

## HIV/AIDS Pandemic and National Security

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### Abstract

*The Acquired Immune Deficiency Syndrome (AIDS) is disease caused by the Human Immunodeficiency Virus (HIV), whose clinical manifestation results in the failure of the Immune system to function normally to protect the individual from being attacked or threatened by diseases. The world's attention was drawn to the first observed case in 1981 and a second in 1982 in two different socio-cultural and economic settings and the world then fails to foresee the impact this disease might have on global health and socio-economic development as well as the consequent effect on national security. As such little attention was paid to it and the disease continued to spread across borders and affecting productive population of nations and has of recent evolved into a pandemic constituting the greatest global health and development challenges as well as threats to national security and international peace. HIV continues to swallow the active labor force in all economies including those responsible for national security and international peace operations. This chapter highlights some of the impacts of this disease on socio-economic development and a consequent effect on national security. Data were collected through primary and secondary sources and 80 persons were interviewed-20 HIV positive women, 15 medical practitioners and 45 others drawn from other fields of endeavor. Findings revealed that stigmatization, economic situations and so on, as the major factors in the spread of HIV/AIDS, while the socio-economic and national security implications include among others loss of trained personnel for socio-economic development and national security. The chapter is divided into seven parts: introduction, a framework for analysis, origin and prevalence of HIV, HIV prevalence in Nigeria, HIV-socio-economic development and national security, Nigeria's response, conclusion and recommendation.*

**Keywords:** Acquired immune deficiency syndrome (AIDS), pandemic, diseases, socio-economic development and national security, HIV

### INTRODUCTION

In 1981 the world's attention was drawn to the first case of the now global pandemic disease known as the Acquired Immune Deficiency Syndrome (AIDS) an infection caused by the Human Immunodeficiency Virus (HIV) diagnosed in Los Angeles, United States of America, with a second case reported in 1982 in Uganda. The world generally was ignorant of the danger that this disease posed for the health of the world population as well as for the development of nations and national security. For

the developed and developing communities of the world perceived the disease as either an individual disease and an African problem since scientific research points to the fact that the disease had begun in central Africa as early as the 1950s – the Simian Immunodeficiency Virus or SIV related to HIV-I and HVZ whose strain acknowledged primarily to be responsible for AIDS were observed to have been isolated from African green monkeys, believed to be the ancestor of the AIDS Virus. Hence the association of various species of monkeys with the virus and eaten as bush meat. The developing world

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on the other hand saw HIV/AIDS as the problem of the developed world particularly among the gay social group since it was associated with homosexuals based on the first case diagnosed [1–3].

Based on this varying position it was either, a primary health concern for Africans that eat monkey as bush meat or homosexuals and drug addicts as such no link was made then to the threat the disease may pose for the health of other social groups of the world, national development as well as national security and international peace and security. For the world and specifically national governments have for long defined security primarily in military terms, an understanding that has led governments to create powerful armies and to develop sophisticated weapons. This pre-occupation with national security in military terms has also blinded nations and has led decision-makers to neglect other dimensions that may be much more relevant to their constituent's well-being, social and political stability needed for the enhancement of national security. As a result of this neglect, humanity has in recent times been faced with a triple security crisis – comprising the effects of environmental decline, the consequences of social inequalities and stress, and the dangers stemming from unchecked arms proliferation, which can be seen as a direct legacy of the Cold War. These and many other challenges were highlighted during the Rio Declaration of 1992 at the United Nations Conference on Environment and Development (UNCED), also known as the Earth Summit. During this conference, the international community recognized the serious threats that environmental degradation and the lack of sustainable development pose to global peace and security [4–6].

In its Agenda 21 consisting of 40-chapter action plan of activities on what needs to be done, and the financial implications were outlined. Chapter six of the agenda for instance titled “Protecting and Promoting Human Health” did identify the HIV/AIDS pandemic – Section B sub-Section 6(11) devoted to control of communicable disease state thus, with HIV infection levels estimated to increase to 30–40 million by 2000, the socio-economic impact of the pandemic is expected to be devastating for all countries and increasingly for women and children while direct health cost will be substantial, they will be dwarfed by the direct cost of pandemic-mainly costs associated with loss of income and decreased productivity of the work force. The pandemic will inhibit growth of the service and industrial sectors and significantly increase the cost of human capacity building and retraining. The agricultural sector is particularly affected where production is labor intensive.

