



# INTERNATIONAL JOURNAL OF VIOLENCE & RELATED STUDIES

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the  
GLOBAL FUND  
for  
WOMEN

QDMRC  
MAIDEN EDITION

## The Relationship Between HIV/AIDS And Gender Violence In Akwa-Ibom State of Nigeria

*Enobong David Umoh*

### INTRODUCTION

The recent concern of academics, women activists and others on the issue of Elimination of violence against women has led to the organization of conferences and seminars to provide a forum for discussions on the issue. It is a concerned issue that violence against women is an obstacle to the achievement of equality, development and peace in any polity. It is also noted that violence against women constitutes a violation of the rights and fundamental freedom of women and impairs or nullifies their enjoyment of those rights and freedom.

In most countries of the world it has been recognized that violence against women is a manifestation of historically unequal power relations between men and women. This situation, it has been inferred, has led to the domination over and discrimination against women by men. For example in Nigeria, post colonial Nigeria has forced women to be inferior to the men, especially in policy-making process of recent, HIV/AIDS issues have pervaded the entire globe especially the need for sensitization, mobilization, counseling and care and support of the infected and the affected. Violence against women especially in the area of rape has significantly increased the rate of HIV contact. Also as women are not given equal value as men in the African society, this condition has led women into suffering psychological harm or suffering.

Also coercion or arbitrary deprivation of liberty by either parents or husbands has also led to women being exposed to the society thus increasing the rate of their contact of HIV/AIDS.

Although HIV/AIDS contact is distributed in various ways including hair barbing, blood transfusion, casual sex, some cultural practices and others, the most vulnerable are the women who are exposed to many of these practices, especially sexual and cultural practices. For example in some parts of Akwa Ibom State and Cross River State, women are circumcised and especially in the Cross River State, if a woman is not circumcised, she is regarded as an outcast. In most cases of circumcision, the act is being performed in a crude manner by using un-sterilized instruments. The act of puncturing females ears are still being performed in a crude way by using the same instrument for the puncture exercise.

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Female children who have had the ill luck of being taken as house girls are exposed to hawking for their mistresses. The hazards of hawking cannot be overemphasized. Some of these female children are raped and some talked into accepting to abort the child in a crude manner which could result in excess blood loss. This eventually could lead to emergency blood transfusion where no medical laboratory is available for blood screening. Also women delivery exercise (both normal and incision) could result in excess blood loss, which could lead to emergency blood transfusion. Even when blood is screened, the donor could have been in the window period of HIV/AIDS.

#### WHAT IS AIDS

AIDS means "Acquired Immune Deficiency Syndrome". It is this name that is given to the condition that occurs when HIV has weakened the body immune system (the body soldiers). It is a condition, which occurs as a result of serious immune suppression related to infection with HIV. Not all HIV positive people can have AIDS. They can live for several months or years provided they take care of themselves and receive medical care. People with HIV/AIDS may have different symptoms. These are:

- Prolonged Diarrhea, sometimes lasting more than one month
- Skin infections
- Persistent fevers, lasting more than one-month in spite of medical treatment.
- Swelling in the neck, armpit etc
- Persistent cough in spite of continuous treatment.
- Significant weight loss, more than 10% of body weights.
- Sometimes sweating much at night.

It should be noted that these symptoms also occur in people who do not have AIDS.

#### HOW CAN ONE CONTACT HIV/AIDS

Since HIV is found in body fluids, it can be transmitted when fluids from infected person enters the body fluids, it can be transmitted when fluids from infected person enters the body of another person. This happens through the following avenues:

- Having sexual intercourse with infected persons. This happens at the rate of 80% - 90%.
- Blood contact like in blood transfusion, injection needles, sharing of blades, knives, manicure, pedicure ear piercing instrument, circumcision and tattooing.
- Oral sex
- An infected pregnancy mother transmits to the child before or during or shortly after birth through breast feeding.

#### ONE MAY NOT CONTACT HIV THROUGH:

- Kissing
  - Mosquitoes bite
  - Sharing clothes, cups, spoon, plates, toilet seat or living or playing together.
- Although the risk of contact through sweat is very minimal people are discouraged to come in contact with others when sweating. Kissing of partners is also discouraged.

