LWATI: A Journal of Contemporary Research, 7(1), 388-404, 2010
ISSN: 1813-2227

Gender and Human Security: Reflections on the Vulnerability of Women to HIV/AIDS Scourge in Nigeria

Freedom C. Onuoha, Ikechukwu H. Attah and Rita A. Onuoha
Chufreedom@Yahoo.Com
African Centre for Strategic Research and Studies
National Defense College, Abuja - Nigeria.
Ikechukwu.Attah@Unifem.Org
United Nations Development Fund for Women (UNIFEM)
United Nations House, Plot 617/618 Diplomatic Drive,
Central Business District, Abuja - Nigeria.
Ritamarik@Yahoo.Com
An Independent Researcher in
Gender, Child Development and Human Security
P.O. Box 16533, Wuse, Abuja- Nigeria

ABSTRACT

This paper examines the relationship between gender, human security and HIV/AIDS epidemic in Nigeria. It explores this by critically examining the factors that promote the susceptibility and vulnerability of women/girls to contracting HIV/AIDS infection in Nigeria. It argues that in a patriarchal society such as Nigeria, gender is the prop on which vulnerability to HIV/AIDS and threats to human security rest. It further examines how cultural, political, socio-economic, and governance variables interplay to create and exacerbate the vulnerability of women/girls to contracting HIV/AIDS. Although the prevalence of the disease has declined since 2003, the paper observed that HIV/AIDS in Nigeria has disproportionately affected women. To better respond to the scourge of HIV/AIDS in Nigeria, the paper calls for the refocusing of campaign efforts on the rural areas; appropriate funding of the health sector; empowerment of women through proactive legislations; and greater representation of women in governance institutions to ensure that the formulation of public policies as well as the management of public resources is attuned towards greater responsiveness to the peculiar needs and challenges of women.

INTRODUCTION

Nigeria arguably is Africa's most populous country, with an estimated population of over 140 million people. The peace and security of this vast nation is occasionally punctuated by the recurrent incidence of political

violence, communal clashes and ethno-religious conflicts which usually lead to deaths and internal displacements. The scourge of HIV/AIDS in the country has added to the litany of threats to human safety and survival in the country. HIV/AIDS epidemic in the country has gone beyond the simply health issue. Its spread and impacts cut across all the layers of society, posing grave threat to human survival particularly for those between the age brackets of 20 to 40 years. Nigeria's epidemic is characterised by one of the rapidly increasing rates of new cases in West Africa. As its prevalence and impact assumes an alarming proportion, women and girls have been figured as the hardest hit.

Given this situation, the implications of HIV/AIDS for human security, with particular reference to women/girls need more than a passing concern. This discourse, therefore, is essentially concerned with an attempt to examine the relationship between gender and human security placed within the specific context of HIV/AIDS epidemic in Nigeria. It explores this by critically examining the factors that promote the susceptibility and vulnerability of women/girls to contracting HIV/AIDS infection in Nigeria.
The study consists of six sections. Following this brief introduction, the next section provides conceptual explication of the key concepts: gender and human security. The third part highlights the linkages that exist among gender, HIV/AIDS and human security. While the fourth section discusses the incidence of HIV/AIDS in Nigeria, the fifth section dilates on the factors that make women and girls more susceptible and vulnerable to HIV/AIDS. The last section concludes the paper and proffers recommendations on how to combat the scourge.

Conceptual Explications

At the outset, there are issues of concepts that need to be clarified before delving into the substantive aspect of this discourse. Accordingly, we will explicate our usage of the terms *gender* and *human sec*urity in this context. It is the meaning derived from these terms that greatly captures the intricate relationship that can develop among gender, HIV/AIDS and human security in Nigeria.

The term *gender* has been subjected to varying interpretations. In fact, there are as many definitions of gender as there are people, scholars, analysts and institutions trying to grapple with it. According to the United Nations Development Programme (UNDP), the term gender denotes:

The qualities associated with men and women that are socially and culturally, than biologically determined. Gender includes the way in which society differentiates appropriate behaviour and access to power for women and men. Although the details vary from society to society and change over time, gender relations tend to include a strong element of inequality between women and men and are strongly influenced by ideology (UNDP, 1986: 258).

Amali (2003:385) defines gender as socially constructed and culturally variable roles that men and women play in their homes. It is a structural relation of inequality between men and women, manifested in labour markets, in political structures as well as in the household. It is reinforced by customs, law and specific development policies. In other words, gender is a "social construct that establishes and differentiates statutes and roles between men and women particularly in the way they contribute to, participate in, and are rewarded by the economy and the prevailing social systems" (National Population Commission, 2001:3). Gender concerns involve women as well as men. Hence understanding gender means understanding opportunities, expectations, responsibilities and constraints as they affect both men and women in any given society.