From the above observation, it can be inferred that all countries are affected by the HIV/AIDS pandemic. However, Sub-Saharan Africa remains the most severely impacted, as the prevalence rates in these countries have continued to rise since the 1980s. What began as isolated cases in 1981 and 1982, involving individuals from various socio-cultural and economic backgrounds, has evolved into one of the world's greatest health crises. Even after more than two decades since the first reported case, there is still no effective vaccine or cure, and the disease continues to have devastating effects in countries, such as South Africa, Zimbabwe, Zambia, Nigeria, and others. Given these realities, it becomes essential to examine the impact of HIV/AIDS on socio-economic activities and the resulting implications for national security, particularly in Nigeria, which ranks third globally in terms of prevalence, with an estimated rate of 5%. Data for this study was gathered from both primary and secondary sources, including interviews with selected individuals living with HIV and people from various occupations and professional backgrounds [7–10].

## **A FRAMEWORK OF ANALYSIS**

The Acquired Immune Deficiency Syndrome (AIDS) is a disease identified by health and scientific researchers as an infection caused by the human immunodeficiency virus (HIV), which leads to the failure of the immune system to function properly. In other words, HIV weakens the immune system's ability to protect the body from infections and diseases, thereby compromising an individual's overall health. As a result, the affected person loses the capacity to participate effectively in socio-economic activities, which in turn hampers not only their personal well-being but also impacts the broader social environment and the development of society [11–14].

In examining the relationship between the HIV/AIDS pandemic and national security, this analysis adopts the functionalist perspective, also known as structural functionalism. This theoretical framework is a key approach in sociological research and has also been applied in political science, particularly in the study of comparative politics. It focuses on how various parts of society function together to maintain stability and order, providing a useful lens through which to understand the broader implications of the HIV/AIDS crisis.

Generally, functionalism is centered around key concepts, such as functions, structures, and institutions. Functions refer to duties, roles, obligations, and social exchanges that contribute to the overall survival and stability of society. Structures consist of both institutions and individuals, with institutions serving as the foundational framework that guides and regulates the roles of individuals. These institutions include religion, the economy, politics, the military, health, and education, among others. Together, functions, structures, institutions, individuals, and groups play vital roles in ensuring the continuity and survival of the nation or society [15, 16].

From the functionalist perspective, society is viewed as a system made up of interconnected parts, each playing a specific role that supports the functioning of the whole. These structures are often examined in distinct segments, each responsible for a particular domain. For instance, the political structure is concerned with power relations across various levels, such as family, kinship, or governance. Likewise, the economic subsystem involves institutions and individuals that manage the production, acquisition, and distribution of wealth [17].

The effectiveness of various societal domains – including political, economic, and military systems – largely depends on the health and well-being of the individuals involved. The health status of a population is a fundamental element of socio-economic development and is crucial to national survival and security. Functionalism emphasizes that a society or nation is composed of different segments with specialized functions, and each contributes to social cohesion and stability. Individuals, as members of social groups and society at large, have roles to fulfill based on their acquired skills, all aimed at promoting the continued existence and development of the society or nation [18].

These roles or duties required of individuals by the society or nation cannot be done effectively when their state of health or well-being is incapacitated by disease that renders the immune system powerless in protecting the body from being infected by other diseases. Therefore, a state of good health is paramount in discharging duties, obligations or functions. The World Health Organization defined state of good health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. In other words, health represents a concern for the well-being of individuals and social groups, as well as their ability to engage in social interactions within society. Conversely, a state of ill-health – such as that caused by HIV/AIDS – can be seen as a widespread epidemic, affecting many people within societies at a given time and spreading across regions, ultimately impacting the global community [19].

