

# International Journal of Arts and Humanities (IJAH)

Bahir Dar- Ethiopia

Vol. 6(1), S/No 20, January, 2017: 39-53

ISSN: 2225-8590 (Print) ISSN 2227-5452 (Online)

DOI: <http://dx.doi.org/10.4314/ijah.v6i1.4>

---

## **The Prevalence of HIV/AIDS Epidemic in Anambra State, Nigeria: Exploring Gender, Cultural and Socio-Religious Perspectives**

**Anwuluorah, Ogugua Patricia, Ph.D.**

Department of Christian Religious Studies

Nwafor Orizu College of Education, Nsugbe

Anambra State, Nigeria

E-mail: [Oguguo.patricia@yahoo.com](mailto:Oguguo.patricia@yahoo.com)

Tel: +2347086415562; +2348130870560

---

### **Abstract**

The study examined gender, culture and socio-religious issues with regard to HIV/AIDS prevalence in Anambra State, Nigeria. Since the discovery of Human Immune Deficiency Virus (HIV) over three decades ago, it has plundered the global populations with impunity, resulting in the death of millions of people. The sub-Saharan Africa seems to be the centre of the epidemic, as it records the highest prevalence rates in the world with roughly 25 million people living with HIV in 2012. It also accounted for an estimated 70% of all the people living with HIV and 70% of AIDS deaths in 2011. As a result, the epidemic has had widespread social and economic consequences, not only in the health sector but also in education industry and the wider economy. In 2012 AVERT'S HIV/AIDS statistics records Nigeria as the second largest number of people living with HIV/AIDS (PLWHA) in Africa. Furthermore, the disease seems to be rearing its ugly head in Anambra state, Nigeria with 8.7% above the national prevalence average rate of 4.5 per cent. Both face to face oral and telephone interviews were employed in collecting the primary data from randomly sampled 14 respondents. A total of 15 itemed questions were administered on 30 Doctors and 230 Nurses making up 260 respondents. Reliability coefficient using Cronbach Alpha is 0.843 which shows

that the instrument is internally consistent. Data were analyzed using mean, standard deviation and t-tests. Results revealed among others that: biological issues, poverty, female sexual passivity, domestic violence etc. are gender related factors that exacerbate prevalence of HIV. Findings also show that concubinage or extra marital relations, harmful widowhood practices, patriarchal cultural system, stigma and discrimination are some of the culture induced factors. Furthermore, inadequate information/education about HIV/AIDS, HIV/AIDS denial based on religious beliefs, false claim about cure of HIV/AIDS, false religious assurances against HIV/AIDS, and traditional birth practices are the socio-religious related factors. The work impacts on the urgency for radical advocacy about human dignity, rights and responsibility of all stakeholders in eradicating HIV/AIDS prevalence in the state and wider society.

**Key Words:** Human Immune Deficiency Virus (HIV), Gender, Culture, Religion, human Dignity

### Introduction

Acquired Immunodeficiency Syndrome (AIDS) is caused by Human Immune Deficiency Virus (HIV) which attacks, weakens and destroys certain white blood cells that are highly essential to the immune system called the body defence. The white blood cells which are biologically called the “lymphocytes” and “Monocytes” are the army armed with sufficient arms and ammunitions, which help us fight unwanted and unwelcome bacteria and viruses as they enter our body. The human immunodeficiency virus (HIV) weakens and destroys these cells and thereafter renders the body powerless to fight unwanted infection in the body. Hence, as soon as the HIV enters the body it attaches itself to the white blood cells and makes its way inside. This causes the cell to produce more HIV and as such destroys the white cells (Fadeyi, 2010).

As the body cells are depleted, the immune system is weakened and is less able to fight off viral and bacterial infections. The result is that the infected person becomes an easy prey to a wide range of diseases such as tuberculosis, hepatitis, etc. which take the opportunity of the breakdown in the body defence to ravage the person. The virus is usually found in body fluids like blood, semen, vaginal fluid and breast milk. When a person is infected with HIV, there may be no visible sign or symptom associated with the virus for a long time. It is so since it takes many years, as long as ten years to complete the total destruction of the body immune system. As soon as it completely destroys the body immune system, the HIV now blossoms into a full AIDS and the symptoms that go with the disease starts to manifest. At this stage, any infection suffered by the HIV infected person remains permanent and incurable because the body system has been rendered powerless to fight the infection. This can lead to multiple infections of diseases which eventually lead to the death of the infected person as a result of complications arising from HIV and AIDS.

