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# HIV/AIDS, Women and Education: An Appraisal

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## **Abstract**

*The paper presents the origin of HIV/AIDS, its modes of transmission and presents women as economically, culturally and socially disadvantaged group that lack equal access to treatment, financial support and education. Consequently, it states that education can affect the high rate of HIV and change women's lives by reducing poverty, improving health of women and that of their children, delaying marriage, increasing self-confidence and decision making power. It concludes that mothers must be spared the agony of passing this deadly virus to their infants and these infants deserve the right to a HIV/AIDS free living.*

## **Introduction**

HIV/AIDS pandemic is a human disaster affecting the order and structure of people, families and communities, particularly the women as they are more exposed to poverty and income inequality in households. Women tend to be blamed as vectors of the epidemic to partners and children, a belief reflected in colloquial descriptions of AIDS as a "woman's disease" sometimes, as a "Prostitute's disease." In other words, the women are assumed to have brought AIDS because they are most often the first to be diagnosed of HIV/AIDS either through antenatal screening or the birth of a sick child. They are often subject to emotional harassment; thrown out of their jobs (Aggleton & Parker 2002). The huge problem has been and is still strongly attributed to gender inequality, ignorance, stigma and discrimination.

**The Origin of HIV/AIDS:** No other disease has ever threatened the imagination of the world as much as HIV and AIDS have done: The following are often asked:

- Where did AIDS come from?
- Is it a new or an old disease?
- Where did HIV originate?

These are difficult questions and one may never find out the answer. According to Schoub (1999:13), little is known about the origins of any human virus, let alone HIV.

Acquired Immune Deficiency Syndrome [AIDS] is unarguably one of the world's most deadly diseases. Mcsweeney (1995) described it as the greatest scourge of modern times. AIDS was first discovered in 1981 in the United States of America [USA] among homosexual men who were found to be affected with a strange disease that is associated with rapid weight loss for no apparent reason (Achal 1996, Egbuonu 1997, Unachukwu 2003). It has also been argued that AIDS appears to have had its origin in central Africa as early as the 1950s. The isolation from African green monkeys of the Simian Immunodeficiency Virus [SIV] which is related to HIV-1 and HIV-2, the strains that primarily cause AIDS [Prescott, Harley and Klein 1999] could be used to support this claim.

Initially, scientist and doctors were baffled because the causes and modes of transmission of this new disease (called slim disease in Africa) could not be immediately identified. Only in 1983 was it discovered that the disease was caused by a virus known at that stage as LAV (lymphadenopathy –associated virus) and HTLV-III (human T cell lymphotropic virus type III). In May 1986 the virus was renamed HIV (Human Immunodeficiency Virus) (Dyk 2005)

### **Acquired Immune Deficiency Syndrome [AIDS]**

AIDS is a disease that breaks down the body's immune system and leads to infections and other forms of cancer (WHO, 2007). AIDS is one of the biggest problems facing the world today and nobody is beyond its reach. Everyone should know the basic facts about AIDS.

The acronym "AIDS" means

- A = ACQUIRED (Something one is infected with rather than being born with) This means the person did not inherit the virus, got it as a result of exposure to the virus in the course of his/her life.
- I= IMMUNE (How the body defends itself) this refers to resistance against infections.
- D = DEFICIENCY (Absence of protective power) this refers to when a person lacks natural protection as a result of the virus that causes AIDS.
- S = SYNDROME (How the body shows variety of signs) This is a term used to refer to a group of symptoms.

### **Human Immune-Deficiency Virus (HIV)**

The acronym "HIV" means

- H= Human. Virus that lives only in human beings

- I = Immune deficiency. Virus that attacks and progressively destroys the body's deficiency system.
- V = Virus. A very small organism.