From the foregoing it could be argued from the functionalist view that HIV/AIDS interferes with an individual's immune system which defends the whole body making it impossible for a healthy population and consequently resulting into death. The immune system serves as the security process through which an individual's whole body maintains a state of good health. In the same vein, it has been argued that national security involves the protection of a state's territory, population, and interests from external threats. However, national security is not limited to military preparedness alone; it also encompasses internal and non-military dimensions. These include the state's ability to promote both individual and collective security, as well as the overall welfare of its citizens. This broader perspective highlights the importance of addressing social, economic, and health-related challenges as integral aspects of ensuring national security. Accordingly, national security and the immune system are both concerned with the process through which nation (body system) plans, make and evaluate the decisions and policies designed to maximize their relative ability to ensure the survival and continuity of the

nation's vital interest (well-being and state of good health) [20]. HIV/AIDS, however, threatens the process through which survival/well-being of individual's and national security is maintained. As it destroys individuals and social groups whose functional roles contribute to the strengthening of national security, HIV/AIDS poses a serious threat. It is not only one of the leading causes of death in Africa, including Nigeria, but also stands as a major obstacle to the continent's development and national security. "HIV/AIDS affects human groups, the engine of the labor force – doctors, engineers, teachers, politicians, bureaucrats, military officers, soldiers, skilled workers and others are dying of AIDS like doves". In other words, the epidemic leads to a progressive collapse of human capital and productivity, increased domestic productive cost and a reduction in government revenue [21]. Generally, nations are confronted with the functional unprecedented desire to be able to care and protect their citizens within the limits of their resources and at the same time take into cognizance their internal and external conditions for their development and security. To this end several structures are instituted social, political, economic, military and so on. These structures must be carefully interwoven to have a functional link for balance and even development that is, the social, economic, political, military and must function in relationship to each other for a nation's development and stability. But where the social structure comprising of social services, human resources, etc., fails to contribute because of the devastating effect of HIV/AIDS disease towards the maintenance of national stability, that nations development on which national security stands threatened. For human resources (labor force), social development and stability are preconditions for national security. Therefore, threat and vulnerability which could be military, ecological, economic, political, health and so on could also be internal or external and HIV/AIDS a health and development problem have become a national security issue based on its pandemic nature as well as the intensity with which the disease operates affecting the social well-being of individuals or population, in field of economic, military and other endeavors and without discrimination between rich and poor, men or women, old or young of the whole world and destroying economic gain made in economic and social development [22]. HIV/AIDS, therefore, poses a significant threat to national development and security in Nigeria and other parts of Sub-Saharan Africa. Lawmakers, scholars, and the international community have noted that issues, such as strikes, religious tensions, and demonstrations have recently become major internal security challenges for the Nigerian government. Despite these challenges, however, Nigeria has managed to retain and maintain a level of stability. But non-military threats to security have now moved to the forefront of Nigeria's and global concern. Thus, "underdevelopment and declining prospects for development, mismanagement and waste of resources as well as HIV/AIDS pandemic constitute challenges to national security" [23]. As such, neither Nigeria nor the global community can be considered truly secure if the HIV/AIDS epidemic continues to claim the lives of the most active segment of the labor force. In line with this perspective, factors, such as income inequality and unemployment pose serious threats to social cohesion, security, and democratic stability. The ongoing HIV/AIDS crisis stands as a potential time bomb with potentially severe consequences for economic productivity and national security [24].

The prevalence rate of HIV/AIDS across various states in the federation carries serious social, economic, political, and military implications, posing a direct threat to national security. It raises critical concerns about how the government can function effectively, how public services can operate, how agriculture and industries can thrive, and how law enforcement and the military can maintain security when they are increasingly losing able-bodied and skilled men and women to the disease. It thus implies that a state of ill-health resulting from HIV attack on the immune system incapacitates potential productive labor force from participating in economic, political, military and other social activities of a nation that enhance the quality of life. Such a state of good health is the link between socio-economic development and national security. However, if some segments of the population of a nation are incapacitated and become less functional their potential labor force will be lost to socio-economic development activities and national security [25].

Nigeria and the global community are confronted with a pandemic disease that needs to be conquered collectively through functional cooperation for national security as well as international peace and security. To this end, it has been argued that social and economic maladjustments are fundamental

causes of conflict, while social and economic welfare serve as essential preconditions for peace. This perspective emphasizes the importance of addressing underlying societal and economic issues to achieve lasting stability and security. Hence, he posited that the real task of our common society is the “conquest of poverty, ignorance and disease”. Highlighting economics, therefore, the impact of HIV/AIDS on socio development and national security becomes the functional responsibility of this paper [26].