AIDS has tremendous impact both on the patient, the families and the society in general. The National AIDS and STD control programme of the (Federal Ministry of Health, 2002) highlighted the implications of its findings on the AIDS scourge on the various sectors of the nation's economy including: education, agriculture, business/industry, family resources and human rights. Hence, the urgent need for serious study of its prevalence in relation to gender, culture and religion with the view to finding ways of reducing it to the barest minimum. The study examined the origin of HIV, reviewed related works on gender, culture and religion. It also presented, discussed the results and made recommendations and conclusion.

### **Statement of the Problem**

HIV/AIDS is one of the most serious public health concerns which make its prevention inclusive in the millennium development goals (United Nations, 2014). According to (UNITE, 2011), "by 2011, HIV has lasted for 30 year with 30 million deaths; while 33 million people are living with the disease of which 50% are women and girls." (United Nations, 2014) also declare that "a total of 5.2 million people was on HIV treatment, while 7, 100 people are infected with HIV each day." In 2012 U.S. Department of Health & Human Services reported that 97% of the people living with HIV reside in low and middle income countries particularly Sub-Saharan Africa (Aids.gov, 2012).

In a new national survey conducted by the Federal Government of Nigeria for the 2012 National HIV/AIDS and Reproductive Health Survey-Plus (NARHS Plus) Nigeria's HIV/AIDS prevalence rate is now 3.4 per cent. Rivers State leads other states in the country with a prevalence rate of 15.2 per cent. A cursory look at the new survey indicated that Taraba State ranked second with a prevalence rate of 10.5 per cent; followed by Kaduna State with 9.2 per cent. Nasarawa State has 8.1 per cent while the Federal Capital Territory (FCT) 7.5 per cent. Ekiti State however has the least prevalence rate of 0.2 per cent, Zamfara 0.4 per cent, Bauchi 0.6 per cent and Ogun 0.6per cent (This Day Live, 2013).

In Anambra state, Mr Ogochukwu Ndibe, Project Manager of HIV Project Development Programme (HPDP) II said in Awka that "HIV and AIDS prevalence has risen to 8.7 per cent above the national prevalence average rate of 4.5 per cent" (News Agency of Nigeria, 2012). He disclosed this at a one-day workshop on the use of Anti-Retro Viral Therapy (ART) drugs for people living with the virus in the state. Previous studies have been carried out regarding HIV/ AIDS in the state, yet the spread is still on the rise. Hence, this study which explores the prevalence from the perspectives of gender, culture and religion.

### **The Origin of HIV**

Since the AIDS epidemic first emerged in the early 1980s, people have speculated about the origin of the disease. In the following decades, numerous theories about the

origins of HIV emerged. Many of these theories were quickly disproved, but a few of the theories remain popular today with both the scientific community and the public. The theories below are extracted from Katarak 2006 and also Medindia, Disease info, origin of HIV Virus Theories [Internet] 2008 [Updated 2014 April 01].

The first is known as the Heavenly theory- the belief of many religious groups that HIV came from an angry God who was unhappy with gays, IVUDs and promiscuity. There are others who believed that HIV came as a Cosmic debris as part of the tail of a comet. The second is the Conspiracy theory- the belief of many that HIV was developed by the US army as a weapon of germ warfare, whereas right wing American groups blamed the Soviets for the epidemic. The third is the contaminated Oral Polio Vaccine theory played by Edward Hooper. This claims that the virus was transmitted via various medical experiments (iatrogenically) especially through the polio vaccines. The oral polio vaccine called Chat was given to millions of people in the Belgian Congo, Ruanda and Urundi in the late 1950s. Then it was cultivated on kidney cells taken from the chimps infected with SIV in order to reproduce the vaccine. This is the main source of contamination, which later affected large number of people with HIV. But it was rejected as it was proved that only macaque monkey kidney cells, which cannot be infected with SIV or HIV were used to make Chat. Another reason is that HIV existed in humans before the vaccine trials were carried out.