#### DETECTION OF HIV / AIDS

Anybody who suffers from some form of illnesses associated with HIV / AIDS may have all or some of the symptoms already elaborated. It is worthy of note that some of those symptoms do also surface if a person suffers from either tuberculosis, syphilis or some other such related illnesses. It is advisable for a sick person to go to a good HIV / AIDS Screening to ascertain their HIV/AIDS status. It is advisable to repeat this test as there is a period known as the "window" period. The window period is the time between infection and production of antibodies to an infected person. It is detected with the usual screening techniques during this period. Lack of the ability to detect this virus during this period does not prevent the virus from being active in the body system. The immune status affects an infected person during the window period. If the person is exposed to the load of the virus acquired at infection, the route of infection and the frequency of the exposure to infection, it will be impossible for the infected person's to "hide" the virus for a longer period.

Although it is the belief of experts on HIV / AIDS issues that the window period do not extend beyond six months, practical issues have shown HIV / AIDS positive who have lived with the virus undetected for more than six months. This 'window' period has been seen as a very dangerous period since it gives an infected person the false sense that they are not HIV / AIDS positive.

It is advisable to repeat HIV / AIDS test which previously had proved negative. The subsequent test should be carried out in more than three (3) times in reputable HIV / AIDS centers after a period of three or more months. It is after the various tests that a basis established for further action.

#### WHO ARE AT RISK OF HIV / AIDS

The answer to the question who is at risk of HIV / AIDS is that 'every body' is at risk. The people who are more at risk of HIV/AIDS are the following:

These who have more than one sex partner, (i.e. multiple sex partners)

People who at one time or the other have had the opportunity to share unsterilized skin piercing instruments (especially the quack doctors or the traditional birth attendants).

People who have sex without protective devices like condom.  
 People whom at one time or the other has had the opportunity to have blood transfusion.

Risks of contacting HIV / AIDS could be asessed if questions like these are put to people:

Questions	Yes	No
1 Have you ever had more than one sex partner?		
2 Have you ever had sex without using a condom?		
3 Have you ever had sex with a partner before testing blood for serology?		
4 Are you sure your sex partner is loyal to you by keeping to you for sex relations?		
5 Have you ever had blood transfusion?		
6 Have you ever had anything to do with quack doctors?		
7 Have you had anything to do with traditional birth attendants?		
8 Have you ever gone to a public hair barber?		
9 Do you ever shave skin-piercing instruments like razor or needle with anyone?		
10 As lab technologists, do you take blood samples without the Use of gloves?		
11 As a nurse in the hospitals do you get involved with Accident patients without use of gloves?		

**HIV / AIDS PREVENTION**

People can prevent or minimize the contract of HIV / AIDS by practicing safer sex i.e. by using condom.

It is advisable for persons to have one sex partner after they themselves have gone through the necessary tests.

Although the window period does not allow certainty in blood screening, it is still advisable to transfuse only screened blood.

The avoidance of unspecialized instruments is advisable, for example the practice of going to chemist for injections should totally be discouraged.

Infected mothers should seek advice before pregnancy-drug therapy.

Breast-feeding and delivery options should be seriously considered before practiced.

