

	<p style="text-align: right;">Date : 24/05/2007</p> <p><b>The Millennium Development Goals (MDGs): gender gap in information, education and library access to HIV/AIDS prevention and treatment in local communities of Nigeria</b></p> <p><b>Adetoun A. Oyelude,</b> Kenneth Dike Library, University of Ibadan, Ibadan, Nigeria</p> <p><b>Adepeju O. Oti</b> Department of Teacher Education, University of Ibadan, Ibadan, Nigeria</p>
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## ABSTRACT

*The paper discusses Nigerians' place in the realization of the MDGs as it relates to information, education & library access in rural communities, as a means of halting and reversing the spread of HIV/AIDS among the most vulnerable. It looks at the gender gap in access to information and education about HIV/AIDS prevention and treatment.*

*The rural communities, the poor, the displaced, sex workers, and young women are the most disenfranchised, therefore AIDS consistently moves through these fracture points of society through inequitable gender, social, or economic relations. Radio and television phon- in programmes, indigenous Nigerian language talk shows, community radio transmission and mobile libraries with indigenous multimedia and print materials are empowerment tools useful to demand enhanced services, life saving drugs, basic rights, and air their views, opinions and challenges.*

## **INTRODUCTION**

The bid to reduce poverty level worldwide led to the declaration of Millennium Development Goals in the year 2000. Countries, especially developing countries, were mandated to cut by half the incidence of poverty by 2015 among other goals. In Western and Central Africa, mortality rates for under-fives are among the highest in the world. The figures stand at 184% compared to global average of 88% according to UNICEF; girls' mortality rates are higher than those of boys. By the time girls are teenagers, they are exposed to gender – specific reproductive health problems such as early pregnancy as a result of early marriage and premature sexuality, unwanted pregnancy, abortion, sexual exploitation and commercial sex, sexually transmitted diseases (STDs) and HIV/AIDS.

The HIV/AIDS scourge has reached alarming proportions worldwide and due to their biological constitution (it seems), women and girls are infected by HIV/AIDS much earlier and have higher prevalence rates than boys and men, in the 15-19 years age group, an estimated 240,000 Nigerian children are infected. (UNAIDS/WHO, 2005). Some scholars believe that HIV transmission in Africa is driven by the unequal gender relationships that give men rights over women in reproductive health matters (Annan-Yao, 2004).

## **THE MILLENNIUM DEVELOPMENT GOALS AND HIV/AIDS IN RURAL NIGERIA**

The Millennium Development Goals (MDGs) represent commitment by governments worldwide to do more to reduce poverty and hunger and to tackle ill-health, gender-inequality, lack of access to education, lack of access to clean water, and environmental degradation. They also include commitments to reduce debt, increase technology transfers and build development partnerships (N.N; 2002). The MDGs are interrelated and interdependent, as trying to tackle one goal, involves the other. Thus to reduce poverty (Goal 1, Target 1) steps have to be taken to ensure adequate nutrition and have a healthier population. To have good health also depends on astute use of natural resources and environmental sustainability. (Goal 7.)

HIV/AIDS is a critical “poverty” issue which unfortunately affects women and children many of whom are orphaned. Due to this scourge, the term “female – headed household” is rapidly giving way to “child – headed household” as the number of HIV/AIDS orphans is on the increase.

Other health-related problems claim children's lives; a study by Akinyele et al (2004) in Nigeria, discovered that sixty percent of child deaths are related to Protein Energy Malnutrition (PEM) making it the greatest single cause of child mortality. According to them, "if no action is taken, PEM will be the underlying cause of about 2.5 million child deaths between now and the year 2015. This is about 700 deaths per day everyday in the next 10 years, which is five times the estimated number of child deaths that will be attributable to HIV/AIDS over the same period of time".

If the above statistics are analyzed carefully, it means about 140 children per day will die of HIV/AIDS if nothing is done, and fast too! This statistics applies to children, what of adults (men and women) who will die in that same period of the same disease? One has to remember that "the concurrent threats of hunger and HIV/AIDS in parts of Nigeria are leading to complex crisis where people affected by HIV/AIDS are unable to sufficiently produce, grow food or work for a living. At the same time, lack of nutrition makes people who are affected by HIV succumb more quickly to the full disease. (Akinyele, 2005:15).

It is the contention of these writers that, apart from economic poverty which affects women, "poverty of information" - that is lack of information appropriate to help women in their personal health matters - constitute a great barrier. Thus to meet the target of halting the spread of HIV/AIDS and the incidence of malaria and other killer diseases by 2015 in Nigeria, many intervention programmes have been devised.

## **INTERVENTION PROGRAMMES ON HIV/AIDS IN NIGERIA**

There have been concerted efforts by Governmental, Non-Governmental Organisations, Community Based Organisations, Faith Based and Media organizations to intervene and try to stop the spread of HIV/AIDS. Some of these efforts will be discussed here:

### **Non – Governmental Organization (NGO) Programmes**

Many NGOs are actively involved in HIV/AIDS intervention programmes. Some of which are:

The Civil Society Consultative Group on HIV/AIDS in Nigeria (CISCGHAN);

The Global fund to fight AIDS, Tuberculosis and Malaria, which provided funds to help strengthen the work of CISCGHAN; Action Aid International also works on prevention of HIV/AIDS in Nigeria;

The Society of Women Against AIDS in Africa, (SWAAN) Nigeria has achieved a lot. Supported by the AIDS Prevention Initiative in Nigeria (APIN) and the Bill & Melinda Gates Foundation, SWAAN implemented a project to reduce HIV transmission by promoting safer sexual practices among Female Sex Workers (FSWS).

