

IMPACT OF HIV/AIDS ON FAMILY INCOME IN BENUE STATE

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Abstract

This paper examined the impact of HIV/AIDS on family income in Benue State. The study reveals that illness and death due to HIV/AIDS affect income of the family as a result of increase cost of medical expenses, time and resources consumed by funerals, mourning rites, provision of care, and loss of labour and a decline in labour productivity. It also reveal that HIV/AIDS control and prevention is limited by high level of poverty, poor living standard of the people, gender inequality., traditional social values and beliefs, stigmatization among others. The study therefore recommends multi-sectoral poverty reduction strategies in the state, more programmes on sensitization and awareness on the disease, access to credit, and reduction of stress in farming financial and moral supports to people living with HIV/AIDS etc.

Introduction

HIV/AIDS is an incurable disease that destroys the body's defence mechanism rendering its victims susceptible to opportunistic infections such as pneumonia, cancer, typhoid. Anybody can "be affected by AIDS because it has no barrier as regards religion, sex, age, origin, social status, profession or nationality.

The global scenario of the pandemic shows that more than 3million people died of HIV/AIDS related illness in 2003,and about 5million people were affected by HIV bringing to 40million the number of people living with the virus around the world. UNAIDS and WHO (2003).

The story is the same in Africa where evidence show rapid yearly increases of people dicing from the pandemic, millions affected by HIV/AIDS, orphans, aged people without any body to care for them, UNAIDS (2004) observed that, there are about 12,000 new infections everyday, 26.6 million people living with AIDS, 58% of infections were in young girls and women, 2.3million deaths due to AIDS and 12million HIV/AIDS orphans.

Since the discovery of HIV/AIDS in Nigeria in 1986, the prevalence has been on the increase. Estimates form the HIV/syphilis sentinel survey Federal Ministry of Health, (1999) indicated that 2.6 million Nigerians between the ages of 15-49years were already affected and that this figure could rise to 4.9million by 2003. Reports by NACA (2003) also revealed that 3.5-4.0 million people have died from the disease and over 1,000,000 AIDS orphans recorded. The same study revealed that Benue state had the highest prevalence rate of 16.7%.

Apart from death other effects of HIV/AIDS on Benue state which is already noted as a poor state with more than 70% of its population engaged in agriculture include:

- Increase in the emergence of large number of orphans;
- Reduction in household time and labour needed for productive activities;
- Erosion of household capital e.g. land, economic trees, livestock, salaries and past savings
- Erosion of family capital (properties, assets, savings, income etc) which are as a result of medical expenses needed for care, medical bills and funerals. These are capable of mounting untold pressure on development efforts and poverty alleviation programmes of government.

- Human capital theorists have established that health is a prerequisite for increase in productivity. They emphasised that health is central to well- being and that it is fundamental to the broader notion of expanded human capabilities that lie at the heart of the meaning of development. The classical theorists (Hanod-Domar) model of economic growth also noted that every economy must save a certain proportion of its national income, if only to replace worn out or impaired capital goods. They further opined that in other to grow, new investments representing net addition to the capital stocks are necessary. This implies that individuals must be healthy to work efficiently in order to earn income and should also be able to save part of his income for investment to enable him contribute meaningfully to national growth. However with HIV/AIDS, the family income is sharply reduced as a result of much resources/money used for care and funeral ceremonies. In most cases orphans from such homes become burdens

on the extended family. The erosion of household savings affects investment, growth and development of a state or nation. These realities explain the numerous programmes of the government, Non Governmental Agencies and the entire world in seeking lasting solution to the disease.