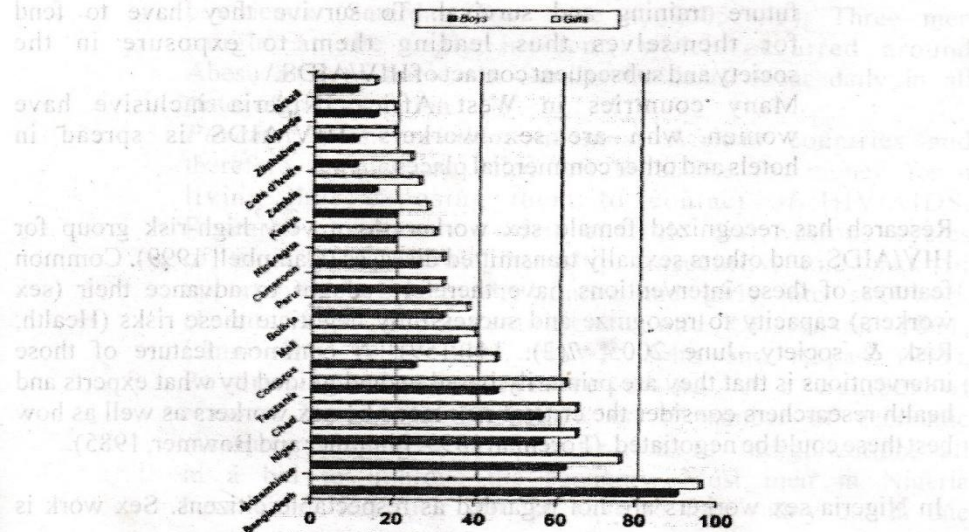
**HIV/AIDS: THE AFRICAN EXPERIENCE**

HIV/Aids epidemic is posing a serious concern in Africa. Recent statistics shows

that close to 3.5 million Nigerians are infected with HIV/Aids and several thousands all over the world have already died of AIDS. For example in Bangladesh, the rate of contract of AIDS is alarming and even Mozambique is presenting a high contract rate (see fig.1). Recently former President of South Africa, Nelson Mandela called a press conference confessing to the public that his Son died of AIDS.

By 2005, it is estimated that about 4 million Nigerians will be HIV / AIDS positive (The 2001 National HIV/Syphilis Sentinel Survey). Many Africans are anticipating that this high rate of infection is bound to cause serious and devastating social and economic impact on the Nigerian society. A large proportion (30-50) % is expected to die within 5-10 years of acquiring infection. Its impact on health and our society is of much concern to the public judging from the fact that no curative medicine has been found. The drugs for HIV / AIDS is just to strengthen the body system for some more years before the body finally gives up.

Development is championed through education, which is often assumed to have significant influence on how people make decisions about their welfare in which sexual behavior is a part. With an estimated figure of (1.8 million young people aged 15 to 24 is living with HIV/AIDS (UNSAID, 2002). It is necessary for females to be educated for a greater response to the right of women in Africa. It is the belief of many Africans that females should not be educated on sex matters. It is very important to note that every person has the right to information on HIV/AIDS, as females form one half of the continent's population. Information on HIV/AIDS entails good health, and therefore, females must be protected health wise. Commutating the right messages to females about HIV/AIDS needs our utmost attention. Unchallenged cultures of silence can only serve to exacerbation and stigmatization (Action Aid 2003).



Source; UNAIDS almanac, 2002.

Fig.1: A graphical representation of proportion of youths for 17 countries.

#### PROBLEMS ENCOUNTERED BY FEMALE CHILDREN IN HIV/AIDS ISSUES

A recent study that nearly half of African young women aged 15-19 thought that a person's HIV status could be discerned just by looking at them (B., B. C Online, 12 July, 2000).

2 million girls between ages of 5 and 15 are introduced into the commercial sex market (UNFPA, 2000).

Youths especially girls are more vulnerable to HIV infection through sexual intercourse because the immature genital track of these youths is likely to tear during sexual activity, and is likely to create higher risk of HIV transmission during sexual acts especially if not properly protected.

In Nigeria and other parts of the African Countries, sexually active youths do not believe in using condoms because they think that the idea of HIV/AIDS is exaggerated.

Every minute six people under the age of 24 become infected with HIV (B.B C, 12, July 2000).

According to UNSAID, 1.7 million young Africans are infected with HIV each years (SAFAIDS s. youth, 1999).

#### INCIDENCE LEADING TO VIOLENCE AGAINST WOMEN: THE NIGERIAN EXPERIENCE

Most families in Africa vis-à-vis Nigeria have children who are born out of wedlock and no provision is made for their future training and survival. To survive they have to fend for themselves thus leading them to exposure in the society and subsequent contact of HIV/AIDS.

Many countries in West Africa, Nigeria inclusive have women who are sex workers. HIV/AIDS is spread in hotels and other commercial places.

Research has recognized female sex workers as a very high-risk group for HIV/AIDS, and others sexually transmitted diseases (Campbell 1999). Common features of these interventions have therefore sought to advance their (sex workers) capacity to recognize and successfully negotiate these risks (Health, Risk & society, June 2005; 7(2): 141-159). A common feature of those interventions is that they are primarily based on and guided by what experts and health researchers consider the critical risk faced by sex workers as well as how best these could be negotiated. (Foreman 1999, Plummer and Bowmer, 1985).