The fourth, the cut hunter theory is the most commonly accepted theory. It is said that the virus Semian Immuno Deficiency Virus (SIV) was transferred to humans as a result of chimps being killed and eaten or their blood getting into cuts or wounds on the hunter. SIV on a few occasions adapted itself within its new human host and become HIV. Every time it passed from a chimpanzee to a man, it would have developed in a slightly different way within his body, and thus produced a slightly different strain. The fifth is Contaminated Needle Theory of which the lead player was Preston Marx, which says that African healthcare professionals were using one single syringe to inject multiple patients without any sterilization in between. This could have rapidly transferred infection from one individual to another resulting in mutation from SIV to HIV. The sixth, Colonialism Theory proposed by Jim More which submits that the colonial rule in Africa was particularly harsh and the locals were forced into labour camps where sanitation was poor and food was scare. SIV could easily have infiltrated the labour force and taken advantage of their weakened immune systems. Laborers were being inoculated with unsterile needles against diseases such as smallpox to keep them alive and working. Also, many of the camps actively employed prostitutes to keep the workers happy. All these factors may have led to the transmission and development of AIDS as a disease.

## The Review of Related Literature

### Gender

Across the globe, women have fewer opportunities and suffer discrimination, domestic violence, battery and violations of their rights simply because they are women. Stopler, made reference to the anthropologist Sherry Ortner in (Ezejiolor, 2011, p. 143) thus: “women are considered inferior to men in every known culture”. To support this claim, she outlined three types of data including:

- (1) element of cultural ideology and... statement that explicitly devalue women, according them, their roles, their tasks, their products, and their social milieu less prestige than are accorded men ...;
- (2) symbolic devices, such as the attribution of defilement, which may be interpreted as implicitly making a statement of inferior valuation; and
- (3) social-structural arrangement that exclude women from participation in or contact with some realm in which the highest power of the society is felt to reside (Ezejiolor, 2011, p.144).

The social fact of gender inequality has been reiterated by (Haralambos and Heald, 1980) thus:

Women produce children; women are mothers and wives; women do the cooking, mending, serving and washing. They take care of men and are subordinate to male authority; they are largely excluded from high status occupations and from positions of power. These generalizations apply, to some degree, to practically every known human society (p. 367).

In contemporary Nigeria, gender inequality is a social fact since women are regarded as the properties of their husbands. As a patriarchal society, decision-making in a family unit is the prerogative of the man. Even when female roles were complementary to the roles of men, the female roles were allocated on the basis of gender. Hence, conservatively, women depend on their husbands for peace and security within their enclave (Ogbonna, 2011). The World Health Organization (2007) cited in Women Deliver (2013), also indicated that women are more vulnerable than men to HIV infection- for biological, economic and cultural reasons (such as discrimination, gender inequality and violence).

Furthermore, the social and cultural norms in Anambra state and most Nigerian societies dictate that women have little or no control over their sex lives, or that of their husbands outside marriage. They are expected to remain monogamous thereafter while

men are tolerated and even expected to have premarital and extra marital sex. Men are often made to believe that male sexual needs are strong and such notions make men appear to be governed by instincts, unable to control their sexual behaviour regardless of their wives' complaints. This has exposed some women, particularly married women, to HIV/AIDS. In addition, the economic situation is bad and the AIDS pandemic is wreaking havoc. Garland and Blyth (2005) quoting Akukwe, "poverty has eaten deep away the defences of many families leaving them open to HIV/AIDS and all its suffering." In many large families, not all of the children can be sent to school. Families are sending many of their young people to the cities in the hope of a better life, in search of work and an income. Young people moving to the cities encounter new situations for which they are not prepared. For example, women sometimes meet men who want to buy sex from them, and men encounter women who want them to pay for sex. An employer may promise a girl a good job, but only if she has sex with him. They do not want to become sex workers, but poverty, hunger and unemployment led them to become involved with commercial sex. Once they are trapped in this habit, despite their awareness of being HIV/AIDS positive, they do not stop having customers. In addition, some parents also push their young girls into marriage. The girl may go into a family where she is abused or perhaps the man is already in the habit of going to many different women or where he is already infected with HIV/AIDS.

### **Culture**

Some aspects of culture relevant to this research are patriarchy, marriage, certain widowhood practices, poverty, stigma and discrimination. Marriage is another aspect of culture which is highly valued as a woman is expected to get married and have children. An Igbo adage says that '*Di bu ugwu nwanayi*' (marriage accords respect for women). It is traditional that a man can have as many wives as possible without the society blinking an eye. Thus, the saying that, 'man is polygamous in nature'. It is actually a sign of virility. Nwankwo, (1996) reiterates that, "...polygamy is part of most cultures; it also touts as unnatural for a man to keep to just one woman. Garland and Blyth, (2005, p. 148) revealed how a state medical officer in charge of HIV/AIDS prevention laments on the rapid spread of AIDS in his state, especially through polygamous marriages. When the virus enters a polygamous family, it affects many people. After the death and mourning of a polygamous husband, the wives may marry into other polygamous families, and many more people quickly become infected.