### **THE ORIGIN AND PREVALENCE OF HIV/AIDS**

The origin of HIV/AIDS is still not known with certainty, but various perspectives exist regarding how the virus may have emerged. These views often attempt to associate the virus with specific environments and circumstances, suggesting that its development may have been influenced by a combination of ecological, social, and biological factors. For instance, HIV/AIDS is a disease believed to have come from, “the sky and also as God’s wrath”. Since the scripture condemns homosexual practice and the first case recorded in United States of America was diagnosed among a member of the homosexual social group. However, the disease’s origin has also been linked to heterosexual social groups as such it is a global pandemic not unique to homosexual or a heterosexually transmitted disease. Other views about HIV/AIDS however blamed Germany biological warfare dating back to the days of Nazi dominance of Germany for the escape of the HIV infecting agents, while some accused the American Central Intelligence Agency or the Russian Secret Service for deliberately using destructive viruses including HIV to destabilize countries for their political aims. Hence Africans nickname for “AIDS-American Invention to Discourage Sex”. This view could be faulted for lack of credibility based on the premise that the first case was diagnosed in the USA and today the number of infected people is on the increase and even in countries accused of releasing HIV viruses for political aims. Another view traces the origin of HIV/AIDS to central Africa. Some scientific researchers believe that HIV/AIDS may have originated in Central Africa as early as the 1950s. It is thought that the virus could have been transmitted to humans through contact with certain species of monkeys, which were hunted and prepared as bush meat, leading to the initial cross-species transmission. Consequently, the Simian virus in the bush meat is transmitted and becoming particularly virulent in the consumer. This may or may not be possible to prove either directly or indirectly the Simian connection, but scholars in the scientific field have observed strongly that the monkey family carry viruses having a similar effect to that of HIV/AIDS in humans [27].

Generally, HIV/AIDS was considered particularly in North America as a homosexual disease, whereas in Africa it is a heterosexual disease. This consideration reflects how individual and social groups perceived HIV/AIDS. In its early years of discovery in the United States, the epidemic spread rapidly within gay communities. At the time, the medical community was unprepared to deal with a virus that caused illness five to six years after initial infection, making case tracing difficult and leading to false conclusions. Meanwhile, heterosexual communities felt both safe and somewhat complacent. Over the years, the infection and spread of HIV/AIDS escalated, while global attention remained focused on debating whether the disease was primarily a problem within the homosexual community or among Africans who consumed monkeys as bush meat.

Today both the developed and developing world alike are confronted with a health and developmental problem, a disease that has spread uncontrollably, destroying families, economies and has claimed more lives in the last two decades than any war or internal conflict. Since HIV/AIDS has no borderline, it affects the global world’s economy and all humanity both rich and poor of the developed and developing countries. The threat it poses to national security and global peace and security can be exemplified first by looking at the estimated prevalence rate of HIV/AIDS infection in some selected countries particularly those of sub-Saharan Africa that have been observed as the most hit by this pandemic. A general statistical data of the epidemic, the United Nations Joint Committee on AIDS report of 2006 gave an estimated 38.6 million people world-wide as living with HIV at the end of 2005. Newly infected for the same year was put at 4.1 million people and 2.8 million people lost their lives to AIDS. The situation facing Sub-Saharan African countries, including Nigeria, as HIV continues to spread, remains

alarming. HIV infection rates in the region have been on the rise since the early 1980s. By 1987, just five years after the first reported case, approximately 2.5 million people were infected. This number grew rapidly, reaching around 5 million by 1989. In 1990, official statistics reported 280,000 full-blown AIDS cases across Africa [28].

By the end of the decade, global figures painted an even more troubling picture. Around 33.6 million people worldwide were living with HIV/AIDS, with Africa accounting for a significant portion of this total. Though representing about 10% of the global population, the continent carried approximately 70% of all infections and over 80% of recorded AIDS-related deaths by 1999. In the early 2000s, the situation did not improve. By 2001, estimates indicated that about 34.3 million people globally were living with HIV, with 23.3 million of those in Africa. The numbers continued to rise into 2002, reflecting the persistent and devastating impact of the epidemic on the continent. UNAIDS report has it that 28.1 million Sub-Saharan Africans were living with HIV/AIDS. Consequently, as the number of individuals infected with HIV/AIDS continues to rise and the virus spreads uncontrollably, there is a corresponding increase in the death toll and the number of orphans left behind by deceased parents. The data in the (Table 1) clearly illustrates the severity of the situation [29].

