



HEM 617

**ECONOMICS OF
HIV AND AIDS**

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Course Title	Economics of HIV and AIDS
Course Developer/Writer	Dr E. Adenrele Haastrup Department of Health Education University of Lagos Lagos, Nigeria
Programme Leader	Prof. Afolabi Adebajo Dean, School of Science and Technology National Open University of Nigeria Lagos
Course Coordinator	Jane-Frances Agbu National Open University of Nigeria Lagos



NATIONAL OPEN UNIVERSITY OF NIGERIA

National Open University of Nigeria
Headquarters
14/16 Ahmadu Bello Way
Victoria Island
Lagos

Abuja Office
No. 5 Dar es Salaam Street
Off Aminu Kano Crescent
Wuse II, Abuja
Nigeria

e-mail: centralinfo@nou.edu.ng

URL: www.nou.edu.ng

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MODULE 1

Unit 1	Meaning of Health
Unit 2	Components of Health, the Health Continuum & Wellness
Unit 3	Determinants of Health
Unit 4	Health Behaviour
Unit 5	Behaviours as Factors in the Spread of HIV

UNIT 1 MEANING OF HEALTH

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- 2.0 Objectives
- 3.0 Main content
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- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-marked assignment
- 7.0 References/Further Readings

1.0 INTRODUCTION

Often, when people ask you how you are, the spontaneous response is to say you are “fine” This, in communication theory parlance, is called “*phatic*” (as distinct from “*phatic*”) communication, in that you just give the answer for social conformity, and not to express how you really feel. In some cases, the answer is to please the person who asked the question. In some situations, your response is just to give the person the impression that everything is okay with you, and he should not bother. But are we always sure that everything is okay?

When next you are asked the question “how are you?” it will be more beneficial to do a quick assessment of the situation before responding. Have you been sleeping well? Do you eat well? Have you been putting yourself under one form of pressure or the other? Do you have someone you discuss your problems with?

Responding to issues on your health is more than just trying to please other people. It requires a factual approach – presenting the situation as it is.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Explain the two major views about health
- Explain the meaning of health

3.0 MAIN CONTENT

3.1 What is health?

Read this definition of health by World Health Organization (WHO) and think for a moment what it means to you.

Health is the state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

This definition implies that health is not just a situation or a state when someone is not sick. Rather, it emphasizes a complete state of well-being. That stresses the need for a sound body, sound mind and sound spirit.

You should note that even when we talk of physical, mental and social well-being as different entities, the three, strictly, couldn't be separated. There is need, therefore, to look at health from the holistic point of view: a view that sees the individual as a whole and not part-by-part as the definition may look. Another thing you need to consider in this definition is the fact that it is difficult to have a state of complete well-being.

Over the years, the concepts of health have changed. It is considered as a state of positive being. In this respect, the concept of health has shifted from the traditional components of physical, mental and social well-being. The components have been expanded to include others, such as occupational and spiritual health.

To establish that health goes beyond just not being sick, Ajala (2005) looks at the positions of Dubos (2005), which view health as “a way of life that enables imperfect human beings to achieve a reward and not too painful existence while they cope with an imperfect world.” This definition points to the fact that different people will see health from different perspectives, based on their needs. This agrees with the position of Bowling (2002) by saying that most of people's definitions of health see health as the ability to function in one's normal social roles. This is based on the fact that people see health as strength – that is, feeling strong, being able to maintain normal role functioning.

In the next unit, (Unit 2), you will read more about the various components of health and understand what each stands for.

SELF-ASSESSMENT EXERCISE

Can you identify the major views of health?

4.0 CONCLUSION

The definition of health may vary from individual to individual, depending on their viewpoint. However, health can be considered as something that every individual desires. It is to a large extent, determined by the individual through the way he conducts his life in relation to his lifestyle and habits.

5.0 SUMMARY

Health is a state of being. It is not limited to absence of disease or infirmity. It comprises various components that cannot be separated as what affects one component may have effects on other components. Because of this, the holistic view of health is important for a healthy life.

6.0 TUTOR-MARKED ASSIGNMENT

1. Ask a few of your friends what they understand by health. Then compare their responses to what you have learnt in this unit. If their meaning of health is different from what you have learnt in this unit, suggest why their position is different
2. List and explain two components of health.
3. What does it mean when we say health does not mean absence of disease or infirmity?

Answer to self-assessment exercise

- Health is not just a situation or state when someone is not sick. Rather, it is a complete state of well being, meaning that there is need for sound body, sound mind and sound spirit.
- Health is also a state of positive being. The components have also been expanded to include others, such as occupational and spiritual health.

7.0 REFERENCES/FURTHER READINGS

Ajala, J.A (2005), *Health Education in Wellness and Sickness: This day, This Age; an inaugural Lecture delivered at the University of Ibadan*, on Thursday, 24th November, 2005.

Dianne Hales (1989), *An Invitation to Health: Taking charge of your life*; pp. 3-10, California: The Benjamin/Cummings Publishing Company.

UNIT 2 COMPONENTS OF HEALTH, THE HEALTH CONTINUUM & WELLNESS

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- 1.0 Introduction
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- 3.0 Main Content
 - 3.1 Components of Health and Wellness
 - 3.2 The Health Continuum
 - 3.3 Wellness
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-marked assignment
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1.0 INTRODUCTION

In Unit 1 of this module, you looked at the definition of health. You have realized that health is not limited to the absence of disease or infirmity. Health is a holistic state of being, which comprises various components. In this unit, you will go a step further to have an understanding of the various components of health. These components, you will eventually realize, are interactive. When one component is not in good condition, other components may be affected as well.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- Explain each component of health;
- Describe the possible effects the absence of one of the components of health may have on the total health of the individual.
- Explain what wellness means.

3.0 MAIN CONTENT

3.1 Components of Health and Wellness

In understanding the meaning of health, you learnt that health consists of various components: physical, mental, emotional and social. You probably have an idea of what some of these components mean. For you to understand them better, you will need to see them as various parts of total health as explained below:

Mental Health

Mental health refers to the ability of the individual to cope with life's circumstances. It also has to do with growing emotionally, developing potentials to full capacity and expanding in awareness and consciousness.

Emotional Health

Emotional health is closely related to mental health. Still, it is an entity on its own. It refers to the ability of an individual to express emotions comfortably and appropriately in different situations. It may even include not expressing emotions in certain situations and circumstances. Imagine a situation where two friends share the same house. The wife of one of the two friends put to bed after many years of childlessness. Unfortunately, the other friend just lost his younger brother (who was also staying with them) the same day the new baby arrived.

What do you think should happen in this case study? Should the friend who had a baby be over-joyous?

Social Health

From day to day, we interact with other people: in the house, at work or at plays. As human beings, we expect that our interactions with others should be healthy. Social health refers to the ability of an individual to relate well with other people. It extends to successful adaptation to one's environment and the presence of supportive culture.

Physical Health

Most often, people see health as the ability to run up and down. This probably means strength, feeling strong and getting on well. That is, efficient body functioning. This is part of physical health, but physical health does not end here. It includes resistance to diseases and the ability of the individual to appropriately respond to varied events. You may find out that two people infected with an infection, for example, HIV, may not come down with AIDS at the same time. The level of the individual's ability to withstand infection may account for this difference.

Occupational Health

Occupational health is a recently identified component of health. It refers basically to feelings of comfort and a sense of accomplishment in one's daily task. When someone is not happy with his or her job, or he

feels bad each time he goes to work because of his work environment or because of poor relationship with his boss or co-worker, he is not enjoying good occupational health.

You need to note that occupational health does not refer only to people on paid employment. There are some people who stay at home or remain at home for one reason or the other. To these people, occupational health to them, like to other people, remains a function of daily task. You can think of a housewife, a retired civil servant or even the unemployed. How do they fare in their daily activities?

Spiritual Health

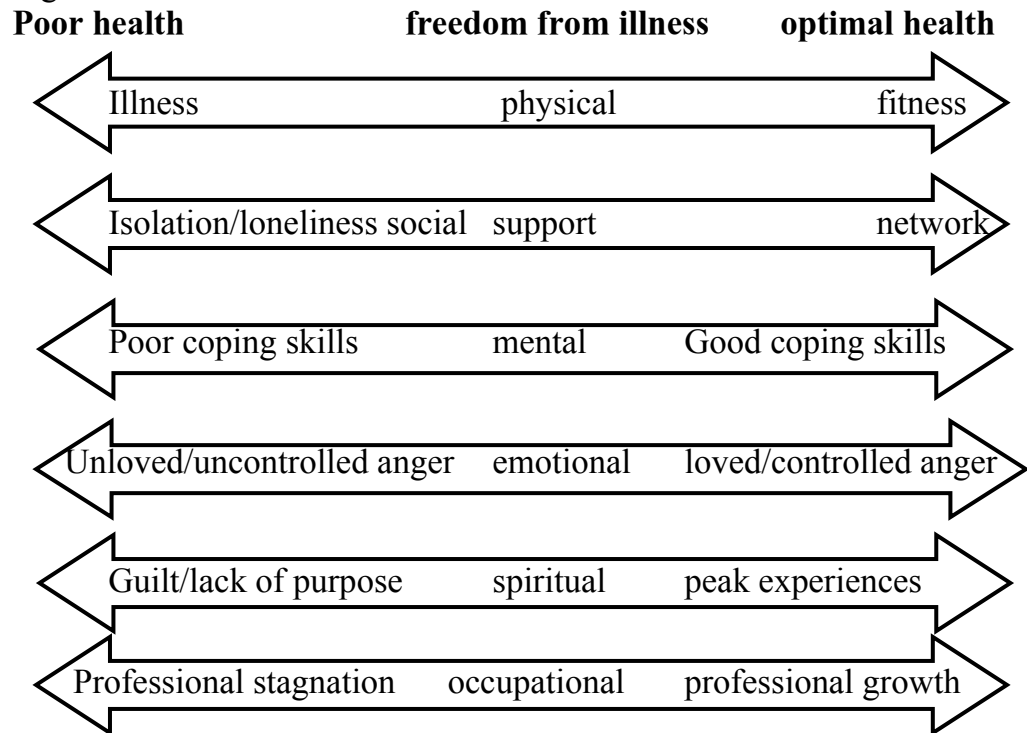
Like occupational health, spiritual health is also a relatively new concept of health. It has been identified to be significant in health-related decision-making, according to Goodloe and Arreola (1992). Spiritual health borders on one's ability to discover and express one's purpose in life. It has to do with experiencing love, joy, peace and fulfilment. It involves helping yourself and others to achieve full potentials. You need to note that spiritual health may not necessarily mean belonging to one religion. Its major attribute is belief in an order in the universe, a higher power that provides significance to individual's life.

3.2 The Health Continuum

The concept of health continuum stems from the fact that health is not rigid. It is not a state that remains the same all the time. It is a dynamic state. It varies from time to time in different individuals, and even in the same individual.

You must have experienced a situation when you were down in the morning, and in the evening, you are bubbling with energy. In some situations, you may be strong for a long period of time only to crash down after some time. The various components of health can be expressed graphically as we have in Figure 1 below. At one extreme end of the continuum is poor health. At the other extreme is optimal health. The individual's health operates on the continuum, fluctuating from time to time. It also shows that nobody can have a perfect health.

Fig 1



SELF-ASSESSMENT EXERCISE

What do you understand by health Continuum?

3.3 Wellness

Ordinarily, dividing health into various components looks very easy. In reality, however, there is interaction among the various components of health. When one of the components is deficient, it may have a negative effect on one or more of the other components. For the purpose of our discussion, you should see health as the tyre of a car. Go further and assume that the tyre is divided into various compartments, with each compartment representing a component of health as indicated in Figure 1.2 below

Now, imagine that one of the compartments of the tyre representing a component of health is deflated. What will happen? Your car will no longer be able to have a smooth run. The drive will be bumpy.

The concept of wellness establishes a balance among the various components of health. This further stresses the fact that health is holistic and not what exists in parts.

4.0 CONCLUSION

Health comprises various components. These components are interactive. Therefore, what happens to one component may affect the other components and invariably, the state of health of the individual. Health fluctuates from time to time and may not be possible to have complete good health. What an individual should strive for is optimal health. This is a state of health where the individual will be able to function well to the best of his potentials.

5.0 SUMMARY

In this unit, you have learnt that health is holistic, consisting of various components, which may stand for various aspects of health – mental health, emotional health, social health, physical health, occupational health and spiritual health.

You also know that health is not static. Rather, it changes from time to time, even in the same individual. This shows that health operates on a continuum. You are also aware that the concept of wellness stresses a balance among the various components of health and that a problem with one component may have adverse effects on the other components, thereby reducing the level of health the individual can enjoy.

6.0 TUTOR-MARKED ASSIGNMENT

1. Make a list of the various components of health. Explain how defect in one component can affect the entire health of an individual
2. What does wellness mean?
3. Do you believe that a state of complete well-being is not always attainable? Give reasons to support your own view.

ANSWER TO EXERCISE

The concept of health continuum stems from the fact that health is not rigid. It is not a state that remains the same all the time. It is a dynamic state. It varies from time to time in different individuals, and even in the same individual.

7.0 REFERENCES/FURTHER READINGS

Dianne Hales, *An Invitation to Health: Taking charge of your life*, California: The Benjamin/Cummings Publishing Company, 1989, pp. 3-10.

UNIT 3 DETERMINANTS OF HEALTH

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1.0	Introduction
2.0	Objectives
3.0	Main content
3.1	Factors influencing quality of health
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
7.0	Reference / Further Readings

1.0 INTRODUCTION

Have you ever thought about the reason(s) the health of two friends may not be the same? Does it surprise you that even twins, from the same womb, may not necessarily enjoy the same quality of health? As individuals, our health varies. This shows that some factors are responsible for this variation in the health of individuals. In this unit, you will learn about factors that influence health.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- Explain major factors influencing quality of health

3.0 MAIN CONTENT

3.1 Factors Influencing Quality of Health

The quality of health an individual enjoys is not usually by chance. If your health is good or your health is poor, some factors are responsible. Four of these factors are discussed below:

Heredity

As human beings, we are products of our parents. We inherit some genes from our parents. Genes refer to those elements in man that distinguish him from another person.

Heredity accounts for why people resemble their parents; and in some cases, their grandparents.

It implies that if the parents enjoy good health, biologically, the child will have no health problem to inherit. On the other hand, if any of the parents has health problems that are biological, the child stands the risk of having such problems. That probably accounts for the reason in some situations, why parents and children in a family can have eye problem and they all (parents and children) wear medicated glasses to aid their sights. Diseases such as hypertension and diabetes have been found to run in some families.

Environment

Environment is another factor that influences health. To a child, the first environment is the mother's womb. If the condition of the womb is hostile, the child may suffer some problems. That is the why pregnant women are advised to take good care of themselves, like avoiding alcohol and cigarette, for instance. In relation to health, the environment covers a range of elements. They include: Physical (both natural and man-made), Biological (including micro-organism, plants, animals), Social (primarily the interactions of the individual with other individuals in the community).

Lifestyle

The way of life of an individual is referred to as his or her lifestyle. Lifestyle has been found to be a major factor in the direction the state of our health tilts. Things like observing or neglecting personal hygiene and eating habits, go a long way to determine our health. Even in the HIV and AIDS pandemic, our ways of life have been so much implication. When people are involved in multiple sex partners, unprotected sex, sharing body-piercing instruments, as it is common with people who inject drugs, there is possibility of contracting HIV.

Health facilities

When someone is sick, he needs treatment for him to get well. To support health therefore, there should be standard health facilities. When people cannot afford to go to hospitals when they are sick, either because of the cost or other reasons, they are likely to take to self-medication. This definitely has some health consequences. Their health may get worse in that the treatment may not be correct because of poor diagnosis. The correct dosage of the drug, even if it is the right drug for the problem, may not be known.

SELF-ASSESSMENT EXERCISE

Identify the factors that influence the health of an individual.

4.0 CONCLUSION

Factors such as heredity, environment, quality and availability of health facilities are important determinants of health. These factors, however, can be modified by the individual's lifestyle. This shows that our lifestyle is a primary determinant of health.

5.0 SUMMARY

Four factors influencing the health of an individual are discussed in this unit: heredity, environment, lifestyle and health facilities. Lifestyle is a strong factor in whether our health is good or our health is bad. It is therefore necessary for us to give much attention to the way we lead our life if we want to enjoy good health.

6.0 TUTOR-MARKED ASSIGNMENT

1. Explain two ways our lifestyle can expose us to contracting HIV
2. Apart from physical environment, list two other components of the environment.

ANSWER TO SELF-ASSESSMENT EXERCISE

- Heredity
- Health facilities
- Environment
- Lifestyle

7.0 REFERENCES/FURTHER READINGS

Bruess, Clint E, Richardson, Glenn E & Laing, Susan J, *Healthy Decisions*, Dubuque: WBC Brown & Benchmark Publishers, 1994.