- **HIV/AIDS in Benue State.**

- Benue state located in north central Nigeria is commonly referred to as "food basket of the nation". Over 70% of her population is engaged in agriculture as their main source of income. HIV/AIDS prevalence rate in Benue state between 1991-2003 is presented as 1.6% in 1991, 4.7%.in 1993, 2.3% in 1995, 16.8% in 1999, 13.5% in 2001 and 9.3% in 2003. Benue had the highest prevalence rate of 16.8% in 1999 with total population of about 279, 446 people in the state aged between 15-49 years (active labour force) being HIV positive (FMHO-1999). HIV/AIDS is affecting households of all wealth categories. Policy project (2003) estimated that some 325,000 inhabitants of Benue were HIV positive in 2003 out of a total population estimated at 3.78million. It further stated that most of those infected will fall ill and die within the next 5-10 years. Another alarming implication of the HIV epidemic is the emergence of large number of orphans. By 2000 the number of orphans was approximately 139,000 in Benue state and by 2010 there will be over 638,000 orphans Ssengezi and Moreland, 2001 in Mil horst, T.etal (2004).

- AIDS has a disproportionate impact on the morbidity and mortality of the most productive age groups. Its impact on households is characterised by a sharp reduction in the available time, labour and other resources of individuals and household, possibly even leading to loss of assets. Because the disease has both a long incubation period and is accompanied by a lengthy period of illness, the social economic as well as psychological impact is felt over a prolonged period of time .Ainsworth and Lever (1992). In addition to the sufferings, an increase in HIV/AIDS prevalence augments the pressures on health care services, adversely affect individuals lives as well as state development and efforts to alleviate poverty.

- Nigeria with an estimated population of approximately 126 million is already a poor country. Income per head was estimated at \$290 in 2001 and as many as 65.5% of Nigerians were estimated to be living in poverty in 1996. In Benue state, about 29% of its population lives in extreme poverty with another 36% considered moderately poor FOS, Poverty Profile (1999).The high rate of HIV/AIDS infection in the state is therefore capable of pushing the people more into poverty.

At the advent of democratic governance in Benue state, under Dr. George Akume, more aggressive control steps on HIV/AIDS were embarked upon. Among such steps include the setting up of the Benue state HIV/AIDS control committee (BENSACA) in 2002 and the source of credit facilities of about 4.3million dollars to pursue HIV/AIDS control in the state. Bilateral donors, DFID and USAID have recently agreed to a £20million programme aimed at strengthening Nigerian multisectorial response to HIV/AIDS in four focal states including Benue. Recently too, two DFID funded projects: a sexually transmitted disease/ human immune deficiency virus (STD/HIV) management project and the Benue state health fund was completed. These projects emphasized improvements in STI management, control and home base care. Many NGO's, FBO's and CBO's are also actively involved in the fight to eradicate HIV/AIDS in Benue state.

The continued spread of the disease despite all moves to its control/eradication can be attributed to high level of poverty in the state, poor living standard of the people especially in the rural areas, high level of illiteracy, heightened stigmatization, inadequate supply of ART and continued mother to child transmission of the disease.

Effects of HIV/AIDS (Illness and Death) on the Family Income

That HIV/AIDS is a continued challenge to economic growth and development of the state is not an overstatement. Statistics presented by UNAIDS and WHO on those who died as a result of the disease and millions still carrying the virus, coupled with those affected by the virus today are clear indicators to this fact The effect of HIV/AIDS on the family income which is already noted as poor are enormous. .

Farming as already stated is a key economic activity of the people of Benue state and account for 75% of the peoples economic activities, employing 88.5% of the working population in the rural areas and 25.7% in urban area (CWIQ,2001) in Hilhorst T, van liere M and de koning K.(2004).

The direct implications of illness and death on the family can be split into two categories.

Firstly, there are direct cost implications due to increased medical and funeral expenses. Secondly, there are labour and income implications due to an absolute loss of labour as well as the reduced productivity of the ill person and the caregiver, which affects their usual livelihood activities (farming, business, schooling, leisure), as well as time consuming mourning rituals.

The implication of HIV/AIDS (illness and death) on human capital of the household becomes pronounced when the ill person can no longer work or has died while other family members have to provide care. Further human resources are threatened when children are being taken out of school and or given out in early marriage. Another concern is the future of the orphans on their care and education which may not be met as could their parents.

The natural capital of the household which includes land and economic trees will be disposed of to raise extra resource for medical expenses and funerals.

Physical capital of (he family representing houses, livestock, stored produce, household goods and properties which were hitherto income earning resources of the household may be sold off to raise money for treatment and burial. Further investment is therefore impaired.