More often, people confuse sex with gender. While sex differences are biologically determined, gender differences, which refer to ideals, rights, traits, and expectations on the basis of masculinity and femininity, are socially and culturally constructed. Nevertheless, it is important to point out that though the two concepts (sex and gender) mean different things, an understanding of one enhances the comprehension of the other. Logically therefore, our understanding of the binary biological division of humans into male and female, as determined by their sex, is the irreducible minimum in understanding the social and cultural construction of roles in a society (defined in terms of gender) which derives essentially from the natural biological division of human beings.

In other words, although it is important to make a distinction between *sex* and *gender*, it is equally important to understand that the former laid the foundation for the *latter, since it provides the main criterion for the assignment of roles in a society through role socialization.* Gender role socialization is instrumental in encouraging or discouraging males and females from undertaking certain activities or acquiring certain attributes or skills. Gender roles are therefore "prescribed expectations and obligations, responsibilities and behaviours, of the masculine and feminine genders" (Ezumah, 2003:82). Thus, in identifying gender, there are socio-economic attributions and roles, which characterize the status and life performance of women/girls as a distinct social category from men/boys. A striking feature of the gender system in any society is that it is characterised by inequality. This is usually expressed in terms of asymmetry in the access to resources and structures of power and authority.

It is important to note that although gender involves women as well as men, discourses on gender in Nigeria usually slide into a lamentation of the litany of woes that bedevil the Nigerian women as they struggle to realize their full potentials in the society. The reason for much attention to focus on women, rather than men, is primarily because of the patriarchal nature of the Nigerian society. It should not be surprising therefore that the gender issue in this article would focus on the Nigerian women given that they are the marginalised gender in the Nigerian society, and by extension are the most infected and affected by HIV/AIDS.

Although the concept of *human security* has gained currency in recent times, it does not suggest that the idea is fundamentally new. Rather, the ontological and epistemological assumptions that have served to underpin orthodox security and policy formation did not recognize, include or value it (Thomas, 1999:5). The conceptualization of security from the human security prism represents a paradigmatic shift from orthodox security thinking which privileges protection of state power to that which absorbs human beings and their complex social and economic relations as the primary referents (Onuoha, 2007:97). It is premised on the fact that the security of all persons ought to be a moral goal of all governments and their citizens, not a narrowly conceived or poorly justified *national security* that protects state power or personal interests of privilege elite (Nelles, 2003:1).

The specific term *human security* was first officially introduced by the United Nations Development Programme (UNDP) in its 1994 Human Development Report. The UNDP Report argued:

For too long, security has been equated with threats to a country's borders. For too long, nations have sought arms to protect their security. For most people today, a feeling of insecurity arise more from worries about daily life that from the dread of a cataclysmic world event…. For many of them, security symbolized protection from the threat of disease, hunger, unemployment, crime, social conflict, political repression and environmental hazards (UNDP, 1994:22).

Two main aspects of human security are identified in the report: safety from chronic threats such as hunger, disease and repression, and protection from sudden disruptions in the pattern of daily life, whether in homes, jobs, or communities. Threats to human security were therefore subsumed under seven key dimensions of security: economic, food, health, environmental, personal, community and political.

In the view of Thomas (1999:3), human security refers to a condition of existence in which basic material needs are met and in which human dignity, including meaningful participation in the life of the community, can be realized. Human security from this perspective has both a *qualitative* and *quantitative* aspects. At one level it is about the fulfilment of basic material needs, and at another it is about the achievement of human dignity, which incorporates personal autonomy, control over one's life, and unhindered participation in the life of the community.

Hubert (2001:162) conceives of human security as safety for people from both violent and non-violent threats. It is a condition or state of being characterised by freedom from pervasive threats to people's rights, their safety, or even their lives. He further posits that human security does not supplant national security. A human security perspective, according to him, asserts that the security of the state is not an end in itself. Rather, it is a means of ensuring security of people. In this sense, state security and human security are mutually reinforcing and supportive.

Within the context of this discourse, human security refers to freedom from actual and potential threats to human life which may arise either as a

result of human actions or inactions, or from natural disaster such as flood, earthquake, famine, drought, disease, and other natural calamitous events resulting in death, human suffering and material damage. The emphasis on human security derives essentially from three basic convictions, namely; the sanctity and inviolability of human life, the universality and dignity of human rights and existential imperatives of and value for individual safety in a world laden with multifarious threats. These universal convictions correlate with the three human instincts: self-preservation, self-extension and self-fulfilment. Hence, threats that thwart or curtail an individual's or group's entitlement to these core values become a question of human security.

Thus, the base line of human security entails the prevention and minimization of threats to human rights, safety and lives. It requires that citizens' security needs are recognized alongside those of the state, that risks are minimized, preventive measures to reduce human vulnerabilities are adopted, and remedial action is taken when preventive measures fail. One basic advantage of the human security approach is that it conceives security in terms of the real-life, everyday experience of human beings. This is important both for understanding the sources of such threats to human life and for providing strategies to address them (Onuoha, 2008a).