In Nigeria sex workers are not regarded as respectable citizens. Sex work is

regarded as illegal and immoral. Violence against female children by their mistresses sometimes lead to the house girls preferring to embark on sex work than serve as maids. Prostitution in Nigeria is remarkably increased by the incidence of violence against women. Research results show that a great number of housewives, who are maltreated by their husbands prefer to live as single individuals and embark on sex work. Sex workers in Nigeria are vulnerable to venereal diseases especially HIV/AIDS. The number of sex workers in Nigeria by a recent estimate is put at approximately 600,000 (Genderlift, 2003). There are different categories of sex workers. These categories are seen to exist as those seen in brothels, street workers, call girls, and the causal part-time or floating prostitutes ( Bamgbose, 2002). Earlier studies show that female sex workers in Nigeria were young widows, separated wives, or women thrown out of marriage because they were sterile (Falola, 1984). Contrary to this belief, the Nigerian sex industry has far more young and single women than any other profession (Ilesmi and Lewis, 1997). It is believed that these young girls are either not properly cared for by their parents or those that have deliberately refused to stay in the same roof with their parents. As already mentioned, many young girls prefer to embark on sex trade than to be house girls.

Izugbara (2001) has noted an instance where the initial sexual encounter of Nigerian boys as young as 13 were with sex workers. It is nauseating to find incidents of "sugar daddy" moving into university campuses and taking out very young girls for the purpose of sex work. Chief executives and other government officials patronize this 'dirty' work and increase the rate of contract of HIV/AIDS

**Rape:** - is an incessant incident in the African society and most females contact HIV/AIDS in the course of this action. Recently in Lagos tragedy struck in Oshogbo in the early hour of Wednesday when a girl of fourteen years was raped to death by three boys who claimed to be her boyfriends (Saturday *Sun*, June 4, 2005: 45). Three men caught at the ugly incident, which occurred around Abesu area of the town. Similar incidents occur daily in all states of the Federation.

**Poverty:** - is prevalent in most African countries and therefore females are often left to source for money for a living thus exposing them to contact of HIV/AIDS. Research results show that endemic and various cycles of poverty, economic hardship, insecurity, and lack of opportunity largely push women and girls into sex work (Evans 1997, Cler-cunningham and Cristensen 2001, Lango and Telles 2001, NSWP, John and Akpan 1995). Poverty has been pervasive owing to a number of reasons. Nigeria has embarked on a number of economic measures ranging from privatization to indiginization, all in a bid to improve the economy. Most men in Nigeria have either lost their jobs or have to face salary cut in one

way or the other. These various situations do affect their wives and their female children who are the targets of their poverty. Emanating from insufficient funds, great incidence of violence against wives has largely been recorded. Ehioma (2004) assert that the average Nigerian today is economically insecure, feeding from “hand to mouth” and he observes that “he can hardly boast of his next meal and his family can go for days without food”. This very ugly situation in the different homes in Nigeria is bad enough to enhance violence against women. It is a realistic statistics that out of the 40 million Nigerians an estimate of about 40% is seen to be women who are most vulnerable to HIV/AIDS. Since women suffer educational, economical and social deprivation than their male counterparts, they take the cheapest option and that is sex work to feed themselves. This ugly situation often increases the rate of their contact of HIV/AIDS.

**Widowhood practices:** - a widow is a married woman (before the death of her husband) married to the deceased prior to his death under the statute, customary law or Islamic Law, who has been unfortunate to lose her husband (Umoh, 2000). The death of a woman's husband, not only brings her sorrow but the contestation of her husband's estate by the in-laws. A host of debilitating factors in keeping with culture and tradition also face widows. Some of these factors includes:

- v Shaving of hair
- v Drinking of water used in bathing the corpse
- v Jumping over the corpse
- v Sleeping with the corpse
- v Taking of oath to show that she is innocent
- v Sleeping on a mat on the floor
- v Disinherited of property acquired by or with Husband

In some cases, where women refuse to subject themselves to these practices, they prefer to move out of the marriage homes to earn a living, some engage in sex work which eventually result in the contact of HIV/AIDS. These cultural / traditional acts constitute discrimination against women and gross violation of their rights of dignity and freedom from torture. This is also a violation of the United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), a Convention that has been rectified by Nigeria.