### **Modes of Transmission**

- 1) Unprotected sexual intercourse with an infected person, and sexual intercourse without a condom is risky, because the virus, which is present in infected person's sexual fluids, can pass directly into the body of the partner.
- 2) Exposure to infected blood and blood products or organ transplant which could be as a result of transfusion of infected blood, reuse of contaminated instruments such as syringes, needles and other sharp skin-piercing devices.
- 3) From mother to child- HIV can be transmitted from infected mother to her baby during pregnancy, delivery and breast-feeding. By the end of 2007, there was an estimated 2.5million children [under 15years] living with HIV, most of whom were infected by their mothers. (UNAIDS/WHO 2007). A large number of these children will not live to adulthood. There are special drugs that would greatly reduce the chances of this happening. However, they are unavailable in many developing countries. Sexual contact is the most common means accounting for up to 80% of global transmission: that is 70% heterosexual and 10% homosexual (UNAIDS/WHO 2007) If untreated, infection in women leads to prenatal transmission to their children during pregnancy in about one third of cases (Chin; 1992) As the number of infected women increases so does the number of their infected children [Achal 2008] The reasons behind these statistics are both biological and socio- economical.

### **Education as a Weapon for Fighting HIV/AIDS**

Education is life sustaining. The links between HIV/AIDS and the education sector has become increasingly evident, good quality education is a powerful tool against HIV/AIDS. However, the HIV/AIDS pandemic impacts on learning opportunities and education system in a myriad of ways; it threatens the development of education through the sickness and death of policy makers, teachers and administrators. The quality of education suffers in the form of teacher absenteeism, less time for teaching, and disruption of classroom and college schedules affect the kind of learning that take place.

UNAIDS (2008) report stated that there are an estimated 33 million people living with the virus, and each year, millions more people become infected. Effective HIV and AIDS education can help prevent these new infections by providing people with information about HIV and how it is passed on, and by so doing equip individuals with the knowledge of how to protect themselves from becoming infected with the virus. In its report on the global HIV aids epidemic, (UNAIDS 2000) presents the following facts about the effect of HIV/AIDS on educational systems.

The Central African Republic (where approximately one in every seven adults is infected with HIV) has a 33% shortage of primary school teachers; the impact of AIDS in Cote d'Ivoire presents the same grim dimension. In same country confirmed cases of HIV/AIDS accounted for seven out ten deaths among teachers.

Zambia lost 1300 teachers in the first ten months of 1998- the equivalent of about 65% of all new teachers who were trained annually (UNAIDS 2002).

UNAIDS (2008) report showed that educated women are more likely to know how to prevent HIV infection, to delay sexual activity and to take measures to protect themselves. Education also accelerates behavioural change among young people making them more receptive to prevention messages. Also in Zambia, studies by Dyk (2005) have shown that the more schooling young people have, the less likely they are to have casual partners and the more likely they are to use condoms. In seventeen countries in Africa and four in Latin America, better-educated girls tended to delay having sex and were more likely to insist that their partner use a condom. Much of the researches that have focused on women and education cited by UNAIDS (2008) also showed that post-primary education has the most impact, providing the greatest pay-off for women's empowerment. Higher levels of education provide much more than specific information on HIV transmission. Girls and women gain self-esteem along with knowledge. They are able to prepare for the work force, better able to protect their families' health and less likely to die during childbirth than those who are less educated. UNAIDS (2008) report stated that education can affect HIV rates and change women's lives by:

- **Reducing Poverty**

In Zambia, rural women with no education are twice as likely to be living in extreme poverty as those who have benefited from education. This experience is applicable to most countries in the world.

- **Improving the Health of Women and their Children**

Educated mothers make more use of health care facilities, including the health services that effectively prevent fatal childhood diseases. Worldwide, the risk of a child dying prematurely is reduced by around 8 per cent for each year.

- **Delaying Marriage**

In Bangladesh and Ethiopia, increasing education has played vital role in reducing child marriage, in part by ensuring that girls have access to the information and social networks that can protect them.

- **Increasing Self-Confidence and Decision-Making Power**

Evidence from across the world shows that, though women everywhere continue to be constrained by unequal power relations, increased education helps women to gain in status and secure greater decision making power in the family and the wider community.

A study conducted in Uganda over the course of the 1990s showed that both women and men who finished secondary school were seven times less likely to contract HIV than those who received little or no schooling.

According to UNAIDS (2008) global reports on HIV/AIDS epidemic, education is a powerful, proven means of providing protection against HIV infection. In particular, it reduces the vulnerability of girls to infection. Reviewing the evidence

on HIV/AIDS and education, Herz and Sperling (2004) conclude that educated girls are less likely to contract HIV. Policies and interventions which help to keep girls in school are therefore key to the national HIV prevention effort. De Walque (2004) concludes on the basis of data from Uganda, that among young people, females in particular, education reduces the risk of being HIV positive. His findings also show that educated individuals are more responsive to HIV and AIDS information campaigns and that condom use is positively associated with levels of education.