Understanding the Linkages between Gender, HIV/AIDS and Human Security

Having provided a shared understanding of the key concepts used in this discourse, we may proceed to sketch briefly the nature of the relationship that can develop among gender, HIV/AIDS and human security. With specific reference to the Nigerian society, patriarch provides the background to, and the context of, gender inequality. According to Lawson and Heaton (1999:195), patriarchy is a universal, trans-historical power system whereby men as a "sex-class" dominate women as a "sex class". Our basic assumption is that patriarchy moulds the environment of gender inequality in any society where it operates. As fig. 1 below suggests, in a patriarchal society, gender is the prop on which vulnerability to HIV/AIDS and threats to human security rest. Gender is directly related to vulnerability to HIV/AIDS as well as the exposure to human insecurity that this entailed.

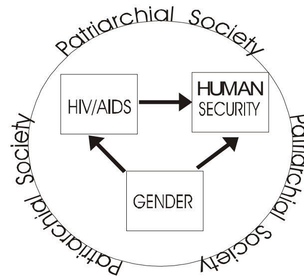

Fig. 1: Gender, HIV/AIDS, and Human Security Relationship.

Human security has been synthesized as the freedom from want and from fear, as well as access to and control of resources and opportunities by the people. The basic elements of human security include survival (food, shelter, and health); safety (freedom from violence and repression); opportunity (education, employment, and information); dignity (tolerance, respect); and agency and autonomy (participation in decision making, self-determination, and individual agency) (Shahabudin, 2001). Gender differences and inequality in patriarchal society create asymmetry between men and women, boys and girls, in terms of their access to these basic entitlements, and therefore create the objective condition for disproportionate exposure to various threats to human security, including HIV/AIDS.

From a gender perspective, there are fundamental differences and inequalities between women's and men's security. The security of women is particularly at risk both in conflict and non-conflict situation. In fact, there is an inverse relationship between women's and men's exercise of power and choices in conflict situation. For instance, while the presence or possession of more arms or weapons empowers men, it disempowers women because both state security and other armed groups in conflict are male-dominated. In non-conflict situation, however, women's security are curtailed or undermined by their disadvantaged position in society shaped by patriarchy and reinforced by economic disempowerment, socio-political inequality, and harmful cultural practices. These structural impediments deprive them of equal access and entitlement to the key elements of human security.

In this sense, culturally accepted and socially constructed gender roles further leaves women in a subordinate position to men in many ways including decision-making concerning sexual relations. Power is central to the construction and expression of gender, affecting individual autonomy and sense of self, the experience of sex, and the opportunities open to women and men. Differing economic opportunities, roles and expectations create gender divisions in society whereby women's economic dependence on men seriously compromise their ability to negotiate protection or leave risky relationships. In addition, the same gender roles and relations that enhance women's vulnerability to HIV/AIDS also increase some of the risks for men, thus multiplying the risks for women (Shahabudin, 2001).

In the context of HIV/AIDS epidemic in Nigeria, women and girls have been particularly hardest hit. A gendered understanding of HIV/AIDS suggests that it is women's/girl's relative lack of power over their bodies and their sexual lives, reinforced and exacerbated by pervasive poverty as well as socio-economic and cultural inequality, that make them vulnerable to contracting and living with HIV/AIDS. As Sy (2001) has cogently noted:

The preconditions for human security (survival, safety, opportunity, dignity, agency and autonomy) are essential in reducing vulnerability to HIV infection and its impact. However, gender differences and inequalities affect the extent to which men and women, boys and girls are able to enjoy these basic security needs. Those most deprived of these are themselves most

highly vulnerable to HIV infection and most disadvantaged in coping with its impacts.

From the foregoing, gender, HIV/AIDS and human security exist in a mutually reinforcing network of relationships and linkages. Gender differences and inequalities curtail the rights, opportunities and access to resources necessary for women to take full control of their lives. This seeming structural disempowerment reduces their capacity to exercise critical decision or choice over issues that affect them. Consequently, it heightens their susceptibility to threats to human security, of which HIV/AIDS constitutes a significant portion. Infection with HIV/AIDS further compounds the gender bias that women face in society. Societal discrimination and stigmatization where infected women and girls are labelled as 'promiscuous', often project them as vectors rather than equal victims of the dreaded disease.

HIV/AIDS and Human Security in Nigeria: An Overview

When HIV was first reported in 1981, there was very little concern that the disease will spread to Nigeria. Five years after its discovery, the first case of AIDS involving a sexually active thirteen years old girl was officially reported in 1986 (UNDP, 2006:93). Since then, the number of persons infected with HIV and those who have developed AIDS has increased in geometrical proportion. By the end of 1992, 1.4 percent of the adult population (15-49 years) was already HIV positive. This rose to 3.8 percent by the end of 1994 and 4.5 percent by the end of 1996. In 1997, new adult AIDS case was 119,965. In children, it was 45,070 and in women, it was put at 59,983. Total number of children who died of AIDS in 1997 alone was put at 45,580 while total number of women who died of AIDS in the same year was put at 51,790. Estimated number of children (15 years and below) orphaned by parental AIDS death in 1997 was 139,606 (Egunjobi, 1999:16).
According to the United Nations Agency on AIDS (UNAIDS), in year 2000, nearly 3 million Nigerians live with HIV or are dying of AIDS, at a prevalence rate of 5 per cent. In some urban centres, the prevalence is more than 15% among the adult population, and at least 20% among pregnant women. Nigerians between the ages of 20 – 39 years account for about 70% of all HIV infections. Nearly 85% of all HIV transmission occurs through heterosexual contact. Conservatively, UNAIDS estimates that 1.7 million Nigerians have died of AIDS, and more than 1.3 million children have been orphaned (Akukwe, 2000). Also, data from 2003 national HIV Sentinel surveys is indicative of this increase in the prevalence of the deadly disease. The Survey put the prevalence rate at 5%, a rise from the 1.8% found in 1991 but roughly level with the 5.4% recorded in 1999. Prevalence levels are highest among young women aged 20-29 years.