**Resolution Adopted By The General Assembly**  
**[On the report of the Third Committee (A/58/508/Add.2)]**  
**58/185. In-depth study on all forms of violence against women**

The General Assembly *Affirming* that the term “violence against women” means any act of gender-based violence that result in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

*Request* the secretary-General:

- (a) To conduct an in-depth study, from existing available resources and if necessary, supplemented by voluntary contribution, on all forms and manifestations of violence against women, as identified in the Beijing Declaration and Platform for Action adopted at the Fourth World Conference on Women and the outcome of the twenty-third special session of the General Assembly entitled “Women 2000: gender equality, development and peace for the twenty-first century”, and relevant documents, disaggregated by type of violence, and based on research undertaken and data collected at the national, regional and international levels, in particular in the following fields:
  - (i) A statistical overview on all forms of violence against women, in order to better evaluate the scale of such violence, while identifying gaps in data collection and formulating proposals for assessing the extent of the problem
  - (ii) The causes of violence against women, including its root causes and other contributing factors;
  - (iii) The medium and long-term consequences of violence against women;
  - (iv) The health, social and economic cost of violence against women
  - (v) The identification of best practice examples in areas including legislation, politics, programmes and effective remedies, and the efficiency of such mechanisms to the end of combating and eliminating violence against women
- (b) To cooperate closely with all relevant United Nations bodies, as well as with the special Rapporteur of the commission on Human Rights on Violence against women, its causes and consequences, when preparing the study;
- (c) To solicit information, including strategies, policies, programmes and best practices, from Member States as

well as relevant non-governmental organizations in the preparation of study;

- (d) To solicit information, including strategies, policies, programmes and best practices, from Member States as well as relevant non-governmental organizations in the preparation of study;
- (e) To make the study available to all Member State and Observers, as well as other United Nations stakeholders, and on the basis of the study, to submit a report, with the study as an annex, to the General Assembly at its sixtieth session, under the item entitled "Advancement of Women", including action-oriented recommendations, for consideration by States, encompassing, inter alia, effective remedies and prevention and rehabilitation measures;
- (f) To submit a progress report on the study to the General Assembly at its fifty-ninth session under the item entitled "Advancement of women"  
*77<sup>th</sup> plenary meeting*  
*22 December 2003*

#### DISCUSSION ON AREA OF STUDY

This will be discussed as follows:-

##### i). ECONOMIC PERSPECTIVE

Akwa Ibom State is noted for her fishing, farming and trading habit. The issue of the insignificant record of the above listed activities is a mirage. Although our women are very hardworking in their farming and trading activities, the income of each farmer or trader is not sufficient to feed and clothe the entire household. In the villages, most men are noted for their involvement in palm-wine drinking which encourages them to stay for longer hours in the palm-wine bar. At the end of the day, the effect of the palm-wine goes back to the wife and children especially the girl-child. The head of the house demands that food must be ready in time in spite of the fact that the wife must go to the farm or market everyday to be back in the evening for purpose of bringing back food for the home.

The story is different in homes where men are the breadwinners. In Akwa Ibom States, it is often a sorry site to find women hang on the big lorries traveling to the Northern and Western parts of the country for purpose of purchasing food items for sale. As if this problem is not enough, they still get beaten when they arrive home for the reason that they left home for sex work.

Akwa Ibom State has less industrial experience. The state

owned industries, which included Sunshine Battery, Biscuits Industry, Palmil Industry, Paper mill and others have now been grounded. The state is more or less filled with civil servants and traders of low quality; the resulting effect is low income and poverty.

Fishing activities in Akwa Ibom State is carried out in the riverine areas. Most men in the riverine areas do not own their own wives but depend on casual sex workers called "Eka Ufok". These casual sex workers are often dismissed at will and others admitted for, probably, the same period or a shorter duration. The contract of HIV/AIDS in the riverine area is very significant as all forms of abuse of women is found in these areas.

##### ii). SOCIAL PERSPECTIVE

Social activities in Akwa Ibom State are significant among the enlightened individuals. It is a common feature to see that on arrival of prominent individuals from other states of the federation, arrangement has already been in place to arrange for university female students whom these prominent Nigerians will keep until they leave the state. This kind of abuse of women is a significant factor in Akwa Ibom State. Contact with such girls' reveals that these prominent Nigerians have enough of the Nigerian money to spend on them.