UNIT 4 HEALTH BEHAVIOUR

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- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Predisposing factor
 - 3.2 Enabling Factor
 - 3.3 Reinforcing Factor
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- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Readings

1.0 INTRODUCTION

In the last unit, you learnt about some determinants of health. However, you must understand that a lot of these factors are influenced by other factors, and to a large extent, we have control over some of them. For example, you cannot do anything about what you inherited from your parent(s) (in terms of rejecting) because it is pre-determined. But you can, through your health behaviour, work towards making sure that any inherited poor health condition can be so managed that the possibility of suffering the same condition is reduced. If your parents are hypertensive and you happen to inherit this health condition (which is likely), you can still improve your health by avoiding conditions that will aggravate this condition through positive lifestyle, like avoiding smoking, not taking alcohol, running away from fatty foods etc. Children from obese parents always have the tendency to be fat. But if such children are careful about what they eat, the problem can be controlled. In this unit, you will read about some factors that influence health behaviour.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- Explain three major factors that influence health behaviours
- Make a list of health promoting behaviours, and
- Make a list of behaviours that destroy health

3.0 MAIN CONTENT

Three major factors have been identified to influence the way we behave in health- related matters. They are:

- Pre-disposing factors;
- Enabling factors; and
- Reinforcing factors.

As you read this unit, you should review your health behaviours, and consider the extent these factors have influenced them.

3.1 Predisposing Factors

As the name implies, pre-disposing factors are factors that make an individual to behave in a certain way. These apply to health, like any other areas. The key elements of predisposing factors are knowledge, attitudes, values and perception. Knowledge about health matters goes a long way to sharpen your health behaviour. However, it has been observed by experts that knowledge about health may not always translate to positive behaviour. For example, medical doctors are fully aware of the danger inherent in smoking. They advise their patients not to smoke because smoking is not good for the individual's health. One will think that with this knowledge about the danger in smoking, medical doctors will not smoke. But the reality is that some medical doctors do smoke. Another perspective from which we can look at knowledge and health behaviour, particularly in HIV and AIDS which is the focus of this course, is through safer sex. The knowledge that unprotected sex will expose someone to contracting HIV should make people use condom. But again, not all people who know this fact use condoms to protect themselves.

ATTITUDES EXPLAINED

Likes and dislikes at a superficial level, as in the example of smoking given earlier. An individual may dislike the smell and taste of cigarettes, but still continue to smoke.

Beliefs, as part of pre-disposing factors, are a strong factor. People are likely to change their behaviour, if the following beliefs are present:

i. Susceptibility

If an individual believes or acknowledges that his behaviour(s) may make him to be at risk of contracting HIV for example, the tendency is for him to change the risky behaviour to safe behaviour. In practical terms, a person who has multiple sex partners and does not use condoms is likely to start using condoms or reduce the many sex partners after knowing that not doing so may make him contract HIV.

ii. Perceived severity

Here, the individual is concerned with the consequences of the effect of his behaviour. If he thinks about what will happen to his job, what will happen to his family or how the society will look at him if he should contract HIV, he may have a re-think and try to practice safer sex.

iii. Perceived Benefits

If the individual believes that there is benefit in his proposed change in behaviour, he is likely to change. By sticking to only one uninfected partner his mind would be at rest: he will not contract some diseases that will cause him pains. He will not have to spend on medical care that he can avoid. Therefore, he is more likely to change his behaviour from risky to safe. You should note that these elements discussed under beliefs are interactive.

Values

Ask people why they practice health behaviour. You will find that their responses may include the following:

- To look better
- To feel more effective
- To be more competitive
- To look more attractive
- To behave more independently

From these reasons, it can be deduced that values play a major role in changing behaviour. Many people are not concerned about their health just because they want to be healthy. People are more likely to change when they see that the health benefits in healthy behaviours also enhance other important aspects of their life.

Perception

Perception has to do with the way you see things from a unique point of view. This factor has been found to be equally important in health behaviour. This factor may vary with age. To a youngster, you may not attach much importance to living an hour longer. But to an old man, this may be very important.

3.2 Enabling Factor

Enabling factors make the proposed change practicable. They are factors, which help the individual to practice good behaviour. These factors include skills, resources, and accessible facilities, physical and mental capacities. Imagine a person who wants to adopt the use of condom as a safer sex measure: if he does not have the skill in using condom, he will have a setback in condom use. Being able to buy condoms without being embarrassed is another factor that will enable him to practice the new behaviour of using condoms to prevent HIV and other sexually transmitted infections (STIs).

3.3 Reinforcing Factor

Reinforcing factors in health behaviour may come in form of praise from members of family and friends, rewards from teachers or parents, or encouragement and recognition for meeting a goal. Inasmuch as this is important, you should note that lasting change depends not on external rewards but more on internal commitment and sense of achievement.

SELF-ASSESSMENT EXERCISE

Identify the three major factors that influence the way we behave in health related matters.

4.0 CONCLUSION

The statement that your health is in your hand, to a large extent is true. True in the sense that whether your health is good or your health is bad depends on your health behaviour. Avoiding behaviours that can harm your health, and engaging in behaviours that will promote your health, is beneficial

5.0 SUMMARY

In this unit, you have learnt that the ways we behave in health related matters are influenced by some factors. The following factors are important in health behaviour: pre-disposing factors, enabling factors and re-enforcing factors.

Pre-disposing factors are factors such as individual's knowledge, attitudes, beliefs, values and the perceptions of the individual in respect of particular health issue.

Values also play an important role in health behaviour. The value one attaches to health determines his behaviour towards health related

issues. Other factors include perceptions, enabling factors and reinforcing factors.

You should realize that an important approach to preventing untimely death is to change unhealthy habits to healthy ones. You have control over your health, and you should not engage in healthy behaviour mainly because you want to impress someone or a group of people. You engage in healthy behaviour because you want your health to be good.

6.0 TUTOR-MARKED ASSIGNMENT

1. Explain three factors that influence an individual's health behaviour.
2. In reinforcing a healthy behaviour, it is better to be motivated by intrinsic than extrinsic rewards. Give two reasons for this.

ANSWER TO EXERCISE

- Pre-disposing factors
- Enabling factors
- Reinforcing factors

7.0 REFERENCES/FURTHER READINGS

Dianne Hales, *An Invitation to Health: Taking charge of your life*, California: The Benjamin/Cummings Publishing Company, 1989, pp. 3-10.

UNIT 5 BEHAVIOUR AS FACTORS IN THE SPREAD OF HIV

CONTENT

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 What is HIV?
 - 3.2 What is AIDS?
 - 3.3 How HIV can be contracted
 - 3.4 Safe and Risky Behaviours
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Readings

1.0 INTRODUCTION

To large extent, the spread of HIV and AIDS is fuelled by our behaviour. Although there may be some other factors beyond the control of the individual, if you look particularly at the modes of transmission, often our behaviour is responsible. This could involve doing some things we should not do; or leaving undone some things we should do. In this unit, you will learn about the principal modes of transmission of HIV. You will also learn about how the individual's behaviour can aid each mode of transmission.

2.0 OBJECTIVES

After reading this unit, you will be able to:

- Highlight the three principal modes of transmission of HIV
- Explain the ways an individual's behaviour can pre-dispose him in each mode of HIV transmission.

3.0 MAIN CONTENT

For you to understand this unit, you should refresh your memory about some basic issues on HIV and AIDS, of which you must have heard or learnt at various times. For this reason, you need to revisit the following: What is HIV? What is AIDS? How is HIV transmitted? How HIV cannot be transmitted.

3.1 What is HIV?

HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS. It affects human beings by destroying the body's immune system. When a person is infected with HIV (the virus that causes AIDS), the virus will gradually be found in all the person's body fluids. However, the concentration of the virus is much higher in the blood, semen and vaginal secretions (much more than you will find in all other body fluids). Therefore, it is important to take appropriate precautions to prevent the exchange of these types of body fluids.

3.2 What is AIDS?

AIDS stands for "Acquired Immune Deficiency Syndrome". It is the name given to the condition that occurs when HIV has weakened the body's immune system ("the body's soldiers") and a person begins to fall ill. People with AIDS may have different symptoms. Some may lose weight, have prolonged cough or tuberculosis (TB), have prolonged diarrhoea or develop skin infections. People do not have AIDS, because strictly, AIDS is not a single disease like diarrhoea or malaria!

SELF-ASSESSMENT EXERCISE

Define HIV and AIDS?

3.3 How HIV can be Contracted

Like other disease causing germs responsible for communicable diseases, HIV is capable of being transmitted from one person to another person. That is why the cases of HIV are spreading globally.

Basically, HIV can be transmitted through three main ways:

- Unprotected sex;
- Exchange of blood and other blood products; and
- Through mother to her baby.

Because of gender sensitivity, some people now refer to this mode of transmission as parental transmission. The idea is not to see the woman (mother) as the only one responsible.

A woman who is infected with HIV can transmit the virus to her baby during the following stages:

- During pregnancy. This can happen under a disease condition that can cause the blood of the mother to mix with the blood of

the baby inside the womb. Under normal conditions, the blood system of the baby is independent of that of the mother.

- During childbirth, an infected mother can also infect the baby if appropriate precaution is not taken. If the delivery of the baby is not handled properly, there may be an exchange of blood from mother to child.
- During breast-feeding is another stage when an infected mother can transmit the virus to her child. This is possible because the virus is present in breast milk, as in some other body fluids. This is why infected mothers are usually advised to give their babies baby formulae instead of breast-feeding them.

Unprotected sex

Cases of HIV infections have been linked with sex. You should note that when people are involved in unprotected sex, they stand the risk of HIV. Correct and consistent use of condoms has been suggested as a way through which people can protect themselves during sexual intercourse.

Exchange of blood and other blood products

Since the virus is present in blood, if the blood of someone infected with HIV comes in contact with the blood of someone not infected, the virus can be transmitted. Such exchange of blood can occur during blood transfusion, sharing of unsterilized skin-piercing blade, and also during circumcision.

3.4 Safe and Risky Behaviours

As we have earlier said: to a large extent, HIV and AIDS problems result from individual and/or group behaviours. Daily, there are things we do that can put us at the risk of contracting HIV. At the same time, there are things we leave undone that may put us at the risk of HIV infection.

In the table below are sets of safe and risky behaviours put side by side. Read through these behaviours and suggest reasons they are in the column they are. What should guide your thought is whether the behaviours can transmit HIV or cannot transmit HIV. You may discuss them with your course lecturers to find out what they think. You can add more to the list and indicate reasons.

AIDS Safe Behaviour	Risky Behaviour
Going for VCT. Donating blood. Keeping to one uninfected partner Using condoms for each round of sex. Living in the same house with HIV positive person. Sharing the same toilet with a person living with HIV.	Having multiple sex partners. Sharing needles and syringes. Having casual sex. Anal sex. Having sex when drunk. Wife sharing. Receiving unscreened blood.

4.0 CONCLUSION

Our behaviours are a major factor in the spread of HIV and AIDS. If we avoid getting involved in those things that will put us at the risk of contracting HIV, the problem of HIV and AIDS globally will reduce.

5.0 SUMMARY

In this unit, you have learnt that our behaviour can put us at risk of HIV infection. The three main modes of transmission of HIV were also mentioned. They are un-protected sex, exchange of blood and blood products and mother-to-child transmission, also known as parental transmission. In relation to the transmission of HIV, you now know some behaviour that is safe, and some behaviour that are risky. The safe behaviours are those that cannot lead to the transmission of HIV while the risk behaviours can make an individual to contract HIV.

6.0 TUTOR-MARKED ASSIGNMENT

1. Explain three major ways HIV is transmitted
2. Make a list of behaviours that can expose an individual to the risk HIV.

ANSWER TO SELF-ASSESSMENT EXERCISE

- HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS. It affects human beings by destroying the body's immune system. When a person is infected with HIV (the virus that causes AIDS), after some time, the virus can be found in all body fluids. However, the concentration of the virus is much higher in the blood, semen and vaginal secretions.
- AIDS stands for "Acquired Immune Deficiency Syndrome". It is the name given to the condition that occurs when HIV has weakened the body's immune system ("the body's soldiers") and a person begins to fall ill. People with AIDS may have different symptoms. Some

may lose weight, have prolonged cough or tuberculosis (TB), have prolonged diarrhoea or develop skin infections. People do not have AIDS: as the condition is a cocktail of diseases, not a sole disease like malaria or diarrhoea!

7.0 REFERENCES/FURTHER READINGS

Family Health International (not indicated) *HIV/AIDS What to know and do*, TISCO Plaza, Lagos, Nigeria.

MODULE 2

Unit 1	What are Sexually Transmitted Infections (STIs)?
Unit 2	Consequences of STIs
Unit 3	Why STIs are Difficult to Control
Unit 4	Connection Between HIV and other STIs

UNIT 1 WHAT ARE SEXUALLY TRANSMITTED INFECTIONS (STIS)?

CONTENTS

1.0	Introduction
2.0	Objectives
3.0	Main Content
3.1	What are STIs?
3.2	Types of STI
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
7.0	References / Further Readings

1.0 INTRODUCTION

Communicable diseases are sometimes classified by way of transmission. The same applies in case of sexually transmitted infections. Even when STIs are predominantly transmitted through sex, you should note that there are situations where sex is not directly involved. For example, the unborn baby can contract gonorrhoea from the womb. The issue of HIV is another example. Aside from sex, you must have learnt that HIV can be transmitted through other means like the exchange of blood and other bodily fluids (through the sharing of infected body- piercing instruments; transfusion with infected blood and blood products etc) and also from mother to child. This can occur during pregnancy, during birth or through breast-feeding if the mother is infected with HIV. In this unit, you will learn more about STIs.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- Define STIs
- Give examples of some common STIs; and
- List the characteristics of at least two STIs.

3.0 MAIN CONTENT

3.1 What are STIs?

Sexually Transmitted Infections (STIs) are bacterial, viral, and parasitic infections, transmitted through sexual contacts. They usually affect the genital areas. They may also cause serious disease complications to the body.

Sexually transmitted infections were, over the years, known by some other names. They used to be called venereal diseases (VD). This name was purportedly derived from the Roman goddess of love. Later, the name changed to sexually transmitted diseases (STDs).

In recent times, the name STIs is used. This is because it has been found that not all infections will get to the stage of disease. An example is the HIV infection. The fact that someone is infected with HIV does not mean he would eventually contract AIDS. But that is if he/she manages the condition very well through adequate diets, rest and medication.

3.2 Types of STI

There are many organisms transmitted through sex and that can lead to diseases. You will learn about three of them in this unit.

1. *Gonorrhoea*

This is caused by a bacterium called *Neisseria gonorrhoea*. It is transmitted by intercourse and by oral-genital and anal-genital contact. There is need for warmth and moisture provided by the mucus membranes of the vagina, mouth, or anus for the *Neisseria gonorrhoea* to survive. Because of this, it is not too likely for you to contract gonorrhoea by sharing someone else's towel or from sitting on a public toilet seat, unless the bacterium had just been deposited there. Even then, the place should be warm and moist.

2. *Syphilis*

The organism that causes syphilis is called *Treponema Pallidum*. It is a corkscrew-like organism, which resembles bacteria.

Like the gonorrhoea bacterium, the organism causing syphilis can survive only in the warmth and moisture by the mucous membranes of the human body. The organism dies quickly outside the body. For this reason, syphilis may not be contracted from a toilet seat.

Syphilis can be detected through a simple blood test

3. *Genital herpes*

There are two types of herpes simplex viruses. Type One results in cold sores in the mouth, while Type Two causes genital herpes. In about two to 10 days after the virus has entered the body, some symptoms begin to appear. The symptoms include sores and swollen glands (around the groin). The person will also experience flu-like symptoms (fever, muscle aches and a sick feeling). Also, pain in the genital area during urination or intercourse may occur. There may also be fatigue, swelling of the legs and watery eyes. The treatment of syphilis is handled medically

SELF-ASSESSMENT EXERCISE

List 3 types of STIs and organisms responsible for them

4.0 CONCLUSION

STIs can be prevented and can also be treated. If they are not treated properly, they can have serious implications for the sexual health of an individual.

5.0 SUMMARY

In this unit, you have learnt that STIs are infections one can get through sexual intercourse. But you also know that one can get STIs through other means apart from sex.

In the past, venereal diseases (VD) and sexually transmitted diseases (STDs) were used to describe this class of infections. Examples of STIs are gonorrhoea, syphilis and genital herpes.

6.0 TUTOR-MARKED ASSIGNMENT

1. Explain sexually transmitted infections (STIs)?
2. Give two examples of STIs
3. Explain the reason behind the use of STIs as against sexually transmitted diseases (STDs)

ANSWER TO SELF-ASSESSMENT EXERCISE

- **Gonorrhoea:** This is caused by a bacterium called *Neisseria gonorrhoea*.

- Syphilis: The organism that causes syphilis is called *Treponema Pallidum*. It is a corkscrew-like organism, which resembles bacteria.
- Genital herpes. There are two types of herpes simplex viruses. Type One results in cold sores in the mouth. Type Two causes genital herpes.

7.0 REFERENCES/FURTHER READINGS

Greenberg *et al* (1997) *Wellness: Creating a Life of Health and Fitness*, London: Allyn & Bacon, pp. 119-125

UNIT 2 CONSEQUENCES OF STIS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Case Study
 - 3.2 Health Consequences
 - 3.3 Social Consequences
 - 3.4 Economic Consequences
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 Reference / Further Readings

1.0 INTRODUCTION

Casting your mind back to Module One Unit 2, under components of health, you will remember that if there is a problem with one of the components, other components may be affected. In sexually transmitted infections, people generally think that the physical discomfort is the only issue when someone is infected. This is not so. The problem goes beyond physical pain. There are some often-associated problems. In this unit, you will look at the consequences of STIs from the health and social perspectives.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- List three possible consequences of STIs in women
- Explain what constitute direct costs in STIs; and
- Explain what constitute indirect costs in STIs

3.0 MAIN CONTENT

3.1 Case Study: Awaiting Result

Joy, a young school leaver, contracted gonorrhoea while awaiting her school certificate examination result. Instead of going to the hospital, she discussed the problem with her friends, who gave her some drugs to use. Because her condition was not improving, Joy borrowed some money and decided to go to a hospital far away from her home. In the hospital, treatment was commenced. On her third appointment in the

hospital, Joy met a nurse who was from the same town with her. This made her to abandon her treatment.

