Nigeria is confronted with daunting challenges such as political corruption, debt servicing, poor infrastructure, deepening poverty, insurgency, among others. AIDS has combined with these vices to further aggravate the situation, leading to still more wide spread and extreme poverty. It should, therefore, not surprise anybody when the UN Secretary General warns that AIDS is reversing decades of development in the hardest-hit regions of the world including Nigeria:

By enrolling the knowledge base of society and weakening production sectors, it destroys social capital. By inhibiting public and private sector development and cutting across all sectors of society, it weakens national institutions. By eventually impairing economic growth, the epidemic has an impact on investment trade and national security (Annan, 2007).

Supporting the position of the UN Secretary General, the G-8 at their Okinawa Summit, stated that "health is key to prosperity. Good health contributes directly to economic growth while poor health drives poverty". Also, Bonnel (2000) points out that the extraordinary impact of HIV on development is attributed to its ability to undermine three main determinants of economic growth, namely physical, human and social capital. In view of this, not only is HIV/AIDS having a detrimental effect on the growth of the Nigerian economy. It is also reversing the modest gains made in recent times. In another argument, Bonnel (2000) states that there is econometric evidence that macro-economic outcome are adversely affected by HIV/AIDS. This is so because the epidemic affects the quality of regulation and the effectiveness of governments as well as a broad range of institutions. For example, the relations between HIV/AIDS and economic development are complicated; while the disease reduces economic growth.

Following from this, it is worth noting that the disease can increase when economic development is associated with inter and intra-national labour migration and investment in large profits (which amplifies local inequalities), and HIV/AIDS can be slowed down if increases in education and employment-particularly female –occur, accompanied by infrastructural developments which facilitate access to health care and safe water.

Cohen (1999) reiterates the fact that HIV/AIDS impacts physical capital because the accumulation of physical capital is a function of savings both in absolute terms and also as a percentage of household income. This means that households will likely tend to invest less towards retirement as the expectation of a lower life span takes hold. Budgets are affected by increases in costs associated with treating and caring for AIDS-related diseases. Other expenditures, such as pension payments increase as civil servants and private workers are forced to take early retirement. Moreover, the training of newly hired teachers and health professionals - to replace those lost to the disease - also affects national budgets. For this reason, Bollinger and Stover (1999) argue that HIV/AIDS affect all sectors of the economy.

Accordingly, the costs that are incurred as a consequence of the disease are not just financial in nature but fundamentally social and psychological (Bollinger and Stover, 1999). This implies that if urgent steps are not taken to address the threat, HIV/AIDS will

increase the rates of absenteeism, reduce productivity, and impose additional costs in training and hiring new recruits and increase spending on health care, retirement and death benefits. More seriously, the tremendous burden of HIV/AIDS and associated diseases in Nigeria is not just limited to the current generation alone. According to Sachs (1999) a high disease burden in a poor society can create a poverty trap, in which both disease and impoverishment are reproduced from one generation to the next.

Certainly, these intergenerational consequences cannot be overstated, especially when the number of people seeking HIV treatment is low. Beyond this, poverty, income inequality, gender inequality, labour migration, low levels of education, and a range of context – specific socio-cultural variables and poor health conditions which are endemic in Nigeria are all key factors that will facilitate the spread of HIV/AIDS from one generation to another (Bureau of Economic Research, 2006).

The future of AIDS in Nigeria

Without equivocation, the future of AIDS in Nigeria is precarious, considering the legion of problems driving the epidemic. These problems include poverty, political corruption and several networking practices such as polygamy, low literacy, poor health status, stigmatization, and low status of women. Nigerians are in this dilemma because the AIDS epidemic is allowed to reach national proportions before taking the usual 'fire brigade' approach.

At present, there is still a serious shortfall in resources for AIDS. Many are pessimistic because it is estimated that the Nigerian government is contributing about five percent of the funds for the antiretroviral treatment programs (World Bank, 2012). The majority of the funding comes from developments partners such as the Global AIDS Program (GAP), the World Bank, UNAIDS, UNICEF, among others. For example, in 2002, the World Bank loaned \$90.3 million to Nigeria to support the five years HIV/AIDS programme development project. In May 2007 it was announced that the World Bank was to allocate a further \$50 million loan for the programme. Moreover, in November 2007, the Global Fund approved nearly \$200 million in funds for Nigeria to expand her antiretroviral treatment (Global Fund, 2008).