Since the early 2000s, HIV/AIDS prevalence in the country has continued to decline. Results from national surveys by the National Action Committee on AIDS (2001-2005) and the National AIDS Reproductive

Health Survey (2003-2005) show a progressive decline in HIV/AIDS prevalence from 5.8% in 2001 to 4.4% in 2005. The surveys also revealed a decline in the rate of new infection from 4% in 2003 to 3.6% in 2005 using data on ages 15-19 as a proxy for new infection. This decline in HIV/AIDS prevalence can be attributed to effective and efficient National Response Programme. According to the Federal Ministry of Women Affairs – FMWA (2006:53), the HIV/AIDS prevalence rate of 3.6% in Nigeria is below the Sub Sahara Africa average of 6.1 and much lower than the HIV/AIDS front line countries such as Swaziland (33.4%), Botswana (24.1%), Zimbabwe (20.1%), South Africa (18.8%), but higher than those of Ghana (3.2%), Sierra Leone (1.6%), Senegal (0.9%) and Mauritania (0.7%).

Although HIV/AIDS has continued to decrease generally in Nigeria, its progressive decline at national level hides strong regional difference, where prevalence ranges from as low as 2.3% in South-West to as high as 7%in the North Central parts. At state level, the variations are even greater. HIV prevalence among pregnant women in Osun and Ogun States were 1.2% and 1.5%, respectively. While in Benue State it was 9.3%, in Cross River it stood at 12%. HIV prevalence among pregnant women is over 1% in all states and is over 5% in 13 states. The 2003 survey estimated that there were 3, 3000,000 adults living with HIV/AIDS in Nigeria, and 1,900,000 (57%) of these were women (Evert, n.d).

According to Pierre M'Pele, the Country Director of UNAIDS in Nigeria, in 2005, Nigeria is the third most infested state in the world after South Africa and India. There are over four million Nigerians living with HIV/AIDS and in 2005, over 300,000 Nigerians died of HIV/AIDS related illnesses. There are over one million orphans whose parents died due to HIV/AIDS scourge (cited in Peter-Omale and Taiwo, 2006:1). However, statistics from the UNAIDS 2006 Report, gave the estimated number of people living with HIV/AIDS in Nigeria by the end of 2005 to be 2, 900,000. The total number of children (ages 0-14) living with HIV/AIDS in the same year was put at 240,000. While the estimated number of children (17 years and below) who have lost their mother or father or both parents to AIDS in 2005 was 930,000, the total number of women (ages 15-49) living with HIV/AIDS by the end of 2005 was estimated to be 1,600,000 (UNAIDS, 2005).

The implication of this complex web of figures is that HIV/AIDS pose serious threat to human security, particularly for women and girls. In most societies in Africa, Nigeria inclusive, women and girls face a range of HIV-related risk factors and vulnerabilities that men and boys do not which are usually embedded in the social relations, cultural structures and economic realities of their societies. In the section that follows, we discussed these factors with particular reference to the Nigerian situation.

Women and HIV/AIDS Infection in Nigeria

In recent years, the HIV/AIDS epidemic is affecting women and girls in increasing numbers. Globally, just under half of all people living with HIV

are female. In 1997, women were 41% of people living with HIV; by 2002, this figure rose to almost 50%. This trend is most marked in places where heterosexual sex is the dominant mode of transmission, particularly the Caribbean and sub-Saharan Africa. In sub-Saharan Africa, Women and girls make up almost 57% of all people infected with HIV, where a striking 76% of young people (aged 15–24 years) with HIV infection are female (UNAIDS, 2005).

In Nigeria, one in 20 young women compared to one in 40 young men were estimated to be suffering from HIV/AIDS at the end of 1999 (Mamman, 2002:19-20). Data from surveys by the National Action Committee on AIDS and the National AIDS Reproductive Health Survey (2003-2005) show that for the three year period, the percentage of women living with HIV/AIDS has consistently been above that of men. Figure 2 below suggest that women constitute about 54.3% of the national population of people living with HIV/AIDS compared to 45.7% for men in 2005. With the national ratio of women to men at approximately 50:50, there is therefore significantly greater number of women affected with HIV/AIDS than men (FMWA, 2006:53). Recently, the Director-General of the National Agency for the Control of Aids, Prof. Babatunde Osotimehin, disclosed that Africa houses 70 per cent of the HIV/AIDS infections, with 61 per cent of new infections in Nigeria involving women and young girls (see Sam, 2008).