In Nigeria widows undergo the same type of ordeal despite ethnic barriers. These experiences define their status as destitute and vulnerable. At the occasion of the death of her husband, the woman is seen as unclean and impure. She is subsequently subjected to customs that even undermine her health. It is the tradition that when a man dies the widow's hair is shaved which is usually done by older women. They may sometimes use unsterilized razor blade depending on the level of awareness of the person involved.

The practice of widow inheritance (where a brother marries or has sex with his dead brother's wife) also increases the spread of HIV. Widow inheritance originally served as a way to provide for the family of the dead husband. However, it is often abused now to the extent that the husband's brothers may force the widow into sex or into a marriage she does not want. Women are often powerless to refuse, coupled with the fact that in most cases, they have no property rights and no economic power to survive on their own. Most often, they do not even have the rights to keep their own children. In all these ways, they are treated as little more than slaves or property, unable to refuse dangerous or undesirable marriages.

The issues of discrimination and stigmatization are also serious concerns surrounding HIV/AIDS prevalence in the state. Many people view those with AIDS as disgraced, shameful, punishment from God and cursed by someone. Others see infected people as tainted, soiled and without dignity or rights. Hence, corroborating Amanze, (2000) and Dube, (2003) stigma impedes efforts to break HIV/AIDS prevention, treatment care and support and that it is also one of the most painful experiences of people living with the virus. Akinboboye and Olanipekun, (2007) affirmed further that the problem of stigmatization poses a big challenge to every aspect of HIV/AIDS prevention, treatment, care and support.

### **Religion**

There is no doubt that religion plays a large role in shaping the HIV/AIDS crises in Nigeria in general and Anambra state in particular. However, it does not capture the complexity of HIV/AIDS issues (Bebia, 2010). The researcher's interviews with HIV/AIDS Councilors revealed that although conservative religious mores might limit the spread of HIV/AIDS infection among believers, yet false religious assurances, false claims about cure and denial of the disease based on religious beliefs contribute to its pandemic. Moreover, traditional birth practices were also pointed by the interviewees as a factor in prevalence of HIV/AIDS in the state.

### **Aim and Objectives of the Study**

The aim of this study is to examine some factors that relate to HIV/AIDS prevalence in Anambra state. The objectives include to:

1. examine gender issues that encourage the spread of HIV/AIDS.
2. determine some aspects of the cultural practices that influence the spread of HIV/AIDS.
3. ascertain some socio-religious issues with regard to HIV/AIDS prevalence in the area of study.

### **Research Questions**

The following research questions guided the study:

1. what are the gender related factors that influence the spread of HIV/AIDS in Anambra State?
2. what are the cultural practices that influence the spread of HIV/AIDS in Anambra State?
3. to what extent does religion contribute to HIV/AIDS prevalence in Anambra State?

### **Null Hypotheses**

The following Null hypotheses guided the study:

- H<sub>01</sub>:** there is a no significant difference between the mean scores of doctors and nurses on gender issues with regard to HIV/AIDS prevalence Anambra State.
- H<sub>02</sub>:** there is no significant difference between the mean scores of doctors and nurses on culture related issues with regard to the spread of HIV/AIDS.
- H<sub>03</sub>:** the mean scores of doctors and nurses on the prevalence of HIV/AIDS with regard to socio-religious issues do not differ significantly.

### **Significance of the Study**

The following are the implications of the study:

1. The study is important for exposing gender issues relevant in HIV/AIDS prevalence in Anambra State and will supply important base line data on the dynamics of gender relations in HIV/AIDS control in Nigeria.
2. The findings no doubt raise issues relevant in the formulation and execution of culturally sensitive HIV/AIDS control programmes in the state and in the wider society.
3. The results also create a better understanding of the socio-economic and religious issues involved in HIV/AIDS prevalence in the area of study.
4. Finally, the work impacts on the urgency for radical advocacy about human dignity, rights and responsibility of all stakeholders in eradicating HIV/AIDS prevalence in the state.