Sex work is not a prominent or popular event in Akwa Ibom State. It is immoral and is taken as such by everyone. The question that is yet to be answered is " why do men want to spoil other people's children while their own stay comfortably at home?

The social activities among the rural poor are most prominent as women leave their homes early in the morning for either their farms or the market.

Poor economic situation has led the Akwa Ibomites into act of child abuse in terms of hawking. Female children are the most affected as they become breadwinners for the entire family. The establishment of the University of Uyo has increased the rate of child hawking. Information gathered from some female children reveals that their parents depend on the hawking activities for their daily food. During Saturdays and Sundays, their situation because worse as the female hawker fall a prey to the male students. Information gathered from these affected children reveal that they are sometimes abused through rape.

There is an increased rate of child pregnancy in Akwa Ibom State and most of these children are infected by HIV/AIDS. Statistics obtained by Akwa Ibom State Project team (world Bank assisted Programme) shows that rate of infection of HIV/AIDS as taken from the various hospitals in the state (see fig 2-4).

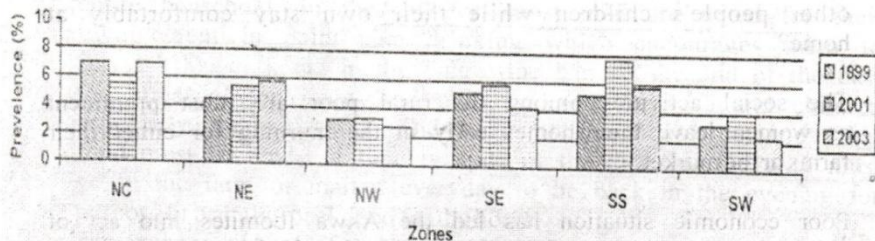
### iii).RELIGIOUS PERSPECTIVE

Religious organizations do also contribute to female abuse. Women must be subjected to the male irrespective of all situations. Some religions sect do not believe in the use of condom and therefore, information on sexual activities is criminal. Teachings on sex issues are also forbidden. A child who lacks knowledge is often tempted to find out things themselves, the society should be aware of this fact.

Information gathered from some church members revealed that no church programme has ever accommodated sex teachings.

### iv).EDUCATIONAL PERSPECTIVE

The involvement of both students and teachers in rape and illegal sex activities with female children are on the increase. Contact with principals of some schools in Uyo urban revealed that about 10% of female children in her institution get pregnant as a result of rape or illegal sex activities. The high rate of contact of HIV/AIDS in the state is also dependent on the abuse of female children. Female students are often invited by male teachers and in most cases, talk them into having sex with them.



Years	NC	NE	NW	SE	SS	SW
1999	7	4.5	3.2	5.2	5.2	3.2
2001	5.5	5.4	3.3	5.8	7.7	4
2003	7	5.8	2.7	4.2	5.8	2.3

Figure 1. Presented HIV prevalence trend by zone between 1999 and 2003, from the Sentinel Sero-prevalence surveys. In the last three surveillance cycles, the prevalence showed a fall in 2003 in four zones. In the North East there was a slow consistent rise within the period whereas in the North Central there was no consistent trend.

Table. HIV Prevalence by State, 1991-2003

S/N	State	Years	1999/92	1993/94	1995/96	1999	2001	2003
1	Adamawa		0.3	1.3	5.3	5.0	4.5	7.6
2	Anambra		0.4	2.1	5.3	6.0	6.5	3.8
3	Benue		1.6	1.7	2.3	16.8	13.5	9.3
4	Borno		4.4	6.4	1.0	4.5	4.5	3.2
5	Cross River		0.0	4.1	1.4	4.8	8.0	12.0
6	Delta		0.8	5.1	2.3	4.2	5.8	5.0
7	Edo		0.0	1.8	3.0	5.9	5.7	4.3
8	Enugu		1.3	3.7	10.2	4.7	5.2	4.9
9	Kaduna		0.9	4.6	7.5(estimated)	11.6	5.6	6.0
10	Kano		0.0	0.1	2.5(estimated)	4.3	3.8	4.1
11	Kwara		0.4	2.4	1.7	3.2	4.3	2.7
12	Lagos		1.9	6.8	...	6.7	3.5	4.7
13	Osun		0.0	1.4	1.6	3.7	4.3	1.2
14	Oyo		0.1	0.2	0.4	3.5	4.2	3.9
15	Plateau		6.2	8.2	11.0	6.1	8.5	6.3
16	Sokoto		1.8	1.6	...	2.7	2.8	4.5
17	Abia		Not done	Not done	3.0	3.3	3.7	
18	Akwa Ibom		Not done	Not done	Not done	12.5	10.7	7.2
19	Bauchi		Not done	Not done	Not done	3.0	6.8	4.8
20	Bayelsa		Not done	Not done	Not done	4.3	7.2	4.0
21	Ebonyi		Not done	Not done	Not done	9.3	6.2	4.5
22	Ekiti		Not done	Not done	Not done	2.2	3.2	2.0
23	Gombe		Not done	Not done	Not done	4.7	8.2	6.8