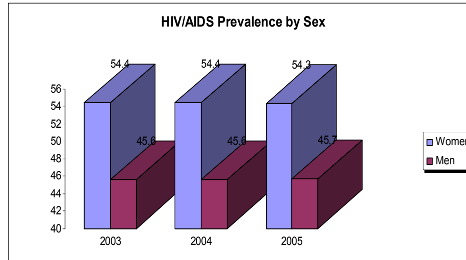

Fig.2: HIV/AIDS Prevalence by Sex in Nigeria (2003-2005).
Source: FMWA 2006 Nigeria Gender Statistics Book.

Several factors have contributed to the vulnerability of women and girls to contracting HIV/AIDS in Nigeria. These include the unique biological anatomy of women and girls, economic disempowerment as evidence in the feminization of poverty, harmful tradition practices such as early marriage and female genital mutilation, social practices such as polygamy, low literacy, poor health status of women, gender-based violence, and the problem of stigmatization and discrimination.

The unique biological and anatomical feature of women is one universal factor that makes women more vulnerable than men in contracting HIV/AIDS. Irrespective of culture, religion, economic status and educational background, the anatomical structure of women, particularly their reproductive organ is the same world over. The anatomical structure of

women creates window of greater opportunity for them to contract HIV in the act of sexual intercourse.

It has been noted that nearly 85% of all HIV transmission in Nigeria occurs through heterosexual contact. During sexual intercourse, abrasions or injuries in the vagina are more than those on the penis, particularly during violent sex. This is more serious in the case of young girls, whose virginal canals are not fully developed and are prone to tears and abrasions. Women tend to have a higher rate of genital ulcers, which facilitate HIV transmission (UNDP, 2006:105). Hence, since heterosexual contact is the key transmission belt in the process of infection, it is easier to understand why women/girls are the hardest hit.

In terms of access to critical economic and productive resources of society, women in Nigeria are highly deprived of equal opportunity with men. In most parts of the country, women are denied of right and access to such resources as land, credit facilities, economic trees, livestock, and other available resources that can empower them in terms of income and productivity. This seeming economic disempowerment tends to exacerbate their level of poverty. The intersection of poverty with gender inequality makes women more vulnerable to HIV /AIDS both in terms of infection and impact. Poverty also aggravates their lack of access to education and health services. It weakens their negotiating power and as such, heightens their risk-taking behaviour like unprotected sex, sex-for-survival and prostitution, which invariably contribute significantly to the spread of the disease.

Harmful traditional practices add extra dimension to risk in contracting HIV. Some cultural practices such as Female Genital Mutilation (FGM) and early marriage practices also increase the susceptibility of women to contracting the diseases. FGM or female circumcision are terms generally used for the practice of the removal of part or all or injury to the external genitalia of girls or women (NPC, 2001:88). Though FGM is a global phenomenon practiced in Asia, Europe, Canada and the United States of America, it is however, more entrenched in Africa. Research shows that globally 85-114 million women/girls have been circumcised. At least, two million women/girls go through circumcision every year – approximately 6,000 per day.

In Nigeria, the practice cut across tribes and socio-economic strata. It is estimated that 50% of Nigerian Women/girls have gone through the procedure. Statistics indicates that more than 85% of women who have undergone FGM did so between the ages of one and four. A survey carried out by the Demographic Health Survey (DHS) in 2006 revealed that 19% of women in Nigeria between the ages of 15 and 49 have undergone some form of FGM, which is why it was referred to as a “national burden”. The prevalence rates were highest in the southern region where about 60% are circumcised. South West has the highest prevalence with 67% followed by South East with 41%, North East has 1.3% while North West has 0.4% (Oghenerhaboke, 2006:64). Traditional birth attendants and traditional doctors usually encourage this practice which is predominant in the rural

areas of these regions. FGM puts women and girls at risk of contracting HIV from un-sterilized instruments such as knives, razor, needle and broken glass that are usually used during the procedure. The practice of FGM reveals a confounding paradox. While it has been noted that FGM is one of the unhealthy cultural practices that expose women/girls to contracting HIV/AIDS, it is at the same time, being perpetrated by mostly women on the girl child

Early marriage practice adds another dimension to the problem. In Nigeria, many girls get married between the ages of 12 and 13 and there is usually a large age gap between husband and wife. Because of the age difference, coupled with low level of education and low social status, young married women are not able to negotiate condom use to protect themselves against HIV and sexually transmitted infections (STIs).