**Table 1.** HIV/AIDS situation in 10 countries in Africa.

Country	% of Adult Population HIV-Infected	Estimated No. of Adults & Children Who Died of Aids	Cumulative No. of Orphans	Current Living Orphans
Ghana	3.60	33,000	170,000	119,410
Cameroon	7.73	52,000	270,000	181,344
Chad	2.69	10,000	68,000	42,213
Congo	6.43	8,600	53,000	35,103
Lesotho	23.57	16,000	35,000	29,469
Switzerland	25.25	7,100	12,000	10,705
South Africa	19.94	250,000	420,000	370,952
Zimbabwe	25.06	160,000	900,000	624,883
Zambia	19.95	99,000	650,000	447,114
Nigeria	5.06	250,000	1,400,000	971,472

Source: Richard Wills 2002: 46–52.

From the foregoing observed statistical data it is evident that Swaziland and Zimbabwe top the selected groups with an estimated percentage observed as 25.25% and 25.06%, respectively, next is Lesotho with 23.57% while South Africa and Zambia have 19.94% and 19.95% Central Africa Republic 13.84%. Cameroon 7.73%. Nigeria is number six in this group of highly infected countries with an estimated percentage of 5.06%. The estimated number of adult and children who died of AID in Nigeria is put at 250,000, i.e., 179,000 and 90,000 higher than the death rate in Swaziland 7,100 and Zimbabwe 160,000 that are topping these group as the most highly estimated adult population infected with HIV. Likewise, the cumulative number of orphans estimate shows 12,000 for Swaziland: 900,000 for Zimbabwe and that of Nigeria is 1,400,000.

Generally, there are observed differences globally in the number of men, women and children that have been infected over the years as the HV/AIDS epidemic sweeps across borders. Accordingly the UNAIDS report of 2006 has it that about 38,600,000 people world-wide are estimated as living with HIV, and when the global estimated figure is broken down according to countries prevalence rate, India is first, South Africa second and Nigeria third, Mozambique fourth, Zimbabwe fifth, Tanzania sixth, Kenya seventh, United States of America eight, Zambia ninth and Congo tenth.

While the number of men infected globally is estimated at 19,000,000 – India is first 4,000,000; South Africa second – 2,200,000; Nigeria third 1,000,000; USA fourth with 900,000: Russia is fifth with 730,000. While the global estimated population of women living with HIV/AIDS is 17,300,000.

Countries topping the list are South Africa first 3,100,000; Nigeria and India second 1,600,000; Mozambique third 960,000; Zimbabwe fourth 890,000 and Kenya fifth 740,000. The countries leading in the case of infected children are Nigeria and South Africa first with 240,000; Zimbabwe second 160,000 and Kenya third 150,000. Also, the recorded deaths show South Africa leading with 320,000; Nigeria second 220,000; Zimbabwe third 180,000 and Kenya fourth. Sadly South Africa, Nigeria, Zimbabwe, Zambia and Kenya are among the first 10 all categories. India only topped the list of global estimated population living with HIV/AIDS because more men are infected than women and children with 4,000,000 that is 3,000,000 more than that of Nigeria 1,000,000 that is third and 1,800,000 than South Africa's figure of 2,200,000. However, with regards to the number of women living with HIV/AIDS South Africa has 3,100,000 that is 1,500,000 more women are infected than in Nigeria and India with 1,600,000. While countries, like USA and Russia, recorded 900,000 and 730,000 men, respectively, living with HIV and a total of 300,000 and 210,000 are noted as the number of women living with HIV in USA and Russia.