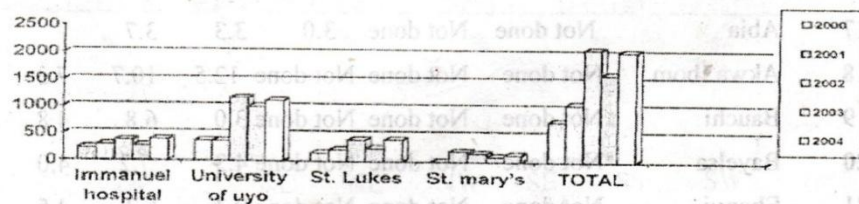
24	Imo	Not done	Not done	Not done	7.8	4.3	3.1
25	Jigawa	Not done	Not done	1.7	4.7	1.8	2.0
26	Katsina	Not done	Not done	Not done	2.3	3.5	2.8
27	Kebbi	Not done	Not done	Not done	3.7	4.0	2.5
28	Kogi	Not done	Not done	2.3	5.2	5.7	5.7
29	Nasarawa	Not done	Not done	Not done	10.8	8.1	6.5
30	Niger	Not done	Not done	Not done	6.7	4.5	7.0
31	Ogun	Not done	Not done	0.1	2.5	3.5	1.5
32	Ondo	Not done	Not done	Not done	2.9	6.7	2.3
33	Rivers	Not done	Not done	1.0	3.3	7.7	6.6
34	Taraba	Not done	Not done	6.0	5.5	6.2	6.0
35	Yobe	Not done	Not done	Not done	1.9	3.5	3.8
36	Zamfara	Not done	Not done	Not done	2.7	3.5	3.3
37	FCT	Not done	Not done	Not done	7.2	10.2	8.4

**TOTAL NUMBER OF POSITIVE CASES FROM FOUR SCREENING CENTRES**

Table 1

Year	Immanuel Hospital	University of Uyo	St. Lukes	St. Mary's	TOTAL
2000	231	366	149	0	46
2001	292	360	213	189	1054
2002	371	1,161	392	151	2075
2003	272	1,003	242	94	1611
2004	389	1,116	396	125	2026

Fig. 2

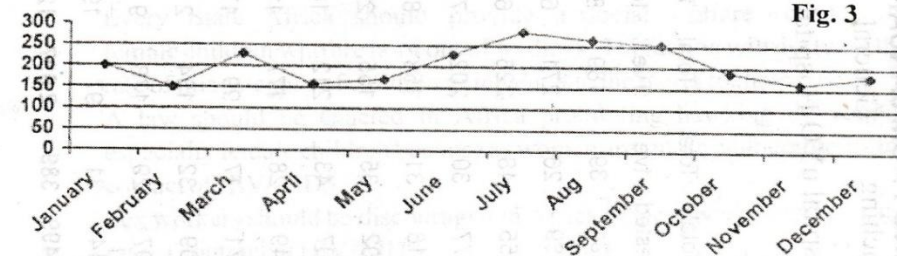


**TABLE 2: 2004 SCREENING FROM JAN DEC AT 6 SCREENING CENTRES**

**MONTH TOTAL NUMBER TESTED POSITIVE IN 6 SCREENING CENTRES**

January	200
February	149
March	229
April	157
May	169
June	229
July	284
Aug	265
September	254
October	189
November	162
December	180