### **Methodology**

The primary data for this research were collected from the following: People Living with HIV/AIDS (PLWHA), Health Providers such as HIV/AIDS councillors, doctors and nurses. Both face to face oral and telephone interviews were employed in collecting primary data from randomly sampled 14 respondents including: 5 HIV/AIDS patients (PLWHA); 2 HIV/AIDS councillors from Nnamdi Azikiwe Teaching Hospital, Nnewi, 2 Councillors from Odumegwu Ojukwu University Teaching Hospital, Awka. 2 LACA Co-ordinators from Onitsha North and South Local Government Areas; and 3 staff

from Global HIV/AIDS Initiative Nigeria (GHAIN) in Awka. A total of 23 itemed questions were administered on 260 randomly sampled respondents including: 30 doctors and 230 nurses from the above hospitals and General Hospital Onitsha. Reliability coefficient using Cronbach Alpha is 0.843 which shows that the instrument is internally consistent. Data collected were analysed using Statistical Package for Social Sciences (SPSS) which supplied the values for mean, standard deviation and t-tests of relevant data.

### Results

Below are the detailed results of the research findings:

**Table 1:** The mean responses on the gender related factors that influence the spread of HIV/AIDS in Anambra State

Research items	N	Mean	Std. D
1. Biological factors	260	3.83	1.30
2. Women sexual passivity	260	3.84	1.29
3. Women and girls lack of social and economic power to control the impact of HIV/AIDS in their lives	260	3.81	1.30
4. Poverty	260	3.88	1.23
5. Gender based violence	260	3.83	1.26
<b>Grand Mean</b>		<b>3.84</b>	

From table 1 above, it is observed that the various mean for all the questionnaire items (1, 2, 3, 4 and 5) respectively are above the cut-off mean of 3.0. This shows acceptance of the suggested research items with mean 3.83, 3.84, 3.81, 3.88 and 3.83 respectively.

**Table 2:** The mean responses on the culture practices that influence the spread of HIV/AIDS in Anambra State

Research items	N	Mean	Std. D
6. Concubinage or extra marital relations	260	3.83	1.30
7. Harmful widowhood practices	260	3.84	1.30
8. Patriarchal cultural system	260	3.81	1.30
9. Stigmatization	260	3.88	1.23
10. Discrimination	260	3.83	1.26
<b>Grand Mean</b>		<b>3.84</b>	

Table 2 above shows that the various mean for all the questionnaire items (6, 7, 8, 9 and 10) respectively are above the cut-off mean of 3.0; signifies acceptance of all the suggested research items with mean 3.83, 3.84, 3.81, 3.88 and 3.83 respectively.

**Table 3:** The mean responses on the socio-religious factors that influence the spread of HIV/AIDS in Anambra State

Research items	N	Mean	Std. D
11. Lack of adequate information/education about HIV/AIDS	260	3.80	1.216
12. HIV/AIDS denial based on religious belief	260	3.85	1.267
13. False claim about the cure of HIV/AIDS	260	3.80	1.227
1. False religious assurance against HIV/AIDS	260	3.80	1.232
2. Traditional birth practices	260	3.69	1.297
<b>Grand Mean</b>		<b>3.79</b>	

Table 3 above shows that the various mean for all the questionnaire items (11, 12, 13, 14 and 15) respectively are above the cut-off mean of 3.0; signifies acceptance of all the suggested research items with mean 3.80, 3.85, 3.80, 3.80 and 3.69 respectively.

**Table 4- Ho1:** there is no significant difference between the mean scores of doctors and the mean scores of nurses on gender with regards to HIV/AIDS prevalence in Anambra State.

		Levene test		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean D	Std. ED	.095	
									Lower	Upper
Gender	Equal assumed	.327	.568	-.299	258	.765	-.026	.087	-.198	.146
	Equal not assumed			-.290	36.307	.774	-.026	.090	-.209	.156

Based on the computation derived from the table above, which has its P-value (0.765) and alpha level (0.05), the null hypothesis which was stated as there is no significant difference between the mean scores of Doctors and the mean scores of Nurses on gender issues with regards to HIV/AIDS prevalence is rejected. This shows that there exists significant difference between the mean scores of Doctors and the mean scores of Nurses on gender issues with regards to HIV/AIDS prevalence.

**Table 5- Ho2:** there is no significant difference between the mean scores of doctors and the mean scores of nurses on culture related issues with regards to HIV/AIDS prevalence in Anambra State.