It could be argued here that women in these countries have the social, political, economic and others' rights that their fellow women in South Africa, Nigeria and others lack. Hence cultural factors, religion and others contributed to the spread of HIV/AIDS among women in the developing world like South Africa, Nigeria and others. Since a woman does not have social rights but rather submits to the husband and this husband could have other sexual partners women either married or single become the most vulnerable to HIV/AIDS infection. In addition, young women prompted by the need for survival and lack of alternative-source of income and other factors affecting the Nigerian economy and developing countries engage in sexual relationships with men in all fields of socio-economic endeavor for financial gains. The military, long-distance truck drivers, and individuals in similar professions are also considered highly vulnerable to the spread of HIV due to the nature of their work. These groups often spend extended periods away from their families – ranging from three months to a year for military personnel, and two to three weeks or more for truck drivers and others—creating conditions that may increase their risk of exposure to the virus [6].

#### **HIV/AIDS PREVALENCE RATES IN NIGERIA 2003 AND 2005**

Since the first case of HIV/AIDS was reported in 1986 in Nigeria the epidemic has expanded rapidly thus becoming pandemic. As such estimated data in HIV/AIDS status shows that the prevalence rate has increased from 1.8% in 1988 to 4.5% in 1996 and to 5.8% in 2001. In 2003 the prevalence rate is observed to have dropped to 5.0% and estimates from the HIV syphilis sero-prevalence sentinel survey among women attending antenatal clinic. The Nigerian national HIV/AIDS response review observed that between 3.2 and 3.8 million Nigerians aged 15–49 may be infected with the virus. This observation implies that the epidemic has extended beyond the commonly classified high-risk groups and has become a common phenomenon in the general population. As such there is no part of the country that is affected by the pandemic with infection cutting across both sexes and all age groups. The prevalence rate between 2003 and 2005 is shown below either in terms of decline or increase recorded in prevalent rates.

In Table 2, Osun, Kebbi, Enugu and Ogun recorded an increase of 2.4, 1.7, 1.6, and 1.3, respectively, in 2005.

Table 3 shows some states that recorded in 2005 a decrease in their HIV/AIDS prevalent rates. For example, Cross River recorded a decrease of 5.9, while Adamawa and FCT recorded 3.4 and 2.1 decrease in prevalent rates.

Generally, observation among the Nigerian populations shows that stigmatization, ignorance, cultural/traditional practices, economic situations and so on have been a contributory factor in the spread of the HIV disease. In an interview conducted among some group of people in various fields of endeavor and so cultural backgrounds and also people living with HIV/AIDS a sample totaling 80 all affirmed that stigmatization, economic situation and so on help in the spread of HIV/AIDS [17, 18].

**Table 2.** Some states of Nigeria that recorded increase in prevalent rates 2005.

State	Increase 2005	2003 Prevalent Rate	Difference
Benue	10.0	9.3	0.7
Akwa Ibom	8.0	7.2	0.8
Nassarawa	6.7	6.5	0.2
Enugu	6.5	4.9	1.6
Edo	4.6	4.4	0.2
Abia	4.0	3.7	0.3
Anambra	4.2	3.8	0.4
Imo	3.9	3.1	0.8
Brono	3.6	3.2	0.4
Osun	3.6	1.2	2.4
Kwara	2.8	2.7	0.1
Ogun	2.8	1.5	1.3
Ondo	3.2	2.3	0.9
Kebbi	4.0	2.3	1.7

Source: Kaduna state data on HIV/AIDS prevalent rate 2006.

**Table 3.** Some states that recorded a decrease in 2005.

State	Decrease in 2005 Prevalent Rate	2003 Prevalent Rate	Difference
Cross River	6.1	12.0	5.9
FTC	6.3	8.4	2.1
Adamawa	4.2	7.6	3.4
Plateau	4.9	6.3	1.4
Delta	3.7	5.0	1.3
Bayelsa	3.8	4.0	0.2
Yobe	3.7	3.8	0.1
Kaduna	5.6	6.0	0.4
Gombe	4.9	6.8	1.9
Niger	5.3	7.0	1.7
Kogi	5.0	5.7	0.7
Lagos	3.3	4.7	1.4
Bauchi	3.4	4.8	1.4

Source: Kaduna State Action Committee AIDS (SACA).

**Table 4.** Data of interview on stigmatization.

Stigmatization	No.	%
HIV positive women	20	25%
Medical practitioners	15	18.75%
Others	45	56.25%
Total	80	100%

Source: The Author.