SELF-ASSESSMENT EXERCISE

- i. What made Joy to abandon her treatment?
- ii. Explain the possible effect of Joy's half-treated gonorrhoea?
- iii. What do you think should be done to prevent this type of action among young girls like Joy?

3.2 Health Consequences

Sexually transmitted infections can have a lot of implications on the reproductive health of an individual. Especially in women, the consequences can be very serious. This is why STIs should be properly treated.

In women, pelvic inflammatory disease (PID) can come with the following associated complications:

- Infertility, ectopic pregnancy leading to maternal mortality; chronic pelvic pain, and increased possibility of subsequent pelvic infections.
- Adverse pregnancy and neonatal outcomes have also been identified as a consequence of STIs. In pregnant women, the organism responsible for syphilis, *Treponema Pallidum* can cross the placenta barrier and infect the foetus. The same is possible with gonorrhoea and *chlamydia trachomatis*.

Another problem is cervical cancer. In most cases, there may not be prompt detection and treatment. What happens often, however, is that most women are at an advanced stage of the disease, usually leading to high rates of morbidity and mortality.

3.3 Social consequences

In a country or an area where much value is attached to children, the social consequences of STI can be serious for a woman. Imagine a situation where improperly managed STI leads to infertility. A lot of sad things can happen to the woman:

- She will be stigmatized;
- She can be abandoned or rejected by her husband;

Even when there is no problem of infertility, when there is STI, there may be conflicts arising between the couples. The friends and family

members who provide support may start accusing the woman. There is mistrust. This may lead to both psychological and emotional problems for the couple.

3.4 Economic Consequences

STIs are not without some economic consequences. Handling the situation involves both direct and indirect costs. The direct costs are costs incurred in the process of treatment. Diagnosis, screening and treatment can be very expensive. Because of the expensive screening cost, some communities have resorted to the use of syndrome management or presumptive therapy without laboratory screening.

Some costs cannot be measured in Naira and Kobo, but that does not mean that they do not exist. Some of the indirect costs associated with STIs include: loss of productive life, the cost in infant morbidity, debility and mortality, increase in the economic burden placed on a society.

4.0 CONCLUSION

There is the need to acknowledge that other STIs such as gonorrhoea, syphilis, PID, etc should be given attention like HIV. When these infections are not properly treated, they can cause a lot of harm.

5.0 SUMMARY

You have learnt in this unit the various consequences of sexually transmitted infections. You are already aware that the consequences of STIs go beyond physical pain or discomfort. There are also cordial and economic consequences, all of which can have adverse effects on the well being of the individual.

6.0 TUTOR-MARKED ASSIGNMENT

1. Explain the health implications of STIs
2. Differentiate between direct and indirect cost of STIs
3. Explain two social consequences of STIs for a woman

7.0 REFERENCE / FURTHER READINGS

Dullabetta *et al* (eds), *Control of Sexually Transmitted Disease*, U.S.A
AIDSCAP Family Health International, pp. 1 – 15

UNIT 3 WHY STIs ARE DIFFICULT TO CONTROL

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 Reference / Further Readings

1.0 INTRODUCTION

You should revisit the story of Joy in the last unit. There is no doubt that by abandoning her treatment, Joy is not doing herself any good. Her condition can continue to get worse. It may lead to a problem of infertility for her in the future. Besides, she may continue to spread the gonorrhoea to her partner(s) who may also continue to spread it to their other partners.

You should, however, put yourself in Joy's shoes for you to appreciate her constraints. In the first place, there was the fear of her being stigmatized. That was the reason she had to travel out of her locality for treatment. Unfortunately, she met someone who knew her in the far away health facility where she went for treatment. One other constraint is that of lack of finance. For how long will she continue to borrow money? Will she be bold enough to tell people what she wants to do with the money? These are some of the problems associated with the treatment of sexually transmitted infections, particularly in a socio-culturally sensitive setting. You will learn more about the problems associated with treatment of STIs in this unit.

2.0 OBJECTIVES

After reading this unit, you should be able to:

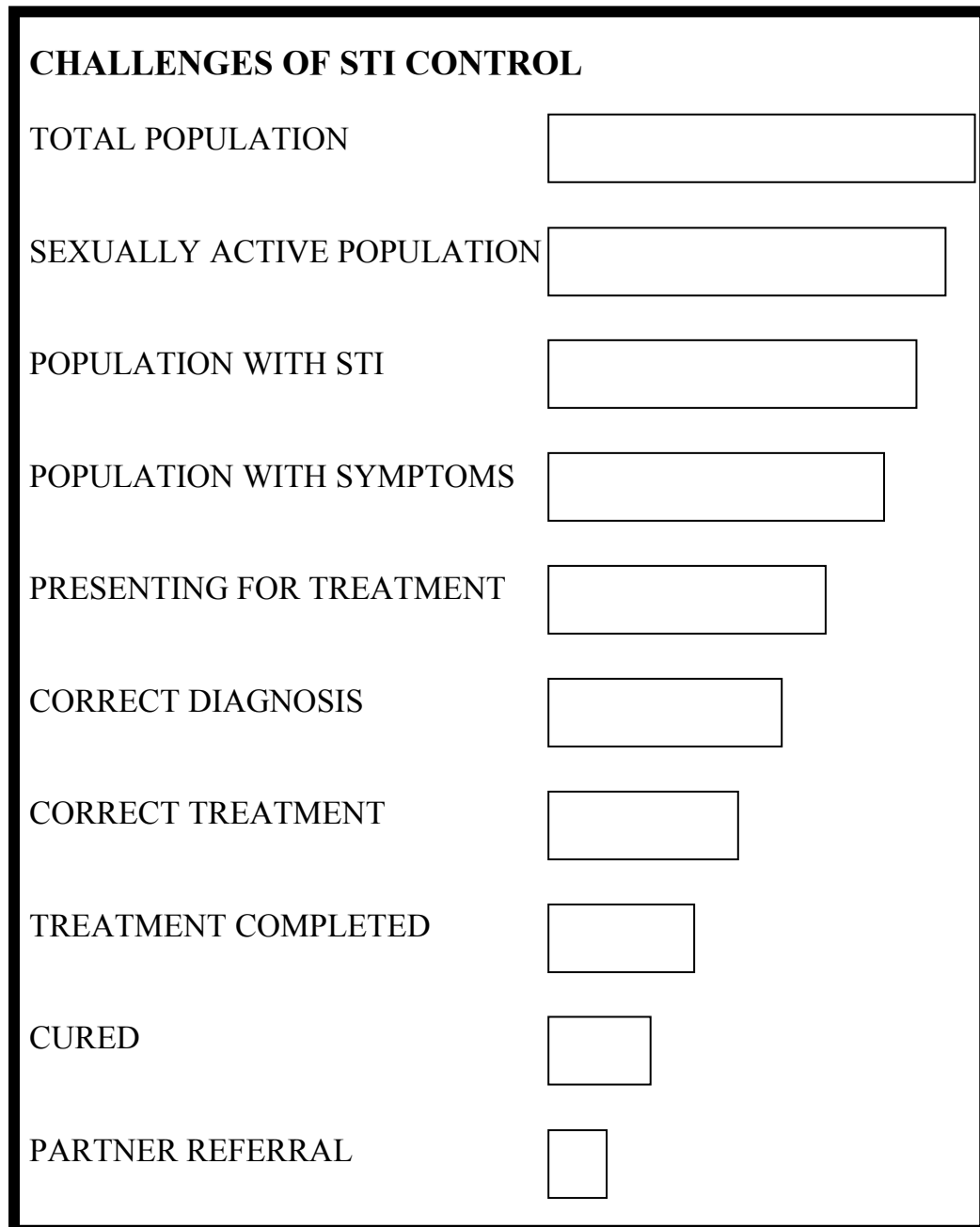
- List at least 4 reasons why it is difficult to control STIs in the society
- Suggest ways by which people can be encouraged to treat STIs

3.0 Main Content

Often, controlling STIs in a given population can be very difficult due to a number of problems. Prominent among these barriers is social stigma. It is believed in some cultures that people who have STIs are wayward

people. Because of this, the tendency is for people to hide when they have STIs. Instead of going for treatment in good hospitals, they probably will go to quacks (unqualified doctors), and in some cases, they take to self-medication. This can make the STI to be “hardened” and continue to do more harm. There is also the possibility of the STI developing resistance to drugs. Eventually, the individual infected will continue to infect other people he or she has sexual relationship with.

Fig 1 STI Case Management Model



Sources: Control of Sexually Transmitted Diseases

You should study Figure 1 above. What does it communicate to you?

Imagine that the model is talking about a settlement you are talking about, a settlement you live in, or a place you know.

- The first bar indicates the total population in the community.
- More than half of the total population are sexually active
- More than half of the people who are sexually active have STI
- Only a proportion of those with STI show symptoms
- Not all those with symptoms present themselves for treatment
- Not all those presented for treatment had correct diagnosis
- Only a few of these cases properly diagnosed had correct treatment
- Not everyone properly diagnosed had correct treatment
- Not all who had opportunity for correct treatment complete treatment
- Not all those who completed treatment were cured
- Partner referral is low as indicated in the last bar.

As shown in the model discussed, a very minimal proportion of the population with STI refers their partners for treatment. This is a serious problem and a major factor that continues to fuel the spread of STI. This may not be unconnected with the social stigma attached to issues relating to sexually transmitted infections.

SELF-ASSESSMENT EXERCISE

Taking a cue from Joy's story, can you identify the problems associated with treatment of STIs?

4.0 CONCLUSION

Addressing the problem of social stigma will go some way in helping to control the spread of STIs in the community. Establishing user-friendly facilities for treatment of STIs, especially for young people, is also necessary.

5.0 SUMMARY

In this unit, you have learnt that social stigma and lack of funds are barriers to the control of STIs in the community. You also know that not all people infected with STI in the community present for treatment. Of those who present for treatment, many may not complete treatment. The issue of referring sex partners for treatment in STI is also another big problem.

6.0 TUTOR-MARKED ASSIGNMENT

1. Give 3 reasons people may not present for treatment when they have STI
2. Make a list of other places (apart from hospital) people go for treatment when they have STI
3. Highlight some problems that may arise when STIs are not properly treated.

7.0 REFERENCE / FURTHER READINGS

Dullabetta *et al* (eds) *Control of Sexually Transmitted Disease*, U.S.A
AIDSCAP Family Health International, pp. 1 – 15

UNIT 4 CONNECTIONS BETWEEN HIV AND OTHER STIs

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Connections between HIV and STIs
 - 3.2 Recommendations for STIs
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 Reference / Further Readings

1.0 INTRODUCTION

During a peer educators training programme, a trainee asked: “... Is it true that when gonorrhoea is not treated on time, it will grow to HIV?” Another trainee said: “... I learnt that it is when you have gonorrhoea and you have sex with a woman in the sun that you develop HIV, which is the father of them all.”

Think about the concerns of these trainees. I hope you will be able to respond to them appropriately after reading this unit.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- Identify the connections between HIV and STIs
- Identify measures taken by person with STIs against HIV/AIDS

3.0 MAIN CONTENT

3.1 Connections between HIV and STIs

There are many myths and misconceptions surrounding the issue of HIV and STIs. One of such myths and misconceptions is the connection between HIV and other STIs. The concerns of the trainees mentioned at the beginning of this unit are very common. Perhaps you too have the same belief. No doubt there are some connections between HIV and STIs. But the connections are not in the ways expressed in the concerns of the trainees. You need to know the facts of the issue: As you must have known, STIs are communicable diseases. That is, diseases that can be passed from one person to another person, or from one person to a

group of persons. One major characteristic of communicable diseases is that they all have causative agents. These causative agents, also referred to as pathogens in the medical field, are disease-specific, meaning that a particular condition leads to a particular disease.

You will remember: in our discussion on STIs at the beginning of this module, you learnt that the germ responsible for gonorrhoea is different from the germ that causes syphilis. For gonorrhoea, it is *Neisseria gonorrhoea bacterium*. In the case of syphilis, the causative germ is *treponema pallidum*. So, the germ-causing gonorrhoea cannot turn to HIV and cause AIDS.

However, you should remember that most STIs bring about sores, particularly around the genital organs. So, when there are wounds in these parts of the body, the protective cover is already removed. If under that condition, a person has sex with someone who is infected with HIV, HIV will find it easy to enter. It is like the wounds have already created an “express way” for HIV to enter.

Having sex in the sun or hot weather cannot transmit HIV, if one of the sex partners is not infected with the virus. This is a myth that is similar to what people say about albino. Some people believe that when a woman has sex during hot weather and she conceives, she will give birth to an albino. One of the parents of an albino child must have inherited the gene that causes the albino condition, either from their parents or grand parents.

Another connection between HIV and other STIs is in the area of economic implications. Like any other STI, HIV is not without some economic implications. In an earlier unit of this module, you learnt about the direct and indirect economic costs of STIs. The point to note here is that when other STIs like gonorrhoea, syphilis are not treated on time, and allowed to pave way for the entrance of HIV into the body, the cost implications (both direct cost and indirect cost) may be higher.

SELF-ASSESSMENT EXERCISE

Identify the connection between HIV and STIs

3.2 Recommendations for STIs against HIV/AIDS

With the understanding that the presence of other STIs can increase a person’s vulnerability to HIV, it is necessary for someone with any STI to consider the following suggestions

- Do not take to self-medication. Always seek medical attention as this is the way the STI can be properly treated
- Do not shy away from telling your partner that you are infected with STI. The idea of this is for her to be able to get treatment. If you are treated and your partner(s) is not treated, anytime you have sexual intercourse with him or her, you stand the risk of re-infection. Besides, if the partner's infection is not treated, the tendency is for him or her to continue to spread it among the population. And either directly or indirectly, the infection can still come back to you.
- While treating STI, restrain yourself from sexual contact. If this is not possible, always use condoms correctly and consistently to protect yourself and your partner.

4.0 CONCLUSION

We hope you enjoyed this unit. Here, the misconception about the relationship between HIV and STIs were trashed and made clearer. Specifically, in this unit, we learnt that the germ that causes gonorrhoea, for example, is different from the one that causes syphilis. In the case of syphilis, the causative germ is *treponema pallidum*. So, the germ-causing gonorrhoea cannot turn to HIV and cause AIDS.

However, you should remember that most STIs bring about sores, particularly around the genital organs. So, when there are wounds in these parts of the body, the protective cover is already removed. If under that condition, a person has sex with someone who is infected with HIV, HIV will find it easy to enter. It is as if the wounds have already created an opening in the skin for HIV to enter.

5.0 SUMMARY

This unit took a broad look at the connections between HIV and STIs, as well as some recommendations for better health, especially if one has symptoms of STIs. Now let us attempt the question below.

6.0 TUTOR-MARKED ASSIGNMENT

1. Describe the connection between HIV and STIs
2. List some measures taken by someone with STIs to prevent HIV infection

ANSWER TO SELF-ASSESSMENT EXERCISE

You should remember that most STIs bring about sores, particularly around the genital organs. So, when there are wounds in these parts of

the body, the protective cover is already removed. If under that condition, a person has sex with someone who is infected with HIV, HIV will find it easy to enter. It is as if the wounds have already created an “express way” for HIV to enter.

7.0 REFERENCE / FURTHER READINGS

Greenberg *et al* (1997) *Wellness: Creating a Life of Health and Fitness*,
London: Allyn & Bacon, pp. 119-125

MODULE 3

Unit 1	What is Peer Education?
Unit 2	Economic Benefits of Peer Education
Unit 3	Impact of HIV and AIDS on the Economy
Unit 4	Economic Status as a Factor in HIV and AIDS

UNIT 1 WHAT IS PEER EDUCATION?

CONTENTS

1.0	Introduction
2.0	Objectives
3.0	Main Content
3.1	What is Peer Education
3.2	Case Study
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
7.0	Reference / Further Readings

1.0 INTRODUCTION

Read the case study below (3.2). After reading it, you should write your opinion on the suggestion of the consultant before you continue to read the remaining part of the module.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- Explain the meaning of peer education; and
- List various settings where peer education can be used.

3.0 MAIN CONTENT

3.1 What is peer education?

Presently, there is no cure for HIV and AIDS. Even when efforts are in progress in the areas of developing vaccine and drug to contain the pandemic, education remains the only realistic tool for the prevention and control of HIV and AIDS. There are a variety of approaches from which an interested individual or organization can choose. These

approaches include: seminars, symposia, workshops, debate, discussion, drama and peer education.