### **Women and HIV/AIDS**

Women are mothers, caretakers, sponsors, employees, friends and neighbours-often all in one. Living with HIV as a mother often means dealing with the disease while still fulfilling these other roles. HIV introduces also many new issues for women to manage. According to the UNAIDS (2008) global estimates, young women are 1.6 times more likely to be living with HIV/AIDS than young men.

In sub-Saharan Africa, women constitute 60% of people living with HIV. Despite this alarming trend, women know less than men about how HIV/AIDS is transmitted and how to prevent infection, and the little they know is often rendered useless by the discrimination and violence they face. The AIDS epidemic has had a unique impact on women which has been complicated by their role within society and their biological vulnerability to HIV infection.

UNAIDS (2008) report on the global AIDS epidemic identifies a number of interlocking reasons why women are more vulnerable than men to HIV/AIDS, which include female physiology, women's lack of will to negotiate sexual relationships with male partners, especially in marriage.

A number of studies have shown that women who are widowed due to HIV/AIDS sometimes lose rights to land, adding to an already precarious situation. Drimie, (2002) stressed that in some contexts, if a widow does not marry her husband's brother, she loses access to her Husband's property. Many customary tenure systems provide little independent security of tenure to women on the death of their husband with land often falling back to the husband's lineage. While this may, traditionally, not have posed problems, it may create serious hardship and dislocation in the many cases of AIDS-related deaths.

The practice of widow inheritance is often the only option open to a widow for retaining access to land, which contributes to the further spread of the infection. More women than men are at risk of contracting but not transmitting HIV because they are faithful to an unfaithful partner (World Fact book 2008). In many cultures, gender norms for females includes submissiveness, deference to male authority, dependence, virginity until marriage and faithfulness during marriage while norms for men in contrast, are built around power and control, independence, not showing emotions, risk-taking, using violence to resolve conflicts, beginning sexual activities early in life and having multiple sex partners. (Panos, 1988).

When a woman has AIDS, she does not only experience pain, discomfort, confusion and other motherly challenges, but it also has serious effect on the society as well. This is why the functionalist approach clearly reveals the fact that an ill person be it a woman or child is an integral part of a larger social context. From the

functionalist perspective, the pandemic of HIV/AIDS must be controlled so as to ensure that not too many women are released from their societal and familial responsibilities. The functionalist belief that the society usually operates in a smooth and consensual manner, illness like HIV/AIDS is therefore seen as dysfunction which can disrupt the flow of this normal state of being. A woman who is infected with HIV/AIDS cannot perform her normal role in the society; she is likely to put a lot of stress on other members of the family and left her responsibility undone because she is sick.

Apart from personal experience of women who are infected with the virus, women are also regarded as child bearers and care givers; they bear the brunt of the impact of HIV/AIDS as they are responsible for their sick children, parents or spouses. They are also saddled with the responsibility of caring for orphans and vulnerable children. This is often a difficult role and task for women to perform because women in many parts of Nigeria traditionally, do not have access to property or right to inheritance.

Similarly, the epidemic will lead to reduction in educational achievement of women and children, which will impede the achievement of one of the main goals of sustainable development.

### **Conclusion**

AIDS epidemic has exposed the un-just treatments to which women are subjected. Education of women and creating awareness should be geared towards putting an end to stigmatization and discrimination that limit women's access to treatment thereby leaving them to the responsibility of taking care of the ill and dying. Education whether formal, non-formal, or informal is a "social vaccine" that could contribute to the prevention of further spread of the epidemic.

### **Recommendations**

Heads of states, government officials, policy makers, community and religious leaders must speak out strongly and urgently on the need to protect women from violence and discrimination and to make gender and HIV/AIDS a highly visible priority.

Intensive campaigns on information, education and communication using radio and television should be implemented to reach a broader female audience.

Women should be provided with HIV prevention methods that they can control. One way to do this is to make the female condom more acceptable.

The government should also fund the research and invest in the development of microbicides – topical agents that women could apply intra-vaginally to protect them from HIV infection.

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