The Table 4 shows that for stigmatization, 20 women living with HIV/AIDS interviewed making 25% of the population sample attributed the spread of HIV/AIDS to stigmatization. While 15 medical practitioners 18.75% and 45 persons 56.25% from other fields of endeavor all share this view which ironically confirms “Richard’s position (2002) that spread of HIV can be either insidious or like wildfire, people do not know how or when they caught the virus, many never know they have it, many who do know do not tell anyone as they lie dying” and no male acknowledges to being positive. It is only women who dare stigmatization consequences. In addition, the number of persons interviewed as

well as the percentage of their view in respect of economic situations being a contributing factor to the spread of HIV is as shown in the Table 5 [15–18].

**Table 5.** On economic situation.

Women	15	60%
Medical practitioners	12	80%
Others	35	77.78%

Out of the 80 persons interviewed 15–60% of the total figure of 20 HIV/AIDS positive women are of the view that economic situation intensifies the spread of HIV/AIDS. Similarly, 12 out of 15 medical practitioners 80% share this opinion and the other groups 35 out of 45 making 77.78% emphasizes that young girls due to lack of alternative source of income engage in sexual activities with men for financial gain and these group also have regular sexual partners as such this could help in the spread of HIV/AIDS. However, an alarming fact is that out of the total figure of 80 persons interviewed 50–62.5% acknowledged that HIV/AIDS has claimed more than 20 individual/ persons known to them while 18–22.5% observed that more than 10 families known to them have been wipe out by HIV/AIDS. The remaining 12–15% women with HIV/AIDS lost husbands to HIV/AIDS [19–25].

#### **HIV/AIDS: SOCIO-ECONOMIC DEVELOPMENT AND NIGERIA'S NATIONAL SECURITY**

Globally, national and human security issues are determined by the availability of good health and an enabling environment for individuals and social groups to contribute their potential in national development. As such the right to good health and life is an essential healthy reproductive and productive life is an essential ingredients in national security. However, HIV/AIDS has unmitigated disaster, effects on the health of individuals social groups and threatens all sphere of social economic endeavor including development, production if expectancy and security. The rapid spread particularly in Africa and Nigeria are observed as a reflection of socio-economic conditions, such as poverty, unemployment, inequality, poor health care facilities, stigmatization, cultural/traditional practices which certainly aggravates the spread of HIV/AIDS among Nigerian population thus destroying the labor force of the country as the most infected are those category of individuals within their prime 15–49 years of age. Until recently the link between public health and national security has been missing in international and national security in government response to the HIV/AIDS pandemic.

The impact of HIV/AIDS on socio-economic development and national security are under appreciated. Hence a timely endeavor to examine this linkage. From the functionalist perspectives there is a functional relationship between socio-economic development and national security and Nigerian government observed that HIV/AIDS functions as threat to socio-economic development and national security, for HIV/AIDS is a major social and health problem that threatens the country's productivity and economy [NEEDS:11]. Majority of those who are HIV positive and those who die of AIDS are in their productive years and often the breadwinners in the family or social groups [26–29].

Similarly, illness and death of economically active adults result not only in higher medical expense and lower income for the social group but it equally creates hardships for survivors, while the epidemic have also compelled many individuals and social groups to absorb orphaned children and to care for the chronically ill patients of HIV/AIDS. In addition, HIV/AIDS also impacts negatively on the agricultural sector which Nigeria depends largely for food production and as a source of labor to most rural dwellers between 60% and 80% of the population. With the HIV/AIDS pandemic most labor force in the agricultural sector will be lost and consequently the contribution of the agricultural sector to gross domestic products and export earnings will decline and then the revenue needed to finance national security activities will be affected. For instance, Benue state is observed to be the most affected state in the federation and the state happens to be the food basket of the nation with a high prevalence HIV/AIDS rate, it implies that food production will decline in this state. While the urgent need for cash

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may force families to dispose of animals and a decline in livestock and national revenue results and consequently revenue for other sectors. Furthermore, the Health and education sector are also affected by the spread of HIV/AIDS. The pressure comes to bear on the health sector if the epidemic spirals increase demands for health care medical personnel and facilities while the education sector will witness loss of personnel, increase in school dropout rates and dwindling of government and household resources to support educational services.