You should consider peer education as a method of educating a group of people on a particular issue through their peers. Peers are a group of people who have some characteristics in common. These characteristics may be: age, trade, profession, and others. The issue on which education is required may vary. It could be health-related, social, conflict-related and even political. The issue at hand presently is HIV and AIDS. Using the Peer Education approach, peer educators in a work setting can talk to their colleagues on HIV and AIDS during lunch, distribute pamphlets, and teach the skill required in condom use. It is also possible for market women who are trained peer educators to discuss issues relating to HIV prevention with their peers in the market. The same can happen with in-school youth, out-of-school-youth, sex workers, military personnel, road transport workers etc. In essence, peer education can take place in virtually all settings.

One interesting thing about peer education is that someone does not need to be a professional teacher before he can be a peer educator. All it requires is that the person should be given the specialized training he needs to be able to perform the task of educating his peers on the given issue.

Another point you need to note is that peer education does not require a formal setting. The education process can take place anywhere the peers usually interact, provided it is convenient for both parties – the peer educator and the peer(s).

Peer education can be carried out on one-on-one or one-on-group. One-on-one refers to a situation where the peer educator interacts with only one person. In the case of one-on-group, the peer educator is talking to a group of his peers. The group may be small. In some situations, it could be a large group.

3.2 Case Study

What Should I Do?

After a sensitization programme on HIV and AIDS for selected members of the senior staff of his organization, Mr. Chris Abu, is impressed. As the chief executive officer of the organization, Mr. Abu is convinced that the HIV and AIDS education programme should be extended to all members of his workforce. Mr. Abu's worries, however, is in the area of cost. On request for advice on the issue, the consultant is suggesting the peer education approach.

SELF-ASSESSMENT EXERCISE

What is your opinion on the consultant's suggestion?

4.0 CONCLUSION

Peer education is an approach that can be used conveniently to reach specified target groups. This approach can help individuals to make decisions relating to sexual health and other issues that affect the individual's life.

5.0 SUMMARY

In this unit, you learnt the definition of peer education, which has to do with getting information on a specific issue to a group of people through their peers. You also learnt that peers are a group of people with some common characteristics. These common characteristics enable people in the same peer to easily associate.

You will remember also that to be a peer educator, you may not necessarily be a professional teacher. However, there is need for you to attend a training programme designed specifically to equip you with the required knowledge and skills for you to function as a peer educator. Peer education, you will also recollect, does not require any formal setting. It can take place in various places where peers mutually interact. Peer education activities may be on one-on-one or one-on-group. The idea basically is to provide peers information on which to make wise decision.

6.0 TUTOR-MARKED ASSIGNMENT

1. Explain the term – Peer Education
2. List five settings where peer education can take place.
3. Explain two peer education activities that can be carried out in the area of HIV and AIDS prevention and control.

7.0 REFERENCES / FURTHER READINGS

AIDSCAP (NP), *How to create an effective peer education project*

UNIT 2 ECONOMIC BENEFITS OF PEER EDUCATION?

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Attributes of Peer Education
 - 3.2 Economic benefits of peer education
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 Reference / Further Readings

1.0 INTRODUCTION

If I were Mr. Abu, the chief executive officer of the organization in the case study in Unit 1 of this module, I would take the advice of the consultant because peer education approach is cost-effective. Considering the fact that there are many other issues contesting for limited resources, the best thing to do is to pick an approach that will not require too much cost; and at the same time, yield result. In this unit, we shall look at the economic benefits of the peer education approach in the prevention and control of HIV and AIDS.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- List attributes of the peer education approach
- Explain the various ways the benefits of peer education will lead to economic benefits

3.0 MAIN CONTENT

In the last unit, you learnt that the peer education approach is one of the ways to reach a group of people with information on HIV and AIDS. The advantage of this approach is on its strength from the economic point of view.

3.1 Attributes of Peer Education

You need to understand that the economic benefit of the peer education approach is that it is cost-effective. What then are the other attributes of peer education that makes it effective?

- Communication is easy: Regardless of whatever approach in education, the communication process must be effective for learning to take place. Since people in the same peer group behave in a common way, the tendency is for them to understand one another better. Hence, the issue under discussion will be easier to understand.
- Trust: People in the same group trust one another, in any case more than other people outside their peers. This enhances open-mindedness in discussion. As a result, the message and information from the peer educator will be given a thought. Imagine a lecturer from the university talking to a group of market women. Even if he comes down to their level in terms of language, the market women may misunderstand his intention, thinking that he may have a hidden agenda.
- Common perception: Because peers operate relatively on the same level, their orientation on issues may not be too far from one another. This will further enhance understanding, which may lead to positive behaviour change.
- Cultural and social support: The fact that the peer education approach is culturally and socially acceptable promotes its use. This gives the peers the confidence and interest in listening to their peers, and treating with a measure of importance, the information provided.

3.2 Economic Benefits of Peer Education

The fact remains that if you invest in a project and the project does not achieve its goal, you have incurred some economic loss. So, a well-planned HIV and AIDS peer education programme has some economic values. Looking at peer education on its merit, the approach is economical.

Let us go back to the case study of Mr. Abu's company that you read at the beginning of this module. For the purpose of illustration, we will operate on the following assumption:

- | | | | |
|-----|--------------------------------|---|-------------|
| (1) | Mr. Abu's workforce | = | 2,000 staff |
| (2) | No of days to train 25 workers | = | 5 days |
| (3) | Cost of training 25 workers | = | N400, 000 |

From the information provided above, you should be ready to do some simple Arithmetic

SELF-ASSESSMENT EXERCISE

At 25 workers per batch of training, how many batches will be required to train 2000 workers?

- Based on the number of batches of training calculated in question 1 above, how many days will be spent on training the entire workforce of 2000 staff at 5 days per batch of training?
- Calculate the amount required to train all the 2000 workers, if N400,000 is spent to train 25 workers.

From our simple Arithmetic, you will realize that training the entire 2000 staff of Mr. Abu's company will take 80 batches of training, which will last for 400 days. This is more than a year, as 365 days make one year. The implication of this is that some workers in the company will not have HIV and AIDS education until after a year. Remember, we are faced with an epidemic. The situation requires that fast action should be taken, so that further spread of the problem is prevented.

Besides, you need to consider the number of man-hours in the process of training every worker. Even when we have not calculated this cost in terms of Naira and Kobo, it will definitely affect the productivity and profit of Mr. Abu's company. It is not business-like for a profit-making organization to spend that much time (400 days) on training. This is a luxury for any organization.

Looking at the direct cost in terms of Naira and Kobo, a greater percentage of the N32, 000,000 could have been saved to improve the health facilities available to Mr. Abu's workforce.

At 25 workers per batch of training, how many batches will be required to train 2000 workers?

2000 divided by 25= 80 batches

At 5 days per batch of training, how many days will be required for 80 batches of training?

80 x 5 =400days.

This implies that for more than 365 days, (which is a year) information and education on HIV and AIDS will not get to some workers. That is not good in an epidemic situation that HIV and AIDS have presented.

Coming to the economic aspect, it is not business-like for a business organization to spend that much time on training. This is a luxury that will affect productivity and profit margin.

The cost of running 80 batches of training at N400, 000 per batch =
 $N400,000 \times 80 = N32,000,000$ (N32 million).

Looking at this from both loss of man-hour and financial cost, the process is too expensive.

3.3 Peer education as alternative

Now, let us look at the second alternative, that is, the peer education approach. Assume that each of the 25 peer educators trained, on the average will educate 10 of their colleagues in a week:

- (i) How long will it take to reach out to the entire workforce of 2000 in Mr. Abu's company?

1 peer educator meets 10 people per week = 10

25 peer educator meet 25×10 people per week = 250

2000 divided by 250 = 8 weeks

From this projection, the entire workforce of Mr. Abu's company can be reached within 8 weeks of 5 working days a week. That is 40 days, as against the 400 days in the first option of training every worker in the company.

On the issue of direct cost to the company, the cost of running the training programme, N400, 000, is the bulk money required. Other costs like providing information, education and communication (IEC) materials for the peer educators to distribute are not as high

4.0 CONCLUSION

Apart from being effective, the peer education approach is economical. It is an approach that can be used to reach a large number of people within a short period of time, especially in a pandemic situation like HIV and AIDS.

5.0 SUMMARY

In this unit, you have learnt that peers are a group of people with some common characteristics. That peers have some characteristics common to them enhance communication among them. This is a strong factor in the effectiveness of the peer education in HIV and AIDS prevention and control. The effectiveness of this approach stems from the fact that peers believe one another and will therefore listen to one another with an open mind.

You will also recall that the peer education approach is cost-effective. With a reasonable amount of money, a large number of people can be educated.

6.0 TUTOR-MARKED ASSIGNMENT

What are the attributes of peer education?

ANSWER TO SELF-ASSESSMENT EXERCISE

Solution

1. If one (1) batch of training can accommodate only 25 workers, the no. of batches to train 2000 workers will be:
 $2000 \text{ divided by } 25 = 80 \text{ batches}$
Answer $= 80 \text{ batches}$
2. If one (1) batch of training runs for 5 days, therefore, 80 batches of training will run for $80 \times 5 \text{ days} = 400 \text{ days}$
Answer $= 400 \text{ days}$
3. If one batch of training cost N400, 000 therefore, 80 batches of training will cost $N400,000 \times 80 = N32,000,000$

Answer = N32, 000,000 (N32 million)

7.0 REFERENCE / FURTHER READINGS

AIDSCAP (NP), *How to create an effective peer education project*

UNIT 3 IMPACT OF HIV AND AIDS ON THE ECONOMY

CONTENTS

- 1.0 Introduction
- 1.0 Objectives
- 3.0 Main content
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Readings

1.0 INTRODUCTION

The economy of a nation at a given time dictates the economy of the people of the country. In other words, the general state of the economy decides the size of the pocket of the individual. You should, however, realize that the individuals' efforts and contributions to the economy's development are very important. If as a result of poor health, the individual cannot contribute meaningfully to the wealth of the nation, the economy will drop. Good health therefore is a strong tool in national development. A serious epidemic like HIV and AIDS is therefore of significant concern to the development of a nation.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- Explain the meaning of
 - Gross Domestic Product (GDP)
 - Per-capital income (PCI)
- Explain how HIV and AIDS can affect the economy

3.0 MAIN CONTENT

The economy of a state refers to the mechanism for the allocation of economy of the state.

Three types of economy are identified:

(i) Capitalist Economy

In this case, the economy is driven by the forces of demand and supply, referred to as the market forces.

(ii) Socialism or Command Economy

This type of economy allows for government administrative fixing and allocation of economic resources for equal utilization and benefit of all citizen.

(iii) Mixed Economy

This type of economy allows the interaction of government and market forces to allocate economic resources. In this case, the government is expected to provide a good atmosphere and sound infrastructure that promote healthy competition, in the allocation and utilization of economic resources.

For good understanding of this discussion on the economy, you need to understand the following terms:

(i) Gross Domestic Product (GDP)

This refers to the production of goods and services in a country at a given time, usually a year.

(ii) Per Capital Income

This has to do with what an individual benefits from the economy of the country (i.e. the GDP)

Usually what an individual benefits from the economy of his country depends on two major factors:

- The GDP and the size of the population of the country: the GDP is divided by the population of the country.

For example, imagine that the population of Nigeria is 140 million and the GDP is estimated to be 15.06 trillion

Per capital income is therefore
$$\frac{15.06 \text{ trillion}}{140\text{m}}$$

Now, look at a situation where there is a drop in productivity as a result of the HIV and AIDS pandemic. Because the worker is sick, he cannot work to his full capacity, he takes sick leave; he is usually absent, from work, e.t.c. The GDP, which used to be 15.06 trillion, is now 12.0 trillion, without reduction in the population size. Definitely, the capital, per income, will also drop.

$$\text{Per capital income (y)} = \frac{12.0\text{trillion}}{140\text{m}}$$

Since HIV and AIDS crept into our consciousness, and with the first reported case in Nigeria in 1986, so many arguments had been put forward, both locally and internationally, on whether HIV and AIDS really impact the economy, positively or negatively. Bloom and Mahal, (1997); Cuddington (1993) did not mince words when they posited that despite the burden of sickness and death associated with HIV and AIDS, there is little or no evidence that HIV and AIDS could substantially lead to reduction in gross domestic product vis-à-vis the per capita income. This stand was corroborated by Wojcicki (2005) with his argument that death from HIV and AIDS could in the real sense be concentrated among the active young adult women and middle aged men, and those with high socio-economic status. There is, therefore, no scientific evidence of positive correlation between HIV and AIDS; and the GDP.

SELF-ASSESSMENT EXERCISE

- i. What is mixed economy?
- ii. What is capitalist economy?
- iii. What is GDP?

4.0 CONCLUSION

Even when there no studies to support the fact that HIV and AIDS have drastic effects on the economy in Nigeria, that may not mean that HIV and AIDS would not impact on the economy. Looking at it from the individual level, the contribution of an individual to the economy will be reduced when his health is poor. In a business organization where many workers are infected with HIV, productivity will be reduced and eventually, the economy will be affected.

5.0 SUMMARY

In this unit, you learnt the meanings of GDP and per capital income. GDP is the total production of goods and services in a country for a year. Per capital income is when you divide the GDP by a country's total population. Also, you are aware that HIV and AIDS can impact on the economy of a country, even if there is no conclusive study yet to prove that is so.

6.0 TUTOR-MARKED ASSIGNMENT

1. Explain three types of economy
2. Explain how the health of an individual can affect the economic growth of his country

ANSWER TO SELF-ASSESSMENT EXERCISE

- **Mixed Economy:** This type of economy allows the interaction of government and market forces for the allocation of economic resources. In this case, the government is expected to provide a good atmosphere with sound infrastructure. Both will promote healthy competition in the allocation and utilization of economic resources.
- **Capitalist Economy:** here, the forces of demand and supply, referred to as the market forces, drive the economy.
- **Gross Domestic Product (GDP):** This refers to the production of goods and services in a country at a given time. Usually a year.

7.0 REFERENCES/FURTHER READINGS

Global Business Coalition (2006), *The State of Business and HIV/AIDS: A Baseline Report*

International Labour Office (2006), *The Workplace: Gate way to universal access*, Geneva.

UNIT 4 ECONOMIC STATUS AS A FACTOR IN HIV AND AIDS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Readings

1.0 INTRODUCTION

Either directly or indirectly, economic status of an individual can play a role in the spread of HIV and AIDS. People of high economic status may indulge in some risky behaviour and eventually have some problems. In the same way, people with low economic status may be forced into some activities, which may put their health at risk of HIV and AIDS. Read the case study of Patience in Box 1 and discuss the questions on it with your study group. It will give you an insight into economic status and HIV and AIDS.

BOX 1

PATIENCE'S STORY

Patience lost her parents in a motor accident when she was about finishing her secondary school education. As a result, she has to stay with her uncle who cannot cater for all her financial needs. Eventually, Patience dropped out of school with little opportunity for gainful employment. To make ends meet, Patience started to follow men for money, often without protecting herself. Within a year, she had three abortions. After a protracted illness, Patience was advised to go for VCT. The result shows that Patience is HIV positive.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- Establish how poverty can lead to unhealthy sexual behaviour;
- Indicate the possible ways economic separation can affect a family.

SELF-ASSESSMENT EXERCISE

- i. What is your opinion of Patience story?
- ii. From Patience's story, establish a connection between economic status and HIV transmission.

3.0 MAIN CONTENT

Individuals' economic status cannot be ignored when considering issues relating to HIV and AIDS. Poverty particularly has been implicated in the spread of HIV and AIDS. Observations indicate that even in developed countries, prevalence of HIV and AIDS are found to be high where there is high level of poverty, compared to areas where the economic status of the people is high. This position can be explained using the example of intravenous drug users. When members of the same group of drug users cannot afford to buy their own needles and syringes, the tendency is for them to share these instruments. Again, because of poverty, the same needles and syringes can be used and re-used several times. As you must be aware, sharing of contaminated body piercing instruments is one of the ways HIV can be transmitted from one person to another.

You will also remember that unprotected sex is a major way of transmitting HIV. Poverty, to some extent, is considered to be one of the reasons people, especially girls, indulge in multiple sex partners and other risky sexual behaviours for the sake of money. In situations of war, economic and political crises, the possibility is that people will experience hardship such as high rate of unemployment. This in turn may lead people to engage in some unhealthy sexual behaviour.

In a lot of countries, men and women are forced to leave their homes to look for work. In some situations, many women have the responsibility of fending for themselves and their children. At times, some women may go out of the ordinary, seeking the assistance of other men in order to survive. Some women take to selling sex to earn a living.

As a result of economic separation of partners, some women are not able to see their spouses for a long period of time. In such a situation, satisfying sexual urge may be done in a way that may put the people at risk of contracting HIV. Some men may go to sex workers; some men may decide to have girlfriends when they are away from home. If you have the opportunity to interact with sex workers, you may find out that most of them go into the trade because they need to survive. This way of surviving, however, is not without the attendant risk of sexually transmitted infections of which HIV is one.

4.0 CONCLUSION

It can be suggested that the economic status of an individual may have a measure of effect on the spread of HIV and AIDS. Because of harsh economic situations, people may be involved in some activities, which eventually expose them to the risk of contracting HIV.

5.0 SUMMARY

In this unit, you have learnt that poverty can fuel the spread of HIV and AIDS. You have also learnt that in search of jobs, husband and wife can be separated. This situation may bring about unhealthy sexual practices, which may expose them both to the risk of contracting HIV.