Limited access by women and girls to education and health facilities are part of the factors that conduce to their susceptibility to HIV infection. As Shahabudin (2001) has posited, significant gender gaps in school enrolment and retention as well as withdrawal of girls from school to look after sick relatives or to earn money to support their family further aggravate the lack of access to information, resources and skills needed to apply that information to avoid HIV infection, and to reduce the impact if infected and affected. A UNICEF survey found that up to 50% of young women in high-prevalence countries did not know the basic facts about AIDS. In Nigeria, the gender gap in literacy is quite palpable, 65.7% of men are literate while only 47.8% of women are literate (cited in NPC, 2001:30).

Beyond formal literacy, access to information through the media offers great potential for the advancement of women, by assisting them in making critical decisions that affects their lives and wellbeing. However, low literacy level and poor access to vital information deny most women the rational faculty to balance opportunity with risks (Onuoha, 2008b:1915). Statistical evidence in table 1 below also reveals that the percentage of women that have access to the three media is higher in urban than rural areas, and higher as the level of education increases. In this wise, women's lack of access to information heightens their vulnerability to contracting HIV/AIDS in Nigeria.

Table 1: Access of Women to Mass Media by Residence and Education.

Subject		**Reading Newspaper Weekly**	**Watching Television Weekly**	**Listening to Radio Weekly**	**All three Media**
Residence	Urban	39.6	66.5	72.2	32.8
	Rural	15.7	20.9	41.9	8.4
Education	None	0.2	10.3	31.1	0.7
	Primary	12.0	33.7	52.1	6.7
	Secondary	49.5	58.9	70.1	33.1
	Higher	83.3	84.4	87.1	68.4

Source: Adapted from FMWA, 2006:110

More so, conflicts and gender-based violence constitute additional factor that not only promotes the spread of HIV/AIDS, but also disproportionately expose women to a greater risk of contracting HIV/AIDS. According to Rehn and Sirleaf:

Wherever a woman lives with conflict and upheaval, the threat of HIV/AIDS and its effects are multiplied. Women are more susceptible to infection than men, yet often have little control over their sexuality. At the same time they are forced to trade sex for money, food, shelter and any other number of necessities (Rehn and Sirleaf, 2002:6).

In conflict situation, women are usually the victims of rape, torture, sexual exploitation, and other forms of human rights abuses by security agents and other armed groups. This is primarily because more guns in a community pose different security challenges to men and women. Weapons in the community translate into violence against women in the home and on the street (Rehn and Sirleaf, 2002:4). This observation corroborates the envisaged relationship between the lingering crisis in the Niger Delta and the high prevalence of HIV/AIDS in the region:

The Niger Delta conflicts have affected Ogoni and Odi women in many ways. Apart from widespread human right abuses that they suffered, such as rape, beating and death, the conflicts brought economic ruin….This must count as one of the most serious long-term consequences of conflict and poverty in the Niger Delta. There is now a very high incidence of HIV/AIDS in the Delta affecting both mothers and young children (Ibeanu, 2005:70).

The prevalence of HIV/AIDS in this region is among the highest in the country, higher than the national average. The 2003 sentinel survey rated the South-South (Niger Delta) region as having the second highest prevalence (5.8 per cent), after the North Central zone with seven per cent (see UNDP, 2006:93-109).

Even in a supposedly peaceful environment in Nigeria, there is an insidious on the body of women and girls in Nigeria: the scourge of rape. Although reports by non-governmental organizations, some police records, statements by state prosecutors and media reports indicate that rape in the family, the community, and by the police and security forces occurs on an alarming scale, lack of comprehensive official statistics make it difficult to establish accurately its true scale (Amnesty International, 2006). However, statistics on reported rape cases from a reputable non-governmental organization in Nigeria, the CLEEN Foundation, show that the incidence of rape is endemic in Nigeria (Figure 3).

The failure of rape victims to report their experiences to law enforcement agents, coupled with the inability of security agencies to exercise due diligence in bringing perpetrators to justice has contributed to the persistence of this act of violation of women's right. Undoubtedly, victims of rape face serious physical, psychological and reproductive consequences, including death, unwanted pregnancies, complications in childbirth, and STIs, including HIV/AIDS.

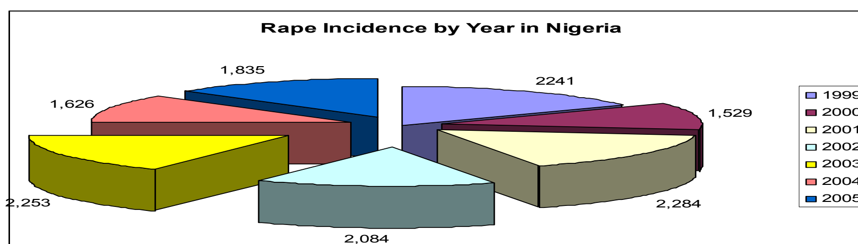

Fig.3: Reported Cases of Rape in Nigeria: 1999-2005.
Source: CLEEN Foundation, www.cleen.org

Other gender-based discrimination such as stigmatization and discrimination compound the vulnerability of women and girls to HIV/AIDS. A situation where women are seen as vectors rather than victims of the epidemic leads to denial of access to services such as testing counselling and treatment. It equally reinforces prejudice, feeling of rejection and hinders women's effective participation in their communities. One dangerous implication of stigmatization is that people rarely go for voluntary testing, and even when they go and the result turns out to be positive, they would prefer to hide their status. In this way, they pass it on to their partners or unsuspecting clients, as in the case of prostitutes.