They also provide and encourage use of condoms. The sex workers are counseled and encouraged to set up their own trade thus they are given vocational training to acquire skills such as hair dressing, catering, knitting, and tie & dye.

The Society for Family Health is another group implementing the MARC (Most-at-risk) Programme, which involves 26 communities across six health zones in Nigeria. It is a community-level, quasi-experimental demonstration with six interventions: education for community residents; participatory interpersonal communication for young persons and most-at-risk males; parent-child communication initiatives for young people; peer activities for both young persons and FSWS; a massive youth awareness programme for young people and; access to services for all community residents.

These NGOs also partner with (Onwuliri & Jolayemi, 2006) some other NGOs to air programmes on Radio educating on HIV/AIDS to bring about behavioural changes in people, especially the youth.

Many of these NGOs are sponsored by foreign donor agencies.

### **Faith – Based Organisations**

Some churches and mosques aid HIV/AIDS victims and their families. The major constraint they have is finance as they depend on donations from members. In recent times however, with the awareness of how fast the epidemic is spreading, and foreign aid, help for HIV/AIDS victims is getting to the grassroots. The Ford Foundation is assisting NGOs through its grant, especially faith-based organizations like The Redeemed Christian Church of God (RCCG).

## **Media Organisations**

Radio and television stations in Nigeria are doing a lot in disseminating information about HIV/AIDS and the prevention of other diseases. The media organizations owned by the Nigerian government particularly function in this regard. The Nigerian Television Authority (NTA), and the Federal Radio Corporation of Nigeria (FRCN) are in the forefront. The radio stations have drama programmes, sponsored by USAID and the society for Family Health, aired once or twice a week. These programmes are educational programmes rendered in indigenous Nigerian languages i.e. Yoruba, Hausa and Igbo languages. Examples are: "Ayedotun" and "Abule Oloke meta" programmes.

Radio sets can be easily operated and carried about, in very remote villages (even those without electricity) using batteries, and the information goes far and wide. Television Viewing Centres are in some of these rural communities. At these places, the community gathers at specific times to watch films, videos or local programmes that are of interest. (Oyelude & Subair, 2003). Local and Community newspapers and newsletters are also helpful in information dissemination.

The use of Information Education Communication (IEC) materials effectively as intervention will have to entail some modifications as more of drama, role play, public lectures, electronic and print media should be evolved for more effective disseminating of information about HIV/AIDS and indeed other killer diseases.

## **Individual Efforts**

Miss Jegede Ekpe is a Nigerian AIDS victim who contracted the virus through infected instruments at her dentist's. She has been living with the virus since age 19 and, with activists help, she has established AIDS Alliance in Nigeria. She is a member of the National Action Committee on AIDS (NACA). In order to get women's concerns aired she formed the Nigerian Community of Women Living with HIV/AIDS (NWC+) and is the executive director. She believes strongly that "until women are seen as equal partners, all the science in the world will not solve the AIDS crisis".

Mohammed Farouk is an ex-soldier of the Nigerian Army who, after experiencing stigmatization, has helped found AIDS Alliance in Nigeria and launched a newsletter "Positive News" which provides information about the epidemic, tracks AIDS policy developments, and tells the powerful stories of people living with HIV/AIDS. He says "In life

nothing can bring you down without your permission. Even natural phenomena such as diseases, war and famine cannot stop you from living a fulfilled life. As I began to live more fully, now I feel I am living positively with the virus": (Adeyi et al, 2007: 571).

### **CHALLENGES FOR LIBRARIES AND LIBRARIANS**

- (1) Libraries should stock literature on the subject and keep it in easily accessible locations for their library users.
- (2) Translation of some of the crucial documents into local languages should be undertaken in the libraries.
- (3) Libraries should educate library users where possible, and organize outreach programmes to address them, as awareness creation in communities is vital.
- (4) Teachers and Librarians should work with each other and the main media to take family life education to pupils in the classroom so that they can have ingrained in them the two major ways to prevent sexual transmission of HIV.
- (5) Librarians should collaborate with agencies involved in enter-education programs; to disseminate information, peer-led education programmes should form.
- (6) Association of Women Librarians world wide should become practiced in HIV/AIDS, and other diseases prevention, and do something about public education, in collaboration with other women's groups.

The Bill and Melinda Gates Foundation awarded the Harvard School of Public Health, a \$25 million grant in 200 to create the APIN. They, in partnership with government agencies, universities and NGOs in Nigeria strive to reduce the rate of growth of Nigerians HIV epidemic, and ultimately reverse its course. More can be read about them on <http://www.apin.harvard.edu> .

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