6.0 TUTOR-MARKED ASSIGNMENT

1. Give three factors that can bring about unemployment in a country
2. Mrs. John has been separated from her husband for over six months due to job demands. Highlight two possible effects this can have on the sexual behaviours of the couple i.e. Mr. and Mrs. John.

7.0 REFERENCES/FURTHER READINGS

- Bassett MT. (1993) *Social and Economic Determinants of Vulnerability to HIV*: International Conference AIDS: June 6-11 (Abstract no. Ps-06-2. Department of Community Medicine, University of Zimbabwe, Harare.
- Marge B and Sunanda R (eds.), *Women and HIV/AIDS: An International Resource Book*, London: Pandora Press, Hammersmith, 1993, pp. 186-187.

MODULE 4

Unit 1	National HIV and AIDS Prevalence in Nigeria
Unit 2	HIV and AIDS and the Business Sector
Unit 3	Stages of HIV and AIDS and Cost Implications to Business

UNIT 1 NATIONAL HIV AND AIDS PREVALENCE IN NIGERIA

CONTENTS

1.0	Introduction
2.0	Objectives
3.0	Main content
4.0	Conclusion
5.0	Summary
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1.0 INTRODUCTION

Although the first HIV and AIDS case was identified in Nigeria in 1986, the first national prevalence was not conducted until 1991. Since after that first prevalence survey, the practice has been to look at the situation every two years. The prevalence no doubt, provides opportunity for us to know where we are and the possible line of action.

2.0 OBJECTIVES

After reading this unit, you should be able to:

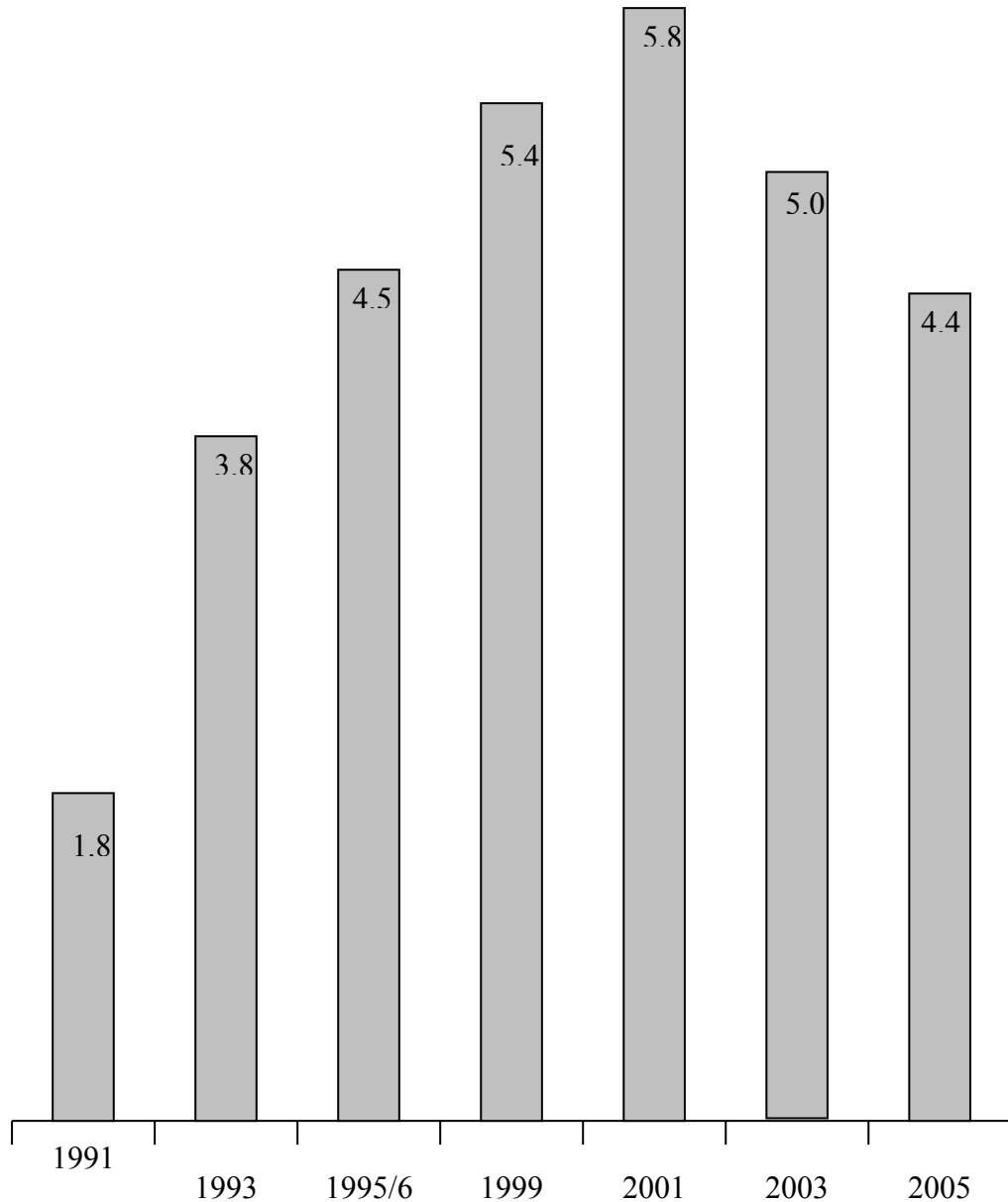
- State the national HIV prevalence in Nigeria from 1991 – 2005
- Give the projected figures of people living with HIV in Nigeria from 2005 – 2010.

3.0 MAIN CONTENT

After South Africa and India, Nigeria has the largest number of people living with HIV. In 2005, Nigeria had an estimated 2.86 people living with HIV. This figure is also second highest in Africa. This figure, it has been projected, may go up to 3.4 million by 2010.

Since 1991, the average national HIV prevalence in Nigeria has been on the increase, although of recent the average prevalence is dropping. In

1991, it was 1.8%. In 1999, it was 5.4%. In 2001, it was 5.8%. But the average prevalence dropped to 5.0% in 2003 and 4.4% in 2005. For a better understanding of the situation, the average prevalence is presented in Figure 4.1 below:



Even when the 2005 prevalence of (4.4%) is lower than 2003 (5.0%), that may not mean that we should go to sleep. 4.4% of a sexually active segment of a large population like Nigeria is huge. What is important here: you should see the number not just as statistics, but as human beings.

Table 2.1 below presents the estimate of people living with HIV in Nigeria between 2005 and 2006; and the projection for 2010.

HIV+ POPULATION ESTIMATES (2005 – 2010)

	2005	2006	2010
No of people infected	2.86m	2.99m	3.4m
No of new HIV infections:			
• Adult	296,320	305,080	346,150
• Children (<15years)	73,550	74,520	75,780
No requiring ART:			
• Adult	412,450	456,790	538,970
• Children (<15years)	94,990	98,040	106,840
Annual HIV + births	73,550	74,520	75,780
Cumulative deaths	1.45m	1.70m	2.82m

4.0 CONCLUSION

The national average HIV prevalence in Nigeria is a matter of concern, which should move every stakeholder into action. One thing we need to take into cognizance is the fact that the prevalence may be an under reporting. The reason is that samples used for the survey were collected from pregnant women attending government facilities. Women who have their children in private clinics and those who patronize traditional birth attendants were not included in the survey.

5.0 SUMMARY

In this unit, you learnt that Nigeria is next to South Africa in terms of number of people living with HIV in Africa. You have also known that the national HIV prevalence in Nigeria experienced a rise between 1991 and 2001, but a drop between 2001 and 2005.

6.0 TUTOR-MARKED ASSIGNMENT

1. Present the national HIV prevalence in Nigeria from 1999-2006 in a graph.
2. Give the estimate of people living with HIV in Nigeria in 2005 and 2006.
3. What is the projection of people likely to be infected with HIV in Nigeria by 2019?

7.0 REFERENCES/FURTHER READINGS

JAAIDS (2006), *Making the Money Work for the People: An Analysis of 2006 Budgetary Allocations and Debt Relief Gain to land HIV and AIDS Intervention in Nigeria*, A Publication of Journalist Against AIDS in Nigeria.

Federal Government of Nigeria, (2005), *National Workplace Policy on HIV and AIDS*: Federal Ministry of Labour and Productivity

Federal Ministry of Health, (2004), *2003 National HIV Sero-Prevalence Sentinel Survey*, Department of Public Health, National AIDS/STDs Control Programme.

UNIT 2 HIV AND AIDS AND THE BUSINESS SECTOR

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Readings / Further Readings

Drama sketch: Read this drama sketch and answer the processing questions below it.

“A Case for Training”
By Adenrele Haastrup

Characters:

Managing Director (MD)

Health Consultant (HC)

M.D.’s Office.

Health Consultant sits facing the M.D.’s table. M.D. comes in.

MD: Mr. Health Consultant, I am very sorry for breaking our discussion.

HC: I can understand.

MD: You see, as the M.D., even when you delegate duties, you still find out that there are many things you need to attend to personally.

HC: It is usually the case. And it pays off most times.

MD: Can we conclude our discussion before I have another distraction?

HC: Thank you, sir. As I was saying, the HIV/AIDS workshop will help in controlling the spread of HIV among the workers. When people are well informed and provided with accurate knowledge like the workshop intends to do, they will change their behaviour positively, avoid risky behaviour and practise safe sex.

I quite understand your line of argument. But some major factors are of concern.

HC: What are these factors, sir?

MD: Time and cost are two of them. And they are very, very crucial. When workers leave their jobs to attend workshop for days, it affects production. And I guess you know what that means to us. We have our regular training schemes for the workers with stipulated budget. A workshop of the type you are proposing is an additional cost, which is not in the budget. Such expenses are not in the best interest of the company. It stretches the company’s finances.

M.D:	HC:	I appreciate your concern, sir. But if workers are absent from work as a result of ill health, it will affect production. Besides, we may not be sure of when they will come back. For instance, if we compare the cost of training 20 workers against the medical bill of only one worker infected with HIV, one would see that they are not the same. There is a very big gap. This is the way I want you to look at the matter, sir.
	MD:	I will think about it.
	HC:	Thank you, sir. When can I call back?
	MD:	Don't worry. We will get back to you.
<u>Health Consultant stands.</u>		
<u>MD leads him to the door and goes back to his seat.</u>		
<u>The phone rings. MD picks the phone.</u>		
	MD:	...How are you Medical Director? ... Crisis? ... Fly the Human Resources Manager out again? ... But must you fly him out? ... All right, come and see me, I'm in the Office. Drops the phone
		He has been out of the country for medical treatment twice this year. And the Medical Director keeps hiding the report of the diagnosis. Should we not have an idea of what the problem is? More so, if the company is spending that much on him?!
		<u>Picks the phone and dials a number.</u>
		<i>The End</i>
		<u>Processing questions</u>
		In the drama sketch above, do you think that putting money on training workers in HIV and AIDS prevention is profitable to a company?
		If you have the opportunity to advise the MD on the issue of training, what will you suggest?

1.0 INTRODUCTION

At the onset of the HIV and AIDS pandemic, attitude of the business sector was negative. Looking in the other way when the business sector ought to have taken action was common. Business organizations were not ready to take responsibility; they saw the responsibility of controlling the spread of HIV and AIDS as the duty of the government and non-governmental organizations like the United Nations, Unicef etc. But today, things are changing. The business sector is taking action. The reason perhaps is the realization that HIV and AIDS affect business. It is estimated that about 40 million people live with HIV and AIDS globally as at 2006.

The global labour force has lost over 28 million people as a result of AIDS (Global Business Coalition 2006). The same source projects that if intervention schemes are not put in place by business organizations, the figure may rise to 74 millions in 2015. Obviously, the business sector has a lot to lose by not taking action that will stem the spread of HIV and AIDS, as they will be paying both in cash and kind.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- List the various ways HIV and AIDS affect the business sector;
- Explain the economic impact of HIV and AIDS on the workforce.

3.0 MAIN CONTENT

Business organizations should see HIV and AIDS as a concern. And as a result, they should put a measure of their profit on ensuring that the spread of HIV and AIDS is curtailed. The effort should not be limited to only the workforce, there should also be the need to have an extended programme for the general population as the continuation of business depends to a large extent on the general population's well-being, which determines the scope and depth of the market. When people are sick, they will not be able to work and earn money. A large share of the money they have will be spent on treatment and care for them to regain their health. And as a result it will limit the amount of goods and services they can purchase.

Consider yourself as a chief executive of a business organization whose main objective is to make profit. Read through the under-listed points and see if they are not enough to propel you to put some amount of money on HIV and AIDS programme in your organization:

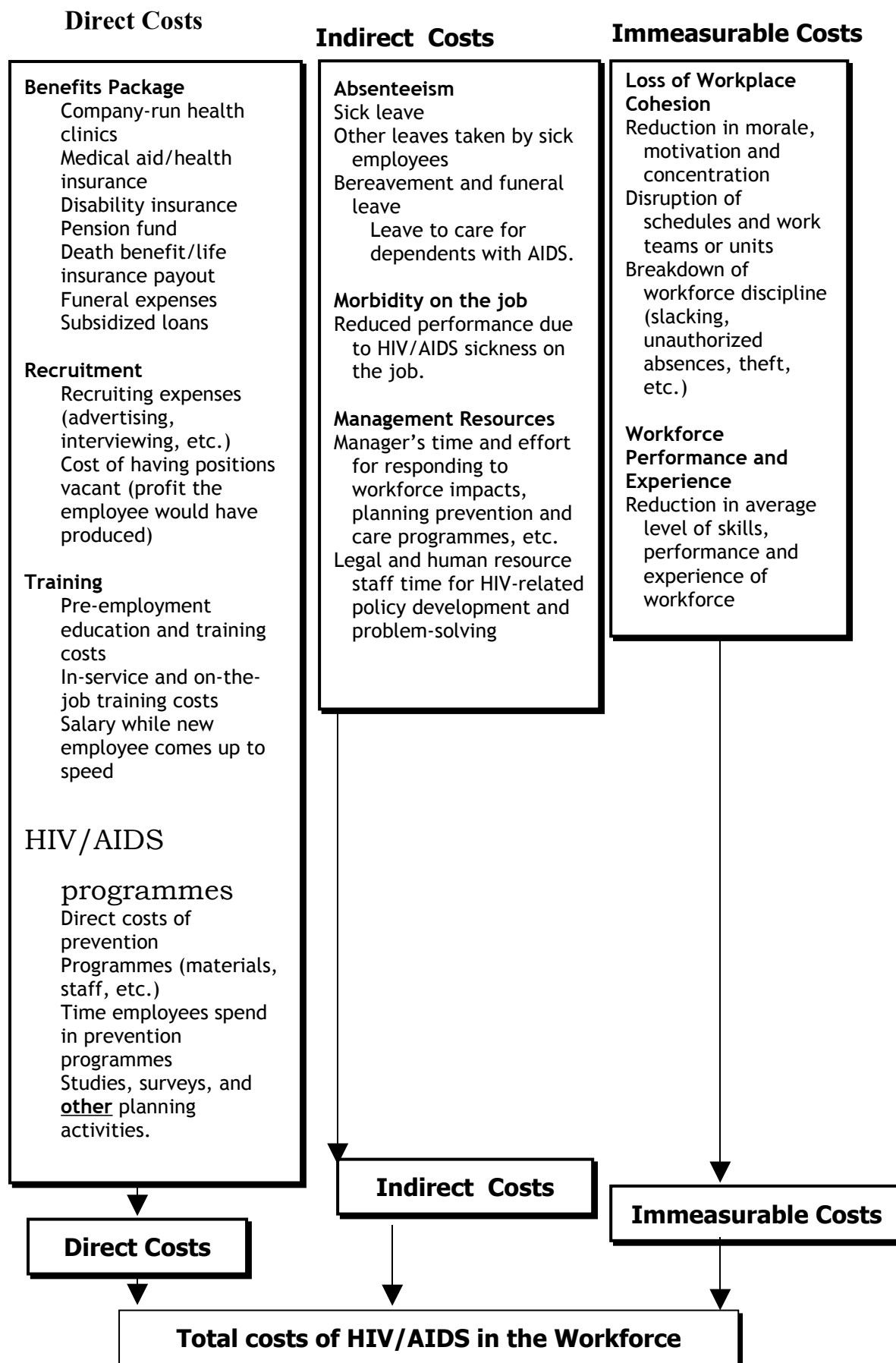
- HIV and AIDS undermine workers' health. When this happens, workers' productivity is reduced.
- In situations where workers are infected with HIV and AIDS, there is possibility of stigmatization and discrimination. This possibility is high, especially in situations where education on HIV and AIDS is low. As a result, workers are not able to work as a team. At the end of the day, productivity is reduced.
- Workers who are down with HIV and AIDS will need to spend part of their salaries on treatment. This reduces their income. Subsequently, they may not be able to fulfill their responsibilities to their families. At the end of the day, you have a worker who is not happy. A worker who is not be able to put in all his best.

- HIV and AIDS can bring about loss of skilled workers. The replacement of these skilled workers will be at a higher cost. This increases the cost of production, which will invariably make overall cost to shoot up, thereby reducing profit.
- Caring for workers who are living with HIV and AIDS by a company is no doubt a source of diversion (which could be prevented). Apart from being a diversion to management, it also adds to cost.
- With high rate of HIV and AIDS in a community, the economy is affected. Consumers' purchasing ability will drop. This can make business go down and in some extreme cases, close down.
- Apart from protecting business interest, business organizations owe to the community some social responsibilities. Investing in HIV and AIDS programme is a vital contribution to the community by business organizations.