The vulnerability of women to HIV/AIDS is further amplified by political processes and institutions that neglect the real concerns of women in making national decisions or public policies. Of the estimated 140 million people in Nigeria, about 60 million (49.7%) are women. In terms of gender equity in Nigeria, there is seeming contradiction between demography and political representation (Onuoha, forthcoming), as is evident in table 2 below. Despite constituting nearly half of the population, women in Nigeria still constitute less than 4% of those in decision making, politics and governance (Pogoson, 2007:15).

The under-representation of women translates to marginal attention or response to certain issues and policies that have imposed disproportionate burden on women. The tendency is that faced with the increasing threat of HIV/AIDS, most women lack the resources and capacity to resist, respond and cope with the scourge.

Table 2: Comparison of Representation of Women in Elected Positions in Nigeria from 1999 – 2007.

S/N	Position	No of Available Seats	No of Women in 1999	No of Women in 2003	No of Women in 2007
1	Presidency	1	0	0	0
2	Senate	109	3	4	9
3	House of Reps	360	13	23	27
4	Governorship	36	0	0	0
5	Deputy Governorship	36	1	2	6
6	36 States Houses of Assembly	990	12	38	54
Total		**1531**	**27**	**67**	**96**

Source: United Nations Fund for Women (UNIFEM), Gender and Election Unit, Abuja.

CONCLUSION AND RECOMMENDATIONS

This paper has highlighted the linkages that can develop among gender, HIV/AIDS and human security. It argued that in a patriarchal society such as Nigeria, gender is the prop on which vulnerability to HIV/AIDS and threats to human security rest, and the scourge of HIV/AIDS disproportionately affect women. It further posits that it is women's/girl's relative lack of power over their bodies and their sexual lives, reinforced and exacerbated by pervasive poverty as well as socio-economic and cultural inequalities and other gender based discrimination, that make them vulnerable to contracting and living with HIV/AIDS in Nigeria. Consequently, there is the need for collaborative effort and partnership on the part of governments, the media, international organisations, civil society organisations, faith-based organization, community-based organisations and the private sector in addressing the problem.

Since the epidemic has assumed a localized dimension, there is the need to restructure and refocus existing State Action Committee on AIDS (SACAs) and Local Government Committee on AIDS (LACAs) to deepen their efforts at the rural level where the scourge is more pervasive. The functions of the SACA and LACA should be structured in such a robust manner to be vertically integrated with the efforts of the National Action Committee on AIDS (NACA) to avoid duplication of duty and waste of scarce resources, and flexible enough to not only address the peculiar situation of such states and local areas, but also horizontally integrated with each other to achieve a nationwide response and control strategy.

The rural areas have attracted marginal attention from both government and civil society groups working on HIV/AIDS prevention/reduction in Nigeria. Hence, there is the need to develop an integrated approach at the local level that could foster greater synergy among government, the media, civil society organisations, faith-based organisations and community based organisations to promote awareness of the disease in mostly the rural communities were the disease is most rampant. Straightening community-based organisations, particularly women organisation through capacity building can help women and girls acquire more information about AIDS. The importance of this cannot be over-emphasized given the fact that a recent UNICEF survey found that up to 50% of young women in high-prevalence countries did not know the basic facts about AIDS. In this way, they would act as agents of change and advocates within their respective communities to deepen the national campaign against HIV/AIDS.

The health sector need to be strengthened and made more functional through adequate funding and staffing. Health services and facilities that primarily serve women, such as pre-natal and family planning clinics should receive greater attention from governments at all levels in Nigeria. Also, with high record level of violence against women, particularly in the form of rape, there is the need for the provision of post-exposure prophylaxis – medical

techniques which can reduce the chances of HIV infection if the victim of a rape is treated quickly - in all government hospitals in Nigeria.

Equally, there is the need to empower women to have equal access to property, education, employment, economic opportunity and other necessary resource that can give them the leverage to have control over there lives. These can be achieved through proactive legislation, increased gender sensitization, education of the girl-child, and proper gender mainstreaming in development policies**.**

Finally, there is the need for the entrenchment and strengthening of the processes and institutions of good governance in the country. The failure of governance in Nigeria contributes to the deepening of poverty, flourishing of corruption; and the weakening of service delivery, which invariably aggravates the already tenuous situation that women find themselves in Nigeria. We need to add also the importance of greater women representation in institutions of governance, through legislative interventions like the adoption of proportional representation and quota system. While the presence of more women in political institutions would not automatically erase discrimination in Nigeria, in the short-term, it raises the prospects of better public policies and programmes that are responsiveness to the peculiar needs and challenges of women.

REFERENCES

Akukwe, C. (2000): HIV/AIDS in Nigeria: Awaiting an Impending Catastrophe.Available at http://nigeriaworld.com/feature/article/aidshiv_in_nigeria.html(Accessed 10 September, 2006).