		Levene test		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean D	Std. ED	.095	
									Lower	Upper
Culture	Equal assumed	.327	.568	-.299	258	.765	-.026	.087	-.198	.146
	Equal not assumed			-.290	36.307	.774	-.026	.090	-.209	.156

Based on the computation derived from the table above, which has its P-value (0.765) and alpha level (0.05), the null hypothesis which was stated as there is no significant difference between the mean scores of Doctors and the mean scores of Nurses on culture related issues with regards to HIV/AIDS prevalence is rejected. This shows that there exists significant difference between the mean

scores of Doctors and the mean scores of Nurses on culture related issues with regards to HIV/AIDS prevalence.

**Table 6- Ho3:** there is no significant difference between the mean scores of doctors and the mean scores of nurses on social and religious related issues with regards to HIV/AIDS prevalence in Anambra State.

		Levene test		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean D	Std. ED	.095	
									Lower	Upper
Socio-rel	Equal assumed	.327	.568	-.299	258	.765	-.026	.087	-.198	.146
	Equal not assumed			-.290	36.307	.774	-.026	.090	-.209	.156

Based on the computation derived from the table above, which has its P-value (0.765) and alpha level (0.05), the null hypothesis which was stated as there is no significant difference between the mean scores of Doctors and the mean scores of Nurses on social and religious related issues with regards to HIV/AIDS prevalence is rejected. This shows that there exists significant difference between the mean scores of Doctors and the mean scores of Nurses on social and religious related issues with regards to HIV/AIDS prevalence.

### Discussion of Results

The research shows that gender related factors encourage the spread of HIV/AIDS pandemic in Anambra state. This is in tandem with the (World Health Organization, 2007) cited in (Women Deliver, 2013) which indicates that women are more vulnerable than men to HIV infection- for biological, economic and cultural reasons (such as discrimination, gender inequality and violence).

Findings reveal also that some aspects of culture prevalent in HIV/AIDS transmission include: patriarchy, marriage, certain widowhood practices, poverty, stigma and discrimination. This agrees with (Ezejiofor, 2011, p.139) that widows are exposed to untold hardships including homelessness, insecurity, hunger, poverty, illness and rejection. In addition, (Obih, 2006) laments that:

Public attitude to people living with HIV/AIDS is unfortunate and regrettable. Even those to whom these unfortunate men and

women should have recourse- the rich, the government, doctors, paramedical personnel, various health providers, civil and religious leaders are themselves mostly guilty of this worrying development, i.e. marginalization, and stigmatization of people living with HIV/AIDS. (p. 25; 26)

Furthermore, the research identified some socio-religious factors prevalent in HIV/AIDS transmission in the state. HIV/AIDS Councillors lamented that false religious assurances, false claims about the cure, denial of the disease based on religious beliefs and traditional birth practices contribute to its pandemic.

### **Conclusion**

There is no doubt that HIV/AIDS has reared its ugly head in Anambra state and has tremendous impacts not only on a person who contracts it but also on the families, relations, businesses, the churches and the society at large. The paper has sought gender, cultural and socio-religious factors perennial in HIV/AIDS pandemic in the state. The research no doubt exposes the need for radical advocacy about human dignity, rights and responsibility of all stakeholders in eradicating HIV/AIDS prevalence with respect to gender, culture and religion in the state and wider society.

### **Recommendations**

1. Mandatory testing for HIV for hotel workers by the government of Anambra state is commendable and should be seriously implemented.
2. Religious leaders and preachers should accept their limits in medical sciences with regard to treatment of PLWHA.
3. Traditional birth practitioners should embrace conventional medical practices so as to reduce chances of infections especially HIV.
4. Finally, PLWHA should be accorded their human and social rights.
5. Education and enlightenment of the masses through mass media, religious institutions, schools, peer groups and town unions is inevitable in reducing the pandemic.
6. The state level of the National AIDS Co-ordinating Agency (NACA), other various sectors including civil society organizations, the private sectors, faith-based organizations and PLWHAs support groups should focus on packaging and implementing interventions.