SELF-ASSESSMENT EXERCISE

As a business executive, what measures will you put in place to alleviate the HIV/AIDS epidemic?

Figure 3.1
Economic Impact of HIV and AIDS on Business



In the table above, you will see that there are three types of cost that HIV/AIDS imposes on business. These costs are: (1) Direct costs (2) Indirect costs; and (3) Immeasurable cost.

Under direct costs are: benefits package, recruitment, training and HIV/AIDS programmes. Identified as parts of indirect costs are absenteeism (which partly could result from sick leave, morbidity on the job: that is inability to perform tasks because of sickness; and management resources (spending time on problems relating to HIV and AIDS in the workplace. The last category of costs, immeasurable costs, includes loss of workforce cohesion and workforce performance and experience.

All these three categories of costs add together as the total costs of HIV and AIDS in the workplace. At the end of the day, the cost of production is increased and profit margin is reduced. That is why the business community should pay more attention to HIV and AIDS prevention by spending on specific programmes targeted at curbing the epidemic.

4.0 CONCLUSION

The primary goal of any business organization is to make profit. Making profit will be possible when there is a health workforce and a conducive business environment with high customer purchasing power. This makes it necessary that the business sector should invest on HIV and AIDS prevention and treatment programmes, both in the workplace and their immediate communities.

5.0 SUMMARY

In this unit, you have learnt that over 40 million people worldwide live with HIV and AIDS; and that the global workforce has lost about 28 million people to HIV and AIDS.

HIV and AIDS increases costs of business and, as a result, the profit of business organisations is reduced. You have also looked at the economic impact of HIV and AIDS through the additional costs to business.

These cost are in three categories: direct costs; indirect costs and immeasurable costs. All of these costs are termed total HIV and AIDS costs in the workplace

6.0 TUTOR-MARKED ASSIGNMENT

1. Give five reasons a business organization should address the issue of HIV and AIDS

2. Total HIV and AIDS cost to a business organization are categorized into three. List these categories and explain at least two items under each category

7.0 REFERENCES/FURTHER READINGS

Lamptey, P.R. and Gayle, H.D. (EDS) (2001) *HIV/AIDS Prevention and Care in Resource – Constrained Settings: a handbook for the design and manage-ment of programs*, Family Health International, Arlington, USA. pp. 69-79.

UNIT 3 STAGES OF HIV/AIDS AND COST IMPLICATIONS TO BUSINESSES

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Readings / Further Readings

1.0 INTRODUCTION

By now, you are aware that HIV and AIDS is not what any business organization can ignore. Apart from the fact that it adds to cost of production, which reduces profit, it also reduces productivity. In this unit, you will read about stages of HIV and AIDS in the workplace and the cost implications to the organisations at the different stages.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- List the various stages of HIV and AIDS in the workplace;
- Explain the cost implications of the various stages on the organization.

3.0 MAIN CONTENT

For you to have a clear understanding of this unit, imagine that a man (let us call him Mr. John) works in a hypothetical company of your choice. Now assume that Mr. John has contracted HIV. What comes next? He will fall sick?

It is not immediately someone contracts HIV that he starts to fall sick. It takes some time. In some cases it could be years, depending on the level of immunity of the individual, his environment, nutritional status, health behaviour and other factors.

For the purpose of this discussion, you should imagine that Mr. John would go through the under-listed stages, which we will call the progression of HIV and AIDS in the workplace. The progression is as follows:

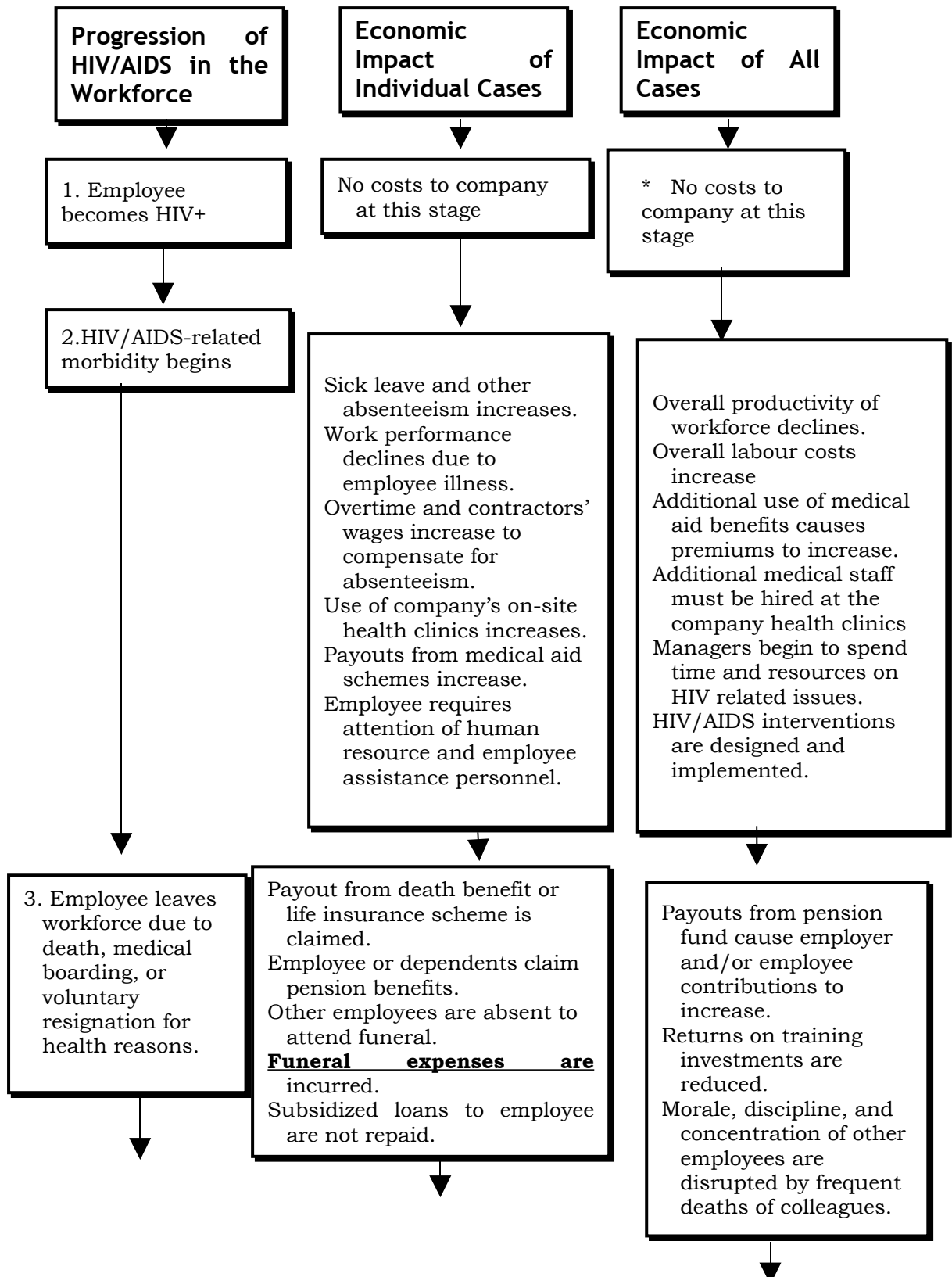
1. Employee becomes HIV+
2. HIV/AIDS-related morbidity begins
3. Employee leaves workforce due to death, medical boarding, or voluntary resignation for health reasons.
4. Company recruits a replacement employee.
5. Company trains the new employee.
6. New employee joins the workforce.

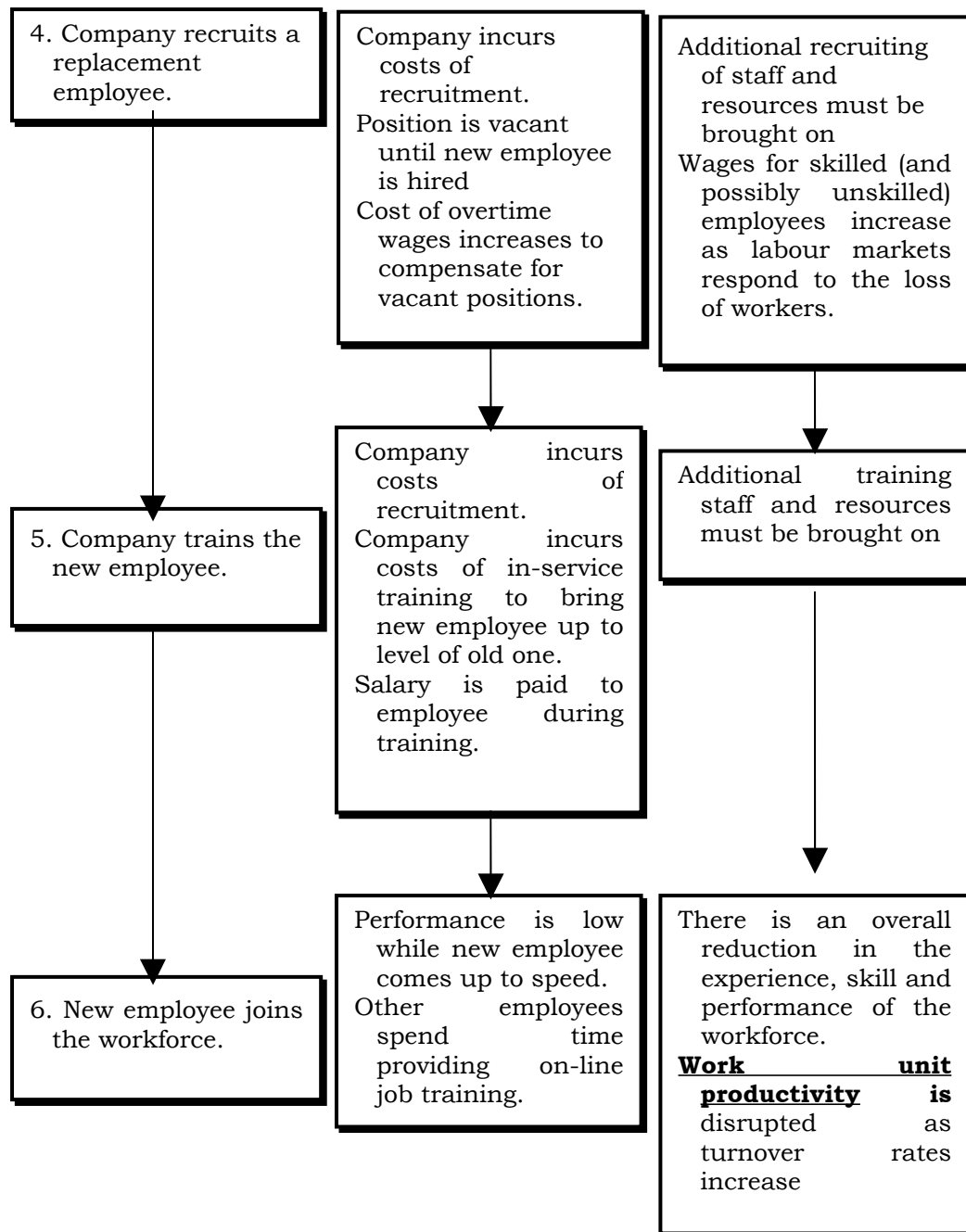
Now, look at Fig. 3.2 below. You will see the economic impact to the company in respect of HIV and AIDS cases at the various stages of the progression. The economic impacts are divided into two parts: individual cases and all cases. You should note that it is only the stage that the employee is infected that the company has no cost to bear. Starting from the stage when the employee starts to fall sick, the company starts to be affected.

As you have learnt in the last unit, these costs can be categorized into three: Direct Costs, Indirect Costs and Immeasurable costs.

Figure 2

**PROGRESSION OF CASES AND COSTS OF WORKFORCE
HIV/AIDS**





4.0 CONCLUSION

Like any other individual in the society, members of a workforce can be infected with HIV. When this happens, the problem is not only that of the infected worker and his family. The company is also affected. It is wise therefore for business organizations to ensure that their workforce is adequately protected.

5.0 SUMMARY

In this unit, you have learnt that when a worker is infected with HIV, he does not start to fall sick immediately. You are also told that progression of HIV and AIDS in the workplace is in six stages. At each stage, there is cost to the company, with exception of the first stage where the employee has just been infected.

6.0 TUTOR-MARKED ASSIGNMENT

1. List the progression of HIV and AIDS in the workplace
2. Explain the economic impact of two of the stages you have listed in question 1 above

7.0 REFERENCES/FURTHER READINGS

Lamptey, P.R. and Gayle, H.D. (EDS) (2001) *HIV/ AIDS Prevention and Care in Resource – Constrained Settings: a handbook for the design and management of programs*, Family Health International, Arlington, USA.PP. 69-79

Kalemli-Ozcan S., H.E. Ryder and D.N. Weil (2000), “Mortality decline, human capital investment, and economic growth”, *Journal of Development Economics*, 62:1-23

MODULE 5

Unit 1	Components of HIV and AIDS Programme in the Workplace
Unit 2	Developing HIV and AIDS Programme in the Workplace.
Unit 3	Health Sector and HIV And AIDS
Unit 4	Nigeria Public Health Facilities

UNIT 1 COMPONENTS OF HIV AND AIDS PROGRAMME IN THE WORKPLACE

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Component of HIV/AIDS Programme
 - 3.2 Stigma and discrimination
 - 3.3 Community outreach programme
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Readings

1.0 INTRODUCTION

So far, you already know that HIV and AIDS are no friends to business. You are also aware that HIV and AIDS affect business in various ways, cumulating into reduction in profit, the ultimate in business. With this background, you have reasons to support that every business organization should do something about preventing the spread of HIV and AIDS among the workforce particularly and the community in general.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- Explain two major components of HIV and AIDS programme in the workplace
- Explain at least, two activities under care and support

3.0 MAIN CONTENT

3.1 Components of HIV/AIDS Programme

Two major components of HIV and AIDS programming should be given priority in the workplace:

- (i)** Prevention of HIV; and
- (ii)** Care and Support.

These major components have been expanded for the workplace by SMART Work (2002) to include:

- Prevention education for employees. Such programmes should be designed to educate workers about HIV and AIDS and also to promote positive changes in behaviour that will reduce the spread of HIV. It is also expected that through such programmes, myths and misconceptions surrounding HIV and AIDS would be eliminated.
- Prevention support – In these components, programmes that will make it easier and more convenient for employees to take recommended actions aimed at reducing the risk of HIV are designed. For example, provision of condoms in places like toilets where workers will find it convenient to pick.
- Diagnosis and treatment of sexually transmitted infections (STIs), opportunistic infections (OIs) associated with HIV, and tuberculosis. With programme on diagnosis and treatment of other STIs, the risk of HIV is reduced. Treatment of OIs makes workers who are positive to be healthier and improves their productivity
- Providing access to voluntary, informed and confidential counselling and testing for HIV. Such facility should not be in the plant so that the workers will feel free and be sure that management does not have undue knowledge of the result of their test. It should be emphasized that this is different from mandatory testing of applicants and workers, which is actually considered to be illegal in many countries.
- Counselling, care and support programme for workers who are HIV positive. If properly designed, this component will improve the physical and mental welfare of employees and their families. In addition, it will enhance the probabilities of sustained behaviour change, which will help prevent further transmission of HIV.
- Advanced therapy – The focus in this component is anti-retroviral therapy (ARV) or a “cocktail” of medications known as highly

active anti-retroviral therapy (HAAET). In the past, the cost used to be very expensive. But nowadays, there is a significant reduction in cost. As such, many organizations are encouraged to see this component of the workplace HIV programme as feasible.

3.2 Stigmas and Discrimination

Elimination of stigmatization and discrimination is one of the important pillars on which response to HIV and AIDS in the workplace should be built. Without tackling the problem of stigmatization and discrimination in the workplace, preventive efforts put in place will be undermined. For example, once a worker is afraid that his job could be on the line as a result of his HIV status, the tendency is for him to hide. As a result, he will not be able to access treatment, and his health may begin to go down. He may unintentionally or unavoidably infect other people, including his co-workers. This, in any way, does not help the organization.

SELF-ASSESSMENT EXERCISE

Why is it important to eliminate stigma and discrimination associated with HIV/AIDS?

3.3 Community outreach programme

Apart from taking care of its workforce, a business organization will also need to think of how to reach people in its immediate community. It has been observed that most of the behaviours that fuel the spread of HIV take place outside the fence of the workplace. Most workers live in the community and they interact with people who may not necessarily be their co-workers. For example, we cannot rule out the possibility of sexual relationships among the workers and people in the community. If people in the community with whom the workers interact sexually are not educated on safer sex, their lack of knowledge may undermine the worker's health.

4.0 CONCLUSION

Since HIV and AIDS affect business, the most rational thing to do by business organizations is to ensure that there are appropriate programmes to take care of the workers. It is only when workers are in good health that they will be able to function effectively. There will be increased productivity, which will increase profit. And with prevention and treatment programmes, workers' health will be good and cost of medical treatment for workers will be limited.