Amali, E. (2003): Gender Economics and Women's Inclusion in Economic Policies in a Democratic Era: A Nigerian Perspective, in Ogunba. O (ed.) The Empowerment of the Civil Society in a Democracy: Nigeria and the United States of America. Anchor Print Ltd, Ile-Ife.

Amnesty International, (2006): Nigeria Rape - the Silent Weapon, 28 November. http://web.amnesty.org/library/index/ENGAFR440202006 (Accessed 5 November 2007)

CLEEN Foundation, (2006): National Crime Victimization Survey 2005 - overview of 2005 report, www.cleen.org.

Egunjobi, G. (1999): Riddles of a Deadly Scourge. The Guardian (Lagos), 30 January.

Evert, (n.d): HIV/AIDS in Nigeria: Why is Nigeria Important? Available at http://www.avert.org/aids_nigeria.htm (Accessed on10 September 2006)

Ezumah, N. (2003): Gender Awareness in Reproductive Health with some Example from Nigeria, Nigerian Journal of Social Sciences, Vol.2, No.1

Federal Ministry of Women Affairs – FMWA (2006): 2006 Nigeria Gender Statistics Book. FMWA, Abuja.

Hubert, D. (2001): Human Security: Safety for People in a Changing World, in Akindele, R.A and Ate, B.E (eds.) Beyond Conflict Resolution: Managing African Security in the 21ist Century. Vantage Publishers, Ibadan.

Ibeanu, O. (2005): Our Mothers' Courage Silenced all Guns: Women and Conflict in the Niger Delta, University of Nigeria Journal of Political Economy, Vol. 1, No.1. pg.52-73.

Lawson, T. and Heaton, T. (1999): Crime and Deviance. Palgrave, New York.

Mamman, M. (2002): Gender and the AIDS Scourge in Sub-Saharan Africa, Nigerian Forum, Vol.23, Nos. 1-2, January-February, pg. 13-38.

National Population Commission – NPC, (2001): Nigeria Population Census 1991 Analysis: Gender and Sustainable Development. NPC, Abuja.

Nelles, W.(2003): Introduction, in Nelles, W. (ed.) Comparative Education, Terrorism and Human Security: From Critical Pedagogy to Peace Building. Palgrave Macmillan, New York.

Oghenerhaboke, A. (2006): Victims of Genital Mutilation, Newswatch, 6 November.

Onuoha, F.C. (2007): Poverty, Pipeline Vandalization/ Explosion and Human Security: Integrating Disaster Management into Poverty Reduction in Nigeria, African Security Review, Vol.16, No.2, 2007, pg.94-108.

Onuoha, F.C. (2008a): Why the Poor pay with their Lives: Oil Pipeline Vandalization, Fires and Human Security in Nigeria, Disaster, pg. 337-357. Available at: http://www3.interscience.wiley.com/journal/120122352/issue

Onuoha, F.C. (2008b): Vandals or Victims? Poverty, Risk Perception and the Vulnerability of Women to Oil Pipeline Disasters in Nigeria, Gender and Behaviour Vol.6, No.2. pg. 1897-1924.

Onuoha, F.C. (forthcoming): Yet Unanswered? The Youth and Gender Questions in Democratic Governance in Nigeria', in Ilufoye, O.S and Olutayo, L. A (eds.) A Decade of Redemocratization in Nigeria (1999-2009)

Peter-Omale, F. and Taiwo, J. (2006): HIV/AIDS: Nigeria 3rd Highest Infested country. Thisday (Lagos), 19 October.

Pogoson, I. (2007): Women and National Development in Nigeria. Text of a Lecture delivered at the National Defence College, Abuja, 29 October.

Rehn, E. and Sirleaf, E.J (2002): Women, War, Peace: The Independent Experts' Assessment on the Impact of Armed Conflict on Women and Women's Role in Peace-building. UNIFEM, New York.

Sam, V. (2009): 61% of new HIV/AIDS infections recorded in women – NACA, The Punch (Lagos), 27 March.

Shahabudin, S. (2001): Gender and HIV/AIDS: The Human Right and Security Perspective. Available at

http://www.un.org/womenwatch/daw/csw/shahabudin2001.htm (Accessed 10 September 2006).

Sy, E. (2001): Gender, HIV/AIDS and Human Security. Available at http://www.un.org/womenwatch/daw/csw/sy2001.htm (Accessed 10 September, 2006).

Thomas, C. (1999): Introduction, in Thomas C. and Wilkin P (eds.) Globalisation, Human Security and the African Experience. Lynne Reinner Publishers, London.

UNAIDS, (2005): Report on the Global AIDS Epidemic,2005. UNAIDS, Geneva.

United Nations Development Report – UNDP, (1994): Human Development Report 1994. Oxford University Press, New York.

UNDP, (1986): Human Development Report 1986. Oxford University Press, New York.

UNDP, (2006): Niger Delta Human Development Report. UNDP, Abuja.