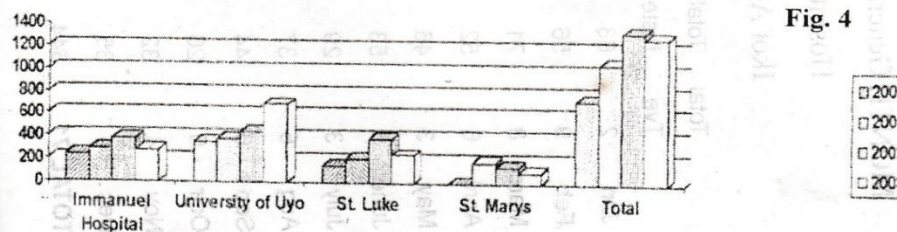
Fig. 3



**Table 3: TOTAL NUMBER OF POSITIVE CASES FROM FOUR SCREENING CENTRES**

NAME OF HOSP.	2000	2001	2002	2003
Immanuel Hospital	231	292	371	272
University of Uyo	354	373	434	687
St. Luke	149	213	392	242
St. Mary's	-	189	151	94
<b>TOTAL</b>	<b>734</b>	<b>1067</b>	<b>1348</b>	<b>1295</b>

Fig. 4





**TABLE 4: 2004 SCREENING FROM JANUARY DECEMBER AT 6 CENTRES**

MONTH	General		Hospital		Teaching		General		St. Mary		St. Luke		GRAND %		
	Hospital	Hospital	Hospital	Hospital	Hospital	Hospital	Hospital	Hospital	Hospital	Hospital	Hospital	Hospital			
	Ikot Abasi	Ikot Ekpene	General	Hospital	Hospital uYO	Hospital Eket	General	Hospital	Hospital	Hospital	Hospital	Hospital	TOTAL		
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total		
	Tve	tested	tve	tested	tve	tested	Tve	tested	tve	tested	tve	tested	tve		
Jan	2	63	35	163	86	531	39	189	8	81	20	101	200	1,128	17.73
Feb	9	56	31	178	56	369	26	271	6	67	21	105	149	1,046	14.25
March	8	71	34	176	96	555	48	225	6	78	37	127	229	1,232	18.59
April	6	52	33	200	51	477	30	202	7	57	30	114	157	1,102	14.25
May	3	46	26	188	78	418	31	158	8	92	23	125	169	1,027	16.46
June	5	53	34	191	110	502	35	155	22	90	23	133	229	1,134	20.38
July	3	29	44	193	132	607	43	212	10	97	52	440	284	1,578	18
Aug	5	37	45	186	130	549	28	177	11	99	46	407	265	1,455	18.21
Sep	6	44	55	246	110	471	17	99	17	97	49	397	254	1,354	18.76
Oct	6	26	28	181	77	209	32	134	2	53	44	111	189	714	26.47
Nov	4	32	53	359	40	497	29	178	9	57	27	77	162	1,200	13.5
Dec	4	35	34	248	68	314	31	97	19	178	24	65	180	937	19.21
<b>TOTAL</b>	<b>71</b>	<b>544</b>	<b>452</b>	<b>2,509</b>	<b>1,034</b>	<b>5,499</b>	<b>389</b>	<b>2,097</b>	<b>125</b>	<b>1,046</b>	<b>396</b>	<b>2,202</b>	<b>2,467</b>	<b>13,897</b>	<b>17.75</b>

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**CONCLUSION**

This study has revealed that the status of Akwa Ibom State ranking 5<sup>th</sup> in the rate of HIV/AIDS contact in the Federation is as a result of the variables highlighted in this paper. These variable have been identified as the poor economic situation, derogatory social activities involving immoral sex activities; immorality in secondary and Universities have contributed immensely to the abuse of female and the high rate of HIV/AIDS contract.

**RECOMMENDATIONS**

- Women should be given appropriate information on the right and remedies on violence against them.
- Women groups or prominent women in Africa should encourage and assist women subjected to violence in lodging and following through formal complaints.
- Africa should implement the model strategies and practical measures as outlined by the United States General assembly on the Elimination of violence against women in the field of crime prevention and criminal justice.
- Every State Africa should provide a social welfare scheme for female children who are born out of wedlock. This action will decrease the rate of this category of children going out into the world for help.
- A law should be enacted in Africa prohibiting hawking by youths, especially female children because as women are more vulnerable to the contact of HIV/AIDS.
- Sex workers should be discouraged in Africa especially as it increases the rate of contract of HIV/AIDS.

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