### References

- Agujiobi, B. (2003). *Risk of HIV/AIDS infection: Gender perspectives*. Enugu: Mediating for the less Privileged and Women Development (MELPWOD).
- Aids .gov (2012). Global statistics: global statistics HIV/AIDS crisis today; Retrieved on 6th May 2014 from <http://aids.gov/hiv-aids-basics/hiv-aids-101/global-statistics/>
- Akinboboye, O. & Olanipekun, T. O. (2007). HIV/AIDS and Christian ethics in Nigeria. In Amanze Nkomazana, J. N. C. & Kealotswe, F. (eds.), *Christian Ethics and HIV/AIDS in Africa*, (119-128). Botswana: Bay.
- Amanze, J. N. C. (2000) Stigma: The greatest obstacle in the fight against HIV/AIDS in Africa. In Amanze Nkomazana, J. N. C. & Kealotswe, F. (eds.). *Christina Ethics and HIV/AIDS in Africa*, (Pp. 28-46). Botswana: Bay.
- Bebia, B. E. (2010). Influence of religion on the spread of HIV/AIDS, and its impact on sustainable development in Nigeria: An Islamic panacea. In Adesewo, M. A., Falako, F. O. & Adebayo, R. I. (eds.). *Religion and sustainable development* (pp. 289-296), National Association for the Studies in Religion and Education (NASRED). Ilorin: Haytee.
- Dube, M. (2003). Talitha cum! Calling the girl-child and women to life in the HIV/AIDS and globalization Era. *African Women, HIV/AIDS Faith Communities*. Pietermaritzburg: Cluster.
- Ezejiolor, A.O. (2011). Patriarchy, marriage and rights of widows in Nigeria. *Unizik Journal of Arts and Humanities*. 12 (1), 139-157.
- Fadeyi, T. O. (2010). *HIV and AIDS pandemic: Should a faithful contract it?* Ibadan: Design Focus Impressions.
- Garland, J. & Blyth, M. (2005). *AIDS is real and it's in our Church*. Bukuru: Oasis.
- Haralambos, M. & Heald, R. (1980). *Sociology: Themes and perspectives*. London: University Tutorial.
- Katarak, S. M. (2006) The origin of HIV and AIDS: An enigma of evolution. *An Indian Acad Neurol* [Serial online] 2006 [Cited 2014 Sept 30]; 9:5-10. Available from: <http://www.annalsofian.org/text.asp?2006/9/1/5/22815>

- Medindia, Disease info, origin of HIV Virus Theories [Internet] 2008 [Updated 2014 April 01; Cited 2014 April 2014 April 01] Available from [http://www.medindia.net/patients/aids/initialtheories\\_theories.htm#ixzz2v4mnbEBG](http://www.medindia.net/patients/aids/initialtheories_theories.htm#ixzz2v4mnbEBG)
- News Agency of Nigeria (2012). HIV and AIDS prevalence hits 8.7% in Anambra, says Project Manager; Retrieved on 6th May 2014 from: <http://www.nanngonline.com/section/healthgender/hiv-and-aids-prevalence-hits-87-in-anambra-says-project-manager>
- Nwankwo, N. (1996). *Gender equality in Nigerian politics*. Lagos: Deutchetz.
- Obih, P. C. (2006). HIV and AIDS. *Health, social and moral matters*. Part 1, Vol. II. Onitsha: Mid-field.
- Ogbonna, K. S. (2011). Female empowerment and sustainable development: Images in Sofola's the sweet trap and Onwueemes's the broken calabash. In Chiegboka, A. B. C., Utoh-Ezeajugh, T. C. & Ogene, M. S. (eds.), *The humanities and sustainable development* (Pp. 227-235), Nimo: Rex Charles and Patrick.
- The National AIDS and STD control programme of the Federal Ministry of Health (2002).
- This Day Live* (2013) In a new survey, Nigeria's HIV/AIDS prevalence drops to 3.4%; Retrieved on 6th May 2014 from <http://www.thisdaylive.com/articles/in-a-new-survey-nigeria-s-hiv-aids-prevalence-drops-to-3-4-/166023/>
- UNITE (2011). High level meeting/general assembly/United Nations. New York: Available @ [www.UNAids.org](http://www.UNAids.org) United Nations (2014) End Poverty; Millennium Development Goals Beyond 2015 [www.UN.org/millennium](http://www.UN.org/millennium) goals/
- Women Deliver (2013): "HIV AND AIDS". <http://www.womendeliver.org/knowledge-center/fact-figures/hiv-and-aids/> (accessed 29/3/2013). [www.Avert.org/africa-hiv-aids-statistics.htm](http://www.Avert.org/africa-hiv-aids-statistics.htm)