Indeed, with 90 percent of the money being donated by international donors, many Nigerians are skeptical whether the targets of providing a national access to HIV prevention, treatment, care and support by the end of 2016, will be achieved. Also, many Nigerians believe that the funds collected from donor agencies and individuals, rarely reach the people for whom they are

intended. According to the Global Fund, Nigeria has won an approximate \$ 200m over five years to fight HIV/AIDS. This figure is aside from the yearly budgetary allocations to the National Agency for the Control of AIDS. In 2006, for example, the Global Fund had no choice but to cancel grant to Nigeria for reasons that border on non-performance. To the Global fund, “funds should not just be spent simply for its own sake, just as a process, or disappear into deep private pockets, but to achieve concrete outcomes in prevention, treatment and lives saved by the interventions funded” (Global Fund, 2006).

It is clear that accelerating actions on AIDS is not just affairs for politicians as it is the case in Nigeria. It involves a synchronized effort of youths, religious leaders, trade union leaders, and people living with HIV and their families and friends. Similarly, it involves individuals taking the lead to eliminate the stigma and discrimination against women, and most important, every Nigerian must increase pressure on the government to allocate more funds to tackle AIDS. If these measures are taken with commensurate efforts, the future of AIDS in Nigeria will be bleak.

CONCLUSION

This paper has established that Nigeria has one of the highest HIV/AIDS epidemic burdens in the world. It has a generalized epidemic with a prevalence of 3.4 percent, implies that figuratively, an estimated 3.1 million Nigerians live with HIV/AIDS. In view of these problems, Nigeria must pursue a comprehensive approach to HIV/AIDS paying particular attention to factors fundamental to the pandemic's spread, such as general economic poverty, the vulnerability of women and girls, stigmatization, and misconceptions surrounding HIV/AIDS. The paper concludes that the impact of the disease has certainly not been confined to the health sector, security and economics have also been significantly affected thus, making HIV/AIDS a humanitarian catastrophe of incomparable proportions and a critical strategic threat to the Nigeria state.