5.0 SUMMARY

The two major components of HIV and AIDS in the workplace are: prevention activities and care support. Elimination of stigma and discrimination should also be taken seriously. In a situation where workers infected by HIV are stigmatized, productivity may be affected, as the workers may not be able to work together as a team. Care and support may not necessarily mean that the company will spend so much money on anti-retroviral drugs. In any case, not all people infected by HIV will need anti-retroviral drugs. The most important aspect of care and support is to keep the infected worker on the job so that he continues to have his means of livelihood.

6.0 TUTOR-MARKED ASSIGNMENT

1. Explain two activities under care and support
2. Give the meanings of stigmatization and discrimination
3. Explain two ways the workforce can be affected when there is stigma and discrimination in the workplace.

ANSWER TO EXERCISE

- Makes the workers living with HIV or AIDS feel accepted and loved.
- Provides them with the zeal to live a healthy and more comfortable life.
- Enables them to continue with their various vocations.
- Helps them to be more open about their status and also educate others.

7.0 REFERENCES/FURTHER READINGS

SMARTWork (2002), *Facilitator's guide for conducting presentations and workshops in HIV and AIDS in the workplace*

UNIT 2 DEVELOPING HIV AND AIDS PROGRAMME IN THE WORKPLACE

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Readings

1.0 INTRODUCTION

Often, when a business organization realizes the harm HIV and AIDS can cause the workforce and consequently the existence of the business, there may be the willingness to take action. But it is not in all cases that business organizations know how to go about the business of developing HIV and AIDS programmes. This unit provides some basic information on the procedures involved in developing HIV and AIDS programmes in the workplace

2.0 OBJECTIVES

After reading this unit, you should be able to:

- List the steps involved in developing a workplace HIV and AIDS programme;
- Explain specific activities to be undertaken in each of the steps mentioned in question 1 above.

3.0 MAIN CONTENT

As a matter of necessity, every business organization should have a policy on HIV and AIDS. This policy basically is to provide guidelines on issues relating to HIV and AIDS in the organization. In most cases, such a policy will be acceptable to the generality of the workforce, if the workforce develops it. As a result of this, it is always good to have a committee reflecting all segments of the workforce to develop the policy. With the HIV and AIDS policy in place, developing HIV and AIDS programme in the workplace already has a backing.

In the next few paragraphs, you will read about the steps involved in developing a workplace HIV and AIDS programme. There could be

moderation/amendments to them, depending of the peculiarities of different organisations.

STEP 1

The starting point is to constitute a programme planning committee. This committee, as in the HIV and AIDS policy committee, should reflect all segments of the workforce. For convenience, the committee that develops the HIV and AIDS policy may be considered for this task, since the committee already has a background in the area. Since it is not in all cases that the organization may have an expert in the house, experts should be invited from outside to assist the committee on consultancy basis.

STEP 2

As soon as the committee is constituted, it should gather information to help with initial planning. There will also be the need to conduct a formative assessment research, if that was not done during policy development. If it was done, the committee should go through the report and update the research, if necessary. The outcome of this will provide a picture of the programme needs of the workers, their families and the community.

STEP 3

Materials required for the programme should be identified. Those resources available within the organization should be indicated. Those resources that they will get from outside should also be indicated. How and when such resources would be acquired should be mapped out.

STEP 4

Do a draft of the HIV and AIDS programme. Here, there should be a measure of economic consideration. Priority should be given to a programme that may not cost much money; or one that may not require having to spend money. The reason is that these types of activities will be easy to implement while expecting funding from the owners or the Board of the organization.

STEP 5

Do a cost estimate of a Prevention, Care and Support programme. Use the estimate to seek approval and funds from the Board of the organisation. In addition, there could also be a back-up plan of raising funds from outside the organization if necessary. With this in mind, get

a list of establishments like NGOs/donors agencies that can be of help; or that could direct your organization to other sources. Do some spade work to prepare for what such establishments will require from your organization to get the required assistance.

STEP 6

At this stage, do a draft work plan, indicating details of what to do with a tentative timetable. The plan should also contain who should be responsible for carrying out what action. There should also be a plan on how the programme should be evaluated, at various phases. Building this into the work plan is important so that you will be able to follow the progress or otherwise of the programme.

STEP 7

Present the draft programme to the Board of the organization for approval. On the approval of the programme, make arrangements to get the whole workforce to know about the proposed programme. This can be done through the notice board, flyers and other means by which information are disseminated in the organization, such as mailings, pay slip inserts, special meetings, induction courses, and training sessions. This prepares the workforce for the acceptance of the programme. By the time the programme starts, the workers will not misunderstand its objectives.

STEP 8

Prepare to start implementing the programme following the planned schedule. A measure of creativity is expected to come in here. Try and do things that will get all segments of the workforce to be interested in the programme at the initial stage. At the same time, there is need to be proactive. Think of how to sustain the workers' interest as the programme progresses.

STEP 9

There should be monitoring and evaluation of the programme. This should be based on the evaluation procedure that has earlier been designed. Through this, it will be possible to keep track of the programme. For objectivity, it may be necessary to get consultants from outside the organization to handle this aspect of the programme.

STEP 10

Do a review of the programme periodically, based on the reports of process and summative evaluations. The review should cover: What aspects of the programme should be adjusted/amended? What new ideas should be injected into the programme to take care of emerging problems and needs of the workforce?

4.0 CONCLUSION

Developing a workplace HIV and AIDS programme is both a science and art, which requires the collaborative efforts of the group saddled with the responsibility. You should note that however good a programme idea may be, if the management of an organization is not carried along, the programme might not see the light of the day.

5.0 SUMMARY

In this unit, you learnt that an HIV and AIDS policy is good for a business organization. It will provide a guideline on what to do in respect of issues relating to HIV and AIDS in the organization. You also learnt about the ten steps suggested as a procedure for developing HIV and AIDS programme in the workplace

6.0 TUTOR-MARKED ASSIGNMENT

Highlight the steps you will take in developing HIV and AIDS programme in a workplace.

7.0 REFERENCES/FURTHER READINGS

Academy for Educational Development (2002), *Facilitator's Guide for Conducting Presentations and Workshops on HIV/AIDS in The Workplace*, Connecticut Avenue, Washington.

UNIT 3 THE HEALTH SECTOR AND HIV & AIDS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
 - 3.1 Impact of HIV/AIDS on health
 - 3.1.1 Impact on need for service
 - 3.1.2 Impact on capacity to deliver service
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Readings

1.0 INTRODUCTION

Even when the HIV and AIDS pandemic go beyond a health issue, we cannot ignore the fact that the problem is first and foremost a health issue. As such, the health sector is seriously affected and the burden of the pandemic is felt intensely in that sector. Often, the health sector is looked upon to take a lead in mitigating the socioeconomic impact of the pandemic.

In this unit, you are provided information on how the HIV and AIDS affect the health sector.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- List the various ways HIV and AIDS impact on the health sector.
- Explain the implications of the impact of HIV and AIDS on the health sector, on the general health of the population.

3.0 MAIN CONTENT

The role of the health sector is important in mitigating the socioeconomic problems of HIV and AIDS. With an organized and effective health sector, the following are possible:

- Relieve the sufferings of infected individuals and extend their productive lives
- Reduce individuals' stress and psychological trauma;
- Relieve the economic and other burdens of care on households;

- Address other broader public health problems. For example, tuberculosis (TB)

The health sector can also facilitate HIV testing. This will further help in preventing the spread of HIV in that during the process of HIV voluntary counselling and testing, education on prevention will be provided. You should, however, note that for the health sector to effectively play its role in mitigating the effects of HIV and AIDS there should be a specific policy in this regard. The policy should tend to reduce the burden on the formal healthcare system without shifting it onto individuals, families and communities. For example, the use of home-based care, when properly handled, can be of help. Use of home-based care can be a problem to the families of HIV positive people. As such, there is need for the formal health sector to provide adequate training for family members and always give support.

SELF-ASSESSMENT EXERCISE

The role of the health sector is important in mitigating the socioeconomic problems of HIV and AIDS. Why is this so?

3.1 Impact of HIV/AIDS on the health sector

The impact of HIV and AIDS on the health sector is considered under the following two headings:

Impact on need for services; and

Impact on capacity to deliver services.

These two major impacts are discussed below:

3.1.1 Impact on need for services

Although, most HIV-related condition can be managed properly at the primary care level, as the condition progresses, people infected with HIV need more care, which may require hospitalization. The need for hospitalization may be for treatment of acute or treatable illnesses. In situations where antiretroviral drugs (ARVs) are feasible, there may be need to develop a special unit for the management of complex therapies and ensure adherence to treatment.

With HIV and AIDS, adults who ordinarily are considered to be among the healthiest members of the population may start suffering from serious chronic diseases. The same goes for a large number of children. With this type of situation, there will be drastic increase in needs for health care. This increase in needs for health care may be well above the levels of the previously planned. When you consider the fact that most

developing countries hardly have enough for their health sector, the additional health needs as a result of HIV and AIDS can be problematic.

3.2 Impact on Capacity to Deliver Services

The health workers, like workers in any other setting, suffer as a result of HIV and AIDS. HIV compromises capacity for health care, either through direct or indirect impact on employees. Below are some specific ways this can happen:

- There is the possibility of risk of occupational exposure to HIV. Although it is speculated that most HIV infection in health workers are through sexual exposure, this does not mean that we should overlook the possibility of occupational exposure.
- Health workers are at risk of occupational exposure to tuberculosis. It has been reported that “annualized incidence of TB cases among health staff has increased five-fold over five years in health services in certain high HIV prevalence areas, with up to 86% of tested cases also infected with HIV” (Lamprey 2001)
- Because of the increased needs for services, the health sector apparently needs to struggle for efficiency. Even when there was no HIV and AIDS, efficiency in most health facilities was low. Illness and death among health workers, as a result of HIV and AIDS, may worsen the existing situation. In practical terms; morale of the remaining health workers on the job may go down, workload may increase drastically due to ill health of coworkers; and there may be more stress and burnout.

4.0 CONCLUSION

Like any other sector in the community, the health sector is affected by the HIV and AIDS pandemic. Perhaps the impact on the health sector may be more serious – when we consider the fact that the sector is expected to provide services that will mitigate the impact of the epidemic on other sectors. With a good health policy, however, the health sector can mitigate the effects of HIV and AIDS on the community.

5.0 SUMMARY

In this unit, you learnt that the health sector has an important role to play in mitigating the socioeconomic impact of the HIV and AIDS pandemic. If properly positioned, the health sector can help in the following ways:

- Relieve the suffering of individuals infected with HIV and extend their lives
- Reduce the economic and other burdens of care in household;
- Take care of other broader public health problems in the community
- Reduce individual stress and psychological trauma

You have also learnt that the impact of HIV and AIDS on the health sector can be explained from the following two perspectives:
Impact on need for services; and Impact on capacity to deliver services.

6.0 TUTOR-MARKED ASSIGNMENT

1. Explain three ways by which the health sector can mitigate socio-economic impact of the HIV and AIDS epidemic
2. Highlight four ways the health sector can be affected by HIV and AIDS

ANSWER TO EXERCISE

- Relieve the sufferings of infected individuals and extend their productive lives
- Reduce individuals' stress and psychological trauma;
- Relieve the economic and other burdens of care on households;
- Address other broader public health problems. For example, tuberculosis (TB)
- The health sector can also facilitate HIV testing.
- Prevent the spread of HIV through HIV voluntary counselling and testing

7.0 REFERENCES/FURTHER READINGS

Lamptey, P.R. and Gayle, H.D. (Eds.,) (2001) *HIV/AIDS Prevention and Care in Resource – Constrained Settings: a handbook for the design and Management of programs*; Family Health International, Arlington, USA., pp. 69-79.

UNIT 4 NIGERIA PUBLIC HEALTH FACILITIES

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Readings

1.0 INTRODUCTION

The health of the people in a country, other things being equal, depends on the availability and quality of health facilities in that country. When health facilities are inadequate as a result of inadequate funding, as in the present situation in Nigeria, it is difficult to appropriately take care of all the health problems facing the population. This unit presents the picture of health facilities in Nigeria between 2002 and 2004.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- State the ratio of patients to health facilities in Nigeria;
- Explain the consequences of inadequate funding of the health system for prevention of HIV and AIDS

3.0 MAIN CONTENT

The HIV and AIDS pandemic is a problem that needs attention. It has been described as the single biggest threat to the attainment of the Millennium Development Goals (MDGs). The MDGs are not determined only by income. Other indicators such as health, education, gender equality and environmental sustainability (Journalist Against AIDS (JAAIDAS) Nigeria (2006) measure them.

In Nigeria, you should realize that the HIV and AIDS pandemic is not the only health/developmental problems begging for attention. These health problems, among others, include: malaria, tuberculosis, maternal and child-related diseases. From a survey conducted by JAAIDS in 2006, it is obvious that public health care system in Nigeria cannot conveniently cope with the various problems facing the country. This is true, especially when we consider the large population of Nigeria: 150 million.

An analysis of the public health facilities (2000-2004) shows the following ratio of people to facilities, based on a population of 126 million.

5000 people share one hospital;

500 people share one hospital bed;

1000 patients share one medical doctor.

Table 4.1 below presents the situation of public health in Nigeria.

The implication of this poor public health system is that the required attention cannot be given to prevention and control of HIV and AIDS in Nigeria.

Description	2000	2001	2002	2003	2004*
Medical Institutions					
Number of Hospitals	23,596	23,601	233,607	23,618	23,622
Number of Health Centres & Dispensaries	20,273	20,570	20,610	20,610	20,653
Number of Hospital Beds	71,520	71,930	72,600	73,230	73,680
Medical Personnel:					
Number of Physicians	33,106	35,215	38,355	40,159	41,935
Number of Nurses & Midwives	125,240	109,790	128,559	136,751	158,920

4.0 CONCLUSION

The state of health facilities in Nigeria is not adequate. This could be as a result of poor funding. Given the present situation, therefore, it may be difficult to stem the spread of HIV and AIDS within a short period of time.

5.0 SUMMARY

In this unit, you have learnt about the state of public health facilities in Nigeria. Based on the period between 2000 and 2004, on the average: 5000 people share one hospital; 500 people share one hospital bed; 1000 patients share one medical doctor. This shows that it is difficult, given the current state of public health, to stem the rise of the HIV and AIDS pandemic in the country.

6.0 TUTOR-MARKED ASSIGNMENT

1. Briefly explain the state of health facilities in Nigeria from 2000 to 2004.

2. List the various indices by which the millennium development goals are determined.

7.0 REFERENCES/FURTHER READINGS

JAAIDS (2006) *Making the Money Works for the People: An Analysis of 2006 Budgetary Allocations and Debt Relief Gain to land HIV and AIDS Intervention in Nigeria*, a Publication of Journalist Against AIDS in Nigeria

MODULE 6

Unit 1	Evaluating HIV and AIDS Programme
Unit 2	Meaning and Need for Evaluation
Unit 3	Evaluation of HIV and AIDS Intervention
Unit 4	Types of Evaluation

UNIT 1 EVALUATING HIV AND AIDS PROGRAMME

CONTENTS

1.0	Introduction
2.0	Objectives
3.0	Main content
3.1	Approaches in HIV/AIDS Pandemic
3.2	Need for Prioritization
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
7.0	References/Further Readings

1.0 INTRODUCTION

As the HIV and AIDS pandemic ravages humanity, efforts are being put in place to ensure that the effect of the pandemic is reduced to the barest minimum. Basically, these efforts can be divided into two major areas: prevention measures directed at reducing the transmission of the virus (HIV) and treatment for HIV and AIDS, aimed at increasing the life expectancy of people living with HIV and AIDS.

You should note that both prevention and treatment strategies, in reducing the impact of HIV and AIDS, require funding. You should also be aware that human resources are limited. As a result, there is need to set priority in HIV and AIDS programming, especially in resource-constraint countries, that is low and middle-income countries.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- Explain why prioritization is necessary in HIV and AIDS programming;
- List two major approaches in reducing the impact of HIV and AIDS pandemic.

- List at least three activities possible under each of the two major approaches in reducing the impact of the HIV and AIDS pandemic.

3.0 MAIN CONTENT

3.1 Approaches in HIV and AIDS Pandemic

As you have read earlier in the introduction, the two major approaches in reducing the impact of HIV and AIDS pandemic are: prevention measures and treatment of HIV and AIDS.

Prevention measures basically are directed at reducing the spread of HIV, that is, the virus responsible for AIDS. Possible activities under prevention measures include the following among others: mass media campaigns; peer education activities; prevention of mother-to-child transmission, voluntary counselling and testing, condom negotiation and distribution, treatment of other sexually transmitted infections (STIs). You need to note that this last activity, under prevention measures (i.e. treatment of other STIs), is important because STIs make it easy for HIV to enter the body. The reason for this is that most STIs cause wounds. And where there is a wound, the protective cover of the body is removed and germs find it easier entering the body.

Treatment, the second approach, has to do with the use of antiretroviral therapy. Antiretroviral therapy helps in delaying the crashing of the immune system. It also delays the manifestation of opportunistic infections associated with HIV; delays death and ultimately, extends the life expectancy of people living with HIV and AIDS.

SELF-ASSESSMENT EXERCISE

Identify the two major approaches employed in reducing the impact of HIV/AIDS pandemic

3.2 Need for Prioritization

As you must have learnt from 3.1 above, both preventive measures and treatment of HIV and AIDS have their advantages. Some experts, however, have observed that prevention activities are less expensive than treatment. Therefore, programmes relating to prevention should be given priority over treatment. Alban and Guinness (2002) are in favour of prevention over treatment, when they stress that a dollar spent on prevention is 28 times more effective, reducing the burden of disease when measured by illness and premature death.