Financial capital of the family which refers to cash flows within household such as salaries, pensions, remittances, savings and loans will be greatly affected by chronic illness and death of the person who earns these incomes. Saving belonging to the ill person and other relatives are used to cover expenses and when this source of cash dry up, borrowing becomes the next step, thus pushing the household further into poverty and debts.

The multiplier effect on these on the economy of the state will be the diversion of resource from savings and eventual investment to care. There will be rise in unemployment benefits, new and substantial demand will be placed on public resources especially programmes of poverty alleviation, care of orphans and support for community based initiatives. Available limited resources will be directed towards these programmes while other developmental projects will be left to suffer..

Coping Strategies Employed to Cope With Increased Expenses and Loss of Labour Due to HIV/AIDS.

The following table portrays the peoples coping strategies in Makurdi, Otukpo and Ukum towns in Benue state.

Strategies	Responses (% in brackets)			Total
	Makurdi	Otukpo	Ukum	
1. Selling livestock, farm produce and processed food.	12(20) 16(20)	8(22.5)		46(57.5)
2. Used their savings	18(22.5)		14(17.5) 12(15)	44(55)
3. Loans	14(17.5)		10(12.5) 0(12.5)	34(42.05)
4. Sell/mortgage household property	17(21.25)		10(12.5) 06(7.5)	33(41.25)
5. Lease out land	12(15)		14(17.5) 14(17.5)	40(50)
6. Withdraw children from school	04(15)		10(12.5) 12(15)	26(32.5)
7. Gave out young girls in marriage	03(3.75)		06(7.5) 08(10)	17(20.5)

Source: field survey-2007

The above data shows strategies used by households in the various zones to cope with expenses on ill health and burial upon the death of a family member from AIDS. Responses on selling agricultural produce, use of savings and leasing out of land top the list with 57.7%, 55%, and 50% respectively as coping strategies. The implication of this is a further drive of the household into poverty since there will be nothing left for the family to fall back on upon the death of the person particularly if he is the head of the household. His dependants (children, wife, siblings, aged parents and relatives) will be robbed of their benefactor.

The use of loan and sale/mortgage of household properties especially land is also high totaling 42% and 40% respectively. Most times loans collected from BAMS, banks and relatives / friends must be paid back even when they die. Their relatives are therefore saddled with this payment. Also when land is leased out and household properties are sold, the household assets, which could

serve as income generating ventures of the family is reduced /eroded thereby affecting their consumption, and further investment.

Responses on withdrawal of children from school have a significant effect on the future of our state and the nation at large. Children are withdrawn from school to head households at tender ages indulging in economic activities of their sick parents in order to provide for the family. Young girls who are given out early in marriage to generate income for care and burial ceremonies when they are supposed to be in school is a further act of discrimination against the girl-child, thus rendering her more vulnerable to the dreaded disease HIV/AIDS and other sexually transmitted diseases.

The implication of the denial of the child of the opportunity for a sound education is enormous. This is because investment in his education is an investment that can raise not only the quality of his life and improved health but also can increase his productivity in market and non-market activities. He will also have increased access to paid employment as well as facilitate his social and political participation if he is educated.

Recommendations

1. Financial and moral supports should be given to affected households before, during and after illness and death of a family member.
2. Government should provide agricultural inputs e.g. harvesters, wheel barrow etc to reduce fanning stress.
3. Provision of good transportation network and market for agricultural produce will provide increased income and security to people living with HIV/AIDS,(PLWHA).
4. Good medical and counselling services, availability of care givers and clean environment are necessary in sustaining (PLWHA).
5. Access to credit will improve health and reduce vulnerability to AIDS.
6. Minimal burial ceremonies and expenses should be advocated and upheld by the people.
7. Girl child marriage should be discouraged and the education of the girl child upheld by all.

Conclusion

The findings of this study reveal that HIV/AIDS has negative effect on the family income. The coping strategies adopted by family members will push the family further into poverty thereby rendering other family members vulnerable to the disease. All hands must therefore be on deck to stop the disease.

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