REFERENCES

- Alban Guinness A (2000). Socio-Economic Impact of HIV/AIDS in Africa. Available at www.unaids.org. Downloaded on 11/09/16
- Annan K (2007). Impact on Peace and Security in Africa. Available at www.unaids.com. Downloaded on 28/09/16
- Bollinger Stover L (1999). The economic impact of AIDS. Available at www.thefuturegroupinternational.org. Downloaded on 28/09/16
- Bonnel R (2000). Annex 5 Economic Analysis of HIV/AIDS. Available at www.worldburden.org. Downloaded on 28/09/16
- Business Day (2006). Sub-Saharan lifespan down by five years.
- Cohen P (1999). Responding to the socio-economic impact of the HIV epidemic in Sub-Saharan Africa: Why a Systems Approach is Needed. Available at www.undp.org. Downloaded on 15/09/16
- Cohen P (1968). Modern social theory. London: Heinemann Publishers
- Oyeshola D (2007). Development and Poverty: A Symbiotic Relationship and its Implication in Africa. *Journal of Traditional Complimentary and Alternative Medicine*, 4, 553-558.
- Federal Military of Health (2010). National HIV Sero prevalence Sentinel Survey. FMOH Abuja, Nigeria.
- Federal Military of Information and National Orientation (2003) The Obasanjo Reforms: HIV/AIDS Response. Production, Publications and Documentation Department, Radio House, Abuja, Nigeria.
- Feldbaum H (2006). The national security implications of HIV/AIDS. Available at www.journal.com. Downloaded on 21/09/16
- Gordon D (2000). National intelligence estimate: the global infectious disease threat and its implications for the United States. Available at www.Nationalintelligentcouncil-com. Downloaded on 18/09/16
- Health Reform Foundation of Nigeria (HFRFON) (2007). Impact challenges and long-term implications of antiretroviral therapy programme in Nigeria. Available at www.herfor.org. Downloaded on 21/09/16
- Holbrooke K (2000). Battling the AIDS pandemic. Available at www.globalissue.com. Downloaded on 18/09/16
- Interview with Dr. Ini Etuk. *Economic Historian* (2016), Department of History and International Studies, University of Uyo, November 22, 2015.
- Interview with Dr. Super Okojie (2016). Department of Sociology and Anthropology, University of Uyo, January 10.
- Interview with Dr. Ubong Umoh (2015). *Military Historian*, Department of History and International Studies, University of Uyo, December 5.
- Interview with Dr. Ubong Abasi Isreal Ebenezer ((2016). Department of History and International Studies, University of Uyo, February 8.
- Kanki P (2006). AIDS in Nigeria: a nation on the threshold. Harvard: Harvard Center for Population and Development Studies, 45-54.
- Kanki P, Adeji O (2006). *AIDS in Nigeria: a nation on the threshold* chapter 1: introduction. Harvard Center for Population and Development Studies.
- Mabugunje A (1981). The development process: a spatial perspective. New York: Helms Publishers
- National Agency for the Control of AIDS (NACA). (2004). Epidemiological situation surveillance system mechanisms on military personnel. Available at www.naca.com. Downloaded on 18/09/16
- National Agency for the Control of AIDS. (2011). Factsheet 2011: Update on the HIV/AIDS epidemic and response in Nigeria. NACA, Abuja, Nigeria.
- National Agency for the Control of AIDS. (2012). Global AIDS response counting progress report: Nigeria GAPR 2012.
- National Agency for the Control of AIDS. (2013). President's comprehensive response plan for HIV/AIDS in Nigeria. NACA, Abuja, Nigeria.
- National Intelligence Council. (2000). The global infectious threat and Its implications for the United States. Washington D.C to National Intelligence Council, 99-101.
- National Intelligence Council. (2002). The next wave of AIDS: Nigeria Ethiopia, India, Russia and China. Available at www.nationalintelligencecouncil.org. Downloaded on 16/09/16
- Nwokoji U, Ajuwon A (2004). Knowledge of AIDS and risk-related sexual behavior among Nigerian Naval personnel. Available at www.naca.com. Downloaded on 18/09/16
- Odulodu O (2006). AIDS in Nigeria: a nation on the threshold. Available at www.harvard_center/population/development.org. Downloaded on 18/09/16
- Ogden J (2005). Common at its core: HIV – related stigma across contexts. Available at www.internationalcarter/research/women.org. Downloaded on 21/09/16
- Price-Smith Aed (2001). *Plagues and Politics: infectious disease and international policy*. London: Palgrave Publishers.
- Rosen S (2004). The cost of HIV/AIDS to business in South Africa.
- Sachs P (1999). Economic consequences of health status: a review of the evidence. Carter for International Development, Harvard University, 14-16.
- Schonteich M (2001) Africa's new security threat: HIV/AIDS and human security in Southern Africa: Available at www.nigeriasecurityreview.com. Downloaded on 18/09/16

- Shell R (2000). Halfway to the Holocaust: the economic, demographic and social implications of the AIDS pandemic to the Year 2010. Johannesburg: June, 12-17.
- The Global Fund (2006). Portfolio of grant in Nigeria.
- The Global Fund (2007). Portfolio of grant in Nigeria.
- The Population Council (2007). The experience of married adolescent girls in Northern Nigeria.
- The World Bank (2008). Nigeria receives additional funding for HIV/AIDS project program. Available at www.worldbank.org. Downloaded on 22/09/16
- UNAIDS, "AIDS and the Military". May 1998.
- UNAIDS. (2002). Report on the global AIDS epidemic. Available at www.unaids.org. Downloaded on 18/09/16
- UNAIDS.(1998), Report on the global AIDS epidemic. Available at www.unaids.org. Downloaded on 18/09/16
- UNICEF (1999) Children Orphaned by AIDS: Front-line Responses from Eastern and Southern Africa. Available at www.unicef/2006.org. Downloaded on 22/09/16
- UNAIDS (2002). Joint United Nations Programme on HIV/AIDS.
- Walter R (1972). How Europe Underdeveloped Africa: London Bogle Lourveture Publication, 9.
- WHO, UNAIDS and UNICEF (2007). Towards universal access: scaling up priority HIV/AIDS interventions in the Health Sector. Available at www.who/unaids/unicef.org. Downloaded on 21/09/16.
- World Bank (2002). In turning the tide against HIV/AIDS: education is the key. Available at www.worldbank.org. Downloaded on 18/09/16.

How to cite this article: Ekah JA, Ben VE (2017). Aids Security of Vulnerable Population: Implications for Economic Development in Nigeria. Int. Inv. J. Art. Soc. Sci. Vol. 4(2):23-30