In spite of the cost effectiveness advantage, activists insist that concentrating only on prevention may not be good enough. The position

of this school of thought is that prevention and treatment must go hand-in-hand. And that it is wrong to choose between prevention and cure. None of the two should be left out, financial implications notwithstanding.

4.0 CONCLUSION

The need to set priority in HIV and AIDS programming presupposes that available resources may not necessarily be enough to take care of prevention and treatment on an equal scale. This decision is more relevant especially in poor and not-too-rich countries. However, giving priority to prevention should not mean that care and treatment is totally abandoned. If there is no care and treatment, apparently, stemming the HIV and AIDS epidemic will be a half-way measure.

5.0 SUMMARY

In this unit, you have learnt of two basic approaches in responding to the HIV and AIDS pandemic. These approaches are preventive measures and treatment of HIV and AIDS. You have also learnt that there is need for prioritizing these approaches because of limited resources. While working from the economic point of view, prevention probably should be given priority over treatment. This, however, does not mean that treatment should be neglected.

6.0 TUTOR-MARKED ASSIGNMENT

1. Explain why it is necessary to prioritize in HIV and AIDS programming.
2. List the two major approaches in HIV and AIDS prevention and control.
3. Give three activities under each of the major activities you listed in question number 2 above.

ANSWER TO EXERCISE

- Prevention measures
- Treatment measures

7.0 REFERENCES/FURTHER READINGS

Rehle, T., Saidel, T., Mills, S., and Magnani, R. (Eds), *Evaluation programs for HIV/AIDS Prevention and care in Development Countries: A Handbook for program managers and Decision makers*, Family health international, Arlington, USA., 2001, pp. 7-12.

Ann Bowling, *Research Method in Health: Investigating Health and Health Services*, New York: Open University Press, 2002, pp. 89-113.

UNIT 2 MEANING & NEED FOR EVALUATION

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 What is monitoring?
 - 3.2 What is evaluation?
 - 3.3 Differences between monitoring and evaluation
 - 3.4 Advantages of Monitoring and Evaluating HIV and AIDS Intervention Programme
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-marked assignment
- 7.0 Reference / Further Readings

1.0 INTRODUCTION

Often, when HIV and AIDS intervention programmes are developed, there is the tendency to leave out the evaluation procedure until a period when the need for evaluation is obvious. By this time, however, it may be too late to get a meaningful evaluation result, especially when there are no baseline data to fall back on. Since intervention programmes in HIV and AIDS require both financial and human resources, evaluation should be part of the programme design; and accordingly, integrated into the programme at the planning stage.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- Explain the meaning of evaluation;
- Give three reasons evaluation should be part of any HIV and AIDS intervention programme.

3.0 MAIN CONTENT

3.1 What is monitoring?

Monitoring: Establishing that processes in the HIV/AIDS intervention programme are not only strictly followed but are followed to time.

3.2 What is Evaluation?

Evaluation: Examining and judging accomplishments and effectiveness. It is an effort directed at increasing human effectiveness through systematic data based inquiry.

In evaluating programmes generally, and HIV and AIDS intervention programmes in particular, monitoring plays an important role. During monitoring, you collect data on daily basis, depending on the activities involved in the programme. These data are subsequently analysed to evaluate the programme.

3.3 Differences between Monitoring & Evaluation

Even when these two activities are regarded as two sides of a coin, you should note that they are not the same. The main differences in the two concepts are highlighted in the table below:

Table – Differences between Monitoring and Evaluation

MONITORING	EVALUATION
Done as part of day-to-day routine programme management	Undertaken periodically, usually annually, mid-point of programme or at the end of programme.
Detailed information is provided	Information already summarized and analysed are provided
Used for day-to-day management decision making	Used to determine how well the project has met its objective(s)

SELF-ASSESSMENT EXERCISE

Identify the differences between monitoring and evaluation

3.4 Advantages of Monitoring and Evaluating HIV and AIDS Intervention Programme

Now that you have understood the difference between monitoring and evaluation, you definitely should know that these activities are not done just for nothing. They have some advantages. Some of these advantages are listed below:

Monitoring and evaluation help the programme manager/supervisor to:

- Appreciate the status of the programme at any given time;
- Make a better decision for the progress of the project

- Incorporate changes to improve the status of project and chief project objectives
- Generate data on project for accurate reporting

4.0 CONCLUSION

The need for monitoring and evaluation in HIV and AIDS programme is an important component of a programme that should be incorporated into the programme design at the planning stage. When there is no proper monitoring and evaluation of an intervention programme, it will be difficult to ascertain whether or not the resources invested in the programme is yielding any fruit.

5.0 SUMMARY

In this unit, you have learnt the meanings of monitoring and evaluation. You have also learnt that even when the two activities are related, they are not the same, and they are different in some ways. In the unit also, you have learnt that monitoring and evaluation are important because of the advantages they provide in ensuring a worthwhile investment on HIV and AIDS programmes.

6.0 TUTOR-MARKED ASSIGNMENT

1. Explain the difference between monitoring and evaluation
2. Of what advantages is monitoring and evaluation to an HIV and AIDS project / programme manager?

ANSWER TO EXERCISES

Monitoring

- Done as part of day-to-day routine programme management
- Detailed information is provided
- Used for day-to-day management decision making

Evaluation

- Undertaken periodically – usually annually, mid-point of programme or at the end of programme.
- Information already summarized and analysed are provided
- Used to determine how well the project has met its objective

7.0 REFERENCES/FURTHER READINGS

Rehle, T., Saidel, T., Mills, S., and Magnani, R. (Eds) (2001), *Evaluation programs for HIV/AIDS Prevention and Care in Development Countries: A handbook for program managers and decision makers*, Family Health International, Arlington, USA., pp. 7-12.

UNIT 3 EVALUATION OF HIV AND AIDS INTERVENTION

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main content
 - 3.1 Cost analysis
 - 3.2 Cost-effectiveness analysis
 - 3.3 Cost-utility analysis
 - 3.4 Cost-benefit analysis
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Readings

1.0 INTRODUCTION

In HIV and AIDS prevention intervention, the contribution of health economists is needed. This is to help in the decision making process so that the limited available resources will be spend wisely. In the past, decision makers would just allocate available resources to the various elements of the prevention intervention like voluntary counseling and testing (VCT), condom promotion and distribution, information, education and communication. But now, the most reasonable thing is to base those decisions on sound principles and scientific findings.

2.0 OBJECTIVES

After reading this unit, you should be able to:

- Explain the role of a health economist in HIV and AIDS programme
- Explain four strategies in economic evaluation of HIV and AIDS interventions;
- List some advantages of each of the four strategies in economic evaluation of HIV and AIDS interventions

3.0 MAIN CONTENT

For a meaningful and judicious HIV and AIDS intervention, four types of economic evaluation are used:

1. Cost analysis;
2. Cost-effectiveness analysis (CEA) and;
3. Cost-utility analysis (CUA)
4. Cost-benefit analysis (CBA)

The utilization of each of these economic evaluation strategies is situation-specific. It depends on the type of information required, and the amount of resources available for the study. In the next few pages, more detail is provided for you on each of the economic evaluation strategies.

3.1 Cost Analysis

Cost analysis is considered as the simplest form of economic evaluation. In this analysis, focus is just on how much the proposed intervention will cost. If for example, the intervention is to reduce cases of sexually transmitted infections (STIs) among sex workers, a cost analysis will look at all the components of the intervention and what is required to run the programme in terms of cost. This approach does not involve estimating the value of the output produced.

Cost analysis is to determine if the intervention is affordable or sustainable.

Breakdown of costs, including current and future cost requirements, are provided

It is possible to project into cost changes likely to occur as a result of changes in the intervention.

COMPONENTS

The following four components are usually prominent in cost analysis:

Methodology and Assumptions

This component explains the intervention and the approach used for evaluating costs, including the approach adopted for shadow prices. Also included in this component are the basic assumptions in cost analysis, with information on inflation, discount rates, land prices and taxes.

Full cost

This component provides full details regarding the value of all resources used by the intervention. If there are donated items and resources shared with other interventions, appropriate prices are put on each of the items to give their current market costs.

Incremental cost

What this component addresses are additional resources required to conduct an intervention, different from a full cost analysis.

Future cost

In this component, the future resource needs to carry out an HIV and AIDS interventions are assessed.

Cost recovery

This component is concerned with sustainability of the intervention. Effort is directed at finding out how much the consumer of the intervention can pay in relation to the total cost of the intervention.

SELF-ASSESSMENT EXERCISE

Identify the components of cost analysis

3.2 Cost-Effectiveness Analysis (CEA)

Cost-effectiveness analysis goes beyond a simple evaluation of costs. It attempts to assess (in non-monetary terms) the outputs produced by the intervention. In cost-effectiveness analysis, the numerator and denominator are identified. The numerator is usually defined as the cost that should include any savings expected as a result of the intervention. The denominator, or the measure of effectiveness, can be any measure that accurately reflects the main input. In HIV and AIDS prevention intervention, the most commonly used measure of effectiveness has been the number of HIV infections averted.

Advantages

Cost-effectiveness analysis (CEA) is credited with the following advantages:

- * It is relatively easy for policy makers to comprehend. In a straightforward way, the analysis could reveal that for every one hundred thousand naira spent on every HIV and AIDS prevention programme, about 20 cases of HIV infection can be averted on the average. That there is no need to convert the denominator (effectiveness) into monetary form is another advantage.

3.3 Cost-Utility Analysis (CUA)

In cost-utility analysis, the measure is not in the number of cases of HIV infection averted. The focus is on Quality Adjusted Life Year (QALYs), Disability Adjusted Life Years (DALYs), or Healthy Years Equivalent (HYE)

Advantages

The cost-utility analysis gives policy makers the advantage of comparing or ranking different interventions.

Policy makers with fixed amount of money for HIV and AIDS intervention can start by funding the intervention with the lowest CUA first, then next lowest CUA intervention e.t.c, until all the available funds have been allocated to achieve the greatest utility.

Most donors are used to this technique. They usually ask that the project to be sponsored should demonstrate a sufficiently low cost/ DALY to receive funding.

3.4 Cost-Benefit Analysis (CBA)

In the cost-benefit analysis approach, monetary value is put on both the cost of the intervention and the output of the intervention. If we are putting in so much, what are we expecting?

Advantages

Information provided by this approach is more appealing to policy makers, especially when the priority is getting value for money.

With this approach, every intervention can be evaluated on its own merit. There is no need to start comparing interventions.

4.0 CONCLUSION

I hope you have enjoyed this unit. This unit looked at major economic evaluations used for HIV/AIDS interventions. They were identified as: cost analysis, cost-effectiveness analysis (CEA), cost-utility analysis (CUA), and Cost-benefit analysis (CBA).

5.0 SUMMARY

This unit provided information on economic evaluations of the impact of HIV/AIDS and well as the pros and cons of each variable identified. Now, let us attempt the questions below.

6.0 TUTOR-MARKED ASSIGNMENT

Identify and briefly explain the four types of economic evaluation employed for HIV/AIDS Intervention

ANSWER TO SELF-ASSESSMENT EXERCISE

- Methodology and Assumptions
- Full cost
- Incremental cost
- Future cost
- Cost recovery

7.0 REFERENCES/FURTHER READINGS

Rehle, T., Saidel, T., Mills, S., and Magnani, R. (Eds) (2001). *Evaluation programs for HIV/AIDS Prevention and care in Development Countries: A handbook for program managers and decision makers*, Family Health International, Arlington, USA., pp. 7-12.

UNIT 4 TYPES OF EVALUATION

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Types of Evaluation
 - 3.1.1 Formative evaluation
 - 3.1.2 Process evaluation
 - 3.1.3 Effective evaluation
 - 3.1.4 Cost-effective analysis
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 Reference / Further Readings

1.0 INTRODUCTION

In the previous unit of this module, you learnt that monitoring and evaluation are an important part of any intervention programme. In HIV and AIDS programme particularly, evaluation tends to provide answers to the following questions:

- Are we doing the right thing?
- Are we doing them right?
- Are we doing them on a large enough scale to make a difference?

In this current unit, you will learn about different evaluation methods and the particular stage of an intervention programme where they are used. You should not forget that the whole essence of evaluating an intervention programme is to justify the financial and human resource investment in the programme

2.0 OBJECTIVES

By the time you finish reading this unit, you should be able to:

- List four evaluation methods
- Explain the use of at least, three types of evaluation.

3.0 MAIN CONTENT

3.1 Types of Evaluation

Four types of evaluation in HIV and AIDS prevention and control intervention programmes are identified to include:

- (a) Formative evaluation;
- (b) Process evaluation;
- (c) Effectiveness evaluation
- (d) Cost-effectiveness analyses.

In the table below, a summary of the four evaluation types is presented; indicating the appropriate time each is used.

TYPES OF EVALUATION	THE DIFFERENCE TYPES OF EVALUATION
1) Formative Evaluation Research (Determines Concept & Design)	Is an intervention needed? Who needs the intervention? How should the intervention be carried out?
2) Process Evaluation (monitors inputs & outputs to assess service Quality)	To what extent are planned activities actually realized? How well are the services provided?
3) Effectiveness Evaluation	What outcomes are observed? What do the outcomes mean? Does the programme make a difference?
4) Cost-effectiveness Analysis (Evaluation: including sustainability issues)	Should programme priorities be changed or expanded? To what extent should resources be reallocated?

3.1.2 Formative Evaluation

Formative evaluation should be conducted during the planning (or re-planning) stage of a prevention and care programme. It is to identify and resolve intervention and evaluation issues before the programme is widely implemented.

Formative evaluations provide the need for interventions; provide the information necessary to define realistic goals and objectives for the programme interventions and help programme planners make tentative decisions about effective, feasible intervention strategies and how to carry them out. Formative evaluation can also be used as an exploratory

tool as the project is being carried out. It provides feedback to project managers and helps them to adjust programme objectives to changing situations.

Formative evaluations use a mix of research methods that can rapidly provide relevant information to programme designers. These methods include:

- Reviews of existing information
- Focus group discussions
- Individual in-depth interviews
- Participant observations; and
- Short quantitative surveys with structured questionnaires.

3.1.2 Process Evaluation

Once activities are underway, there is a need to examine whether they are being carried out correctly – on time, and within the budget. Process evaluation addresses such basic questions as: “To what extent are planned intervention activities actually realized? And what services are provided: to whom, where, how often, for how long, and in what context? Both input (the basic resources required in terms of manpower, money, materials, and time) and output (the immediate service improvement, expressed as distributed commodities, trained staff, and service units delivered) are key elements of process evaluation. These questions are often answered in quantitative terms.

SELF-ASSESSMENT EXERCISE

What does formative evaluation entail?

3.1.3 Effectiveness Evaluation: Assessing Outcome and Impact

Evaluating the effectiveness of AIDS prevention programmes will almost always require quantitative measurements. These measurements will assess the extent to which the objectives of the programme were achieved. Effectiveness evaluation is used to answer these questions: *What outcomes were observed? What do the outcomes mean? Does the programme make a difference?*

Taking into account the various implementation stages of HIV/AIDS prevention programmes and the fact that, over time, new age cohorts become sexually active; it is advisable to stratify effectiveness evaluation by short-term and intermediate programme effects (programme outcome) and long-term programme effects (programme impact)

3.1.4 Cost-Effectiveness Analysis

Cost-effectiveness analysis also measures programme effectiveness, but extends the analysis by adding a measure of programme cost per unit of effect (for example, per number of HIV infections averted). By comparing the costs and consequences of various interventions, cost analysis and cost-effectiveness estimates can assist in priority setting, resource allocation decisions, and programme design.

4.0 CONCLUSION

You should note that evaluation is not an end in itself, but a means of achieving an end. The primary objective of evaluation is to improve an intervention programme. In this wise, applying the right type of evaluation at different stages of an intervention programme is important.

5.0 SUMMARY

In this unit, you have learnt that four major types of evaluation are used in HIV and AIDS intervention programmes. They include: Formative evaluation; process evaluation; effectiveness evaluation and cost-effectiveness analysis. You were also told that these four types of evaluation are applicable at different stages of an intervention programme.

6.0 TUTOR-MARKED ASSIGNMENT

1. List out four types of evaluation
2. Explain when two of the four types of evaluation listed can be used.

ANSWER TO SELF-ASSESSMENT EXERCISE

Formative evaluations provide the need for intervention and also provide the information necessary to define realistic goals and objectives for the programme interventions. They help programme planners make tentative decisions about effective and feasible intervention strategies; and how to carry them out. Formative evaluation can also be used as an exploratory tool as the project is being carried out to provide feedback to project managers to help them adjust programme objectives to changing situations. Formative evaluations use a mix of research methods that can rapidly provide relevant information to programme designers. These methods include: Reviews of existing information, Focus group discussions, Individual in-depth interviews, Participant observations and Short quantitative surveys with structured questionnaires.

7.0 REFERENCES/FURTHER READINGS

Rehle, T., Saidel, T., Mills, S., and Magnani, R. (Eds.), *Evaluation programs for HIV/AIDS Prevention and care in Development Countries: a handbook for program managers and Decision makers*, Family Health International, Arlington, USA., 2001, pp. 7-12.