The major economic cost in the formal labor sector can be classified into labor supply and financial cost to organizations and the nation at large. According to the national policy on HIV/AIDS 2003, the epidemic has increased the cost of achieving set developmental goals by decreasing the size of the workforce since the epidemic affects the economically productive adults in their prime (15–49 yrs). That is, decrease in the workforce increases the cost of labor as the 2005 National HIV/AIDS response observed that mortality is high among HIV/AIDS positive workers of a cement factory examined, stressing that out of 25 positive workers studied for 18 months HIV/AIDS positive workers of a factory examined hospitalized or receiving treatment in out-patient clinic. These 28% died within the period of study while others were either worker are not functional in discharging their duties yet the organization maybe saddled with the responsibility of treatment for the period of the disease. In Nigeria about 2,900,000 people are estimated as living with HIV/AIDS. However out of the 2,900,000 people living with HIV only 12,000 are observed to be receiving treatment, i.e., the highly active anti-retroviral (HAART) program conceived in 2001 with cost of treatment per annum and per patient as N45,000 (three drugs) but currently these drugs are dispensed to PLWHA at a subsidized rate of N1000 monthly amounting to N12,000 a year for each patient. Therefore, N12,000.00 is the financial implication for the patient while government makes up the balance of N33000 x 12000 persons living with HIV will be N 3,900,000.00 being spent yearly on treatment.

Nigeria and African countries have presented the world with greater problem internally and externally driven against the stability and security of its states and the impact HIV/AIDS have had on stability and security is not yet fully known. Nevertheless, HIV is already having severe detrimental effects on numerous key sectors-governance, food supply, infrastructural development and on the socio-economic fabric of African and particularly Nigerian society and as such it threatens on the stability and future of African societies. As such the impact of HIV/AIDS upon the military and national security could be viewed in terms of loss of well-trained military officers and personnel for the defence of the nation's territory, peacekeeping operations and for peace and security. For instance, qualified pilots international that are HIV positive end up being grounded or assigned duties not involving flying and it implies that younger pilots cannot benefit from the knowledge and skills acquired over the years from those affected. Frustration becomes the plight of grounded pilots and a consequent psychological disorder and to escape from the frustration the grounded pilot seeks out means of amusing self and since there is no law that HIV positive individuals must state their HIV status because it is kept secret. Such pilots end up amusing self with those seeking financial gain through sexual favors. Military personnel that are HIV positive, therefore, cannot contribute effectively to national security matters since the knowledge and skills required are no longer being utilized. Thus, the more the number of HIV/AIDS military personnel the less effective national security matters will be addressed. For the Army, Navy and Airforce all have specific roles or functions to play for effective national security. For example, a pilot responsible for transporting troops during peacekeeping operations plays a critical role in national security. If the number of pilots infected with HIV continues to rise, the country may eventually face a shortage of qualified personnel, as many would be unable to carry out their duties effectively or may be reassigned to roles outside their area of expertise. In such cases, their ability to contribute meaningfully in their specialized fields become significantly diminished. Obtaining accurate data on HIV prevalence among soldiers is often challenging, as some countries either do not collect this information or choose not to make it public. Estimates have suggested that the rate of sexually transmitted infections among military personnel is generally two to five times higher than that of the civilian population.

Despite the lack of comprehensive data, it has been observed that HIV/AIDS is increasingly impacting African military forces. In some countries, the disease has become a leading cause of death among members of the military and police. Concerns have also been raised that, over time, HIV/AIDS could significantly complicate staffing within the military officer corps in nations, such as Nigeria and Ethiopia. In the case of Nigeria, it was noted that HIV prevalence among troops was estimated to be less than 1% in 1997. However, this figure rose to between 5% and 10% during 1998 and 1999, a period that coincided with the return of troops from peacekeeping missions under the Economic Community of West African States Ceasefire Monitoring Group (ECOMOG), where the prevalence rate among returning soldiers was recorded at around 12%. Risk of infection also doubled each year spent in conflict regions suggesting a direct link to duty in war zones. Gen Adefolalu further observed that Nigerian troops in Sierra Leone had prevalent increase from 7% after one year to 10% after two years to more than 15% after 3 years of duty in operational areas and many thousands of ECOMOG babies were also born. Sympathizing with this development, the US Ambassador to UN Richard Holbroke argued that it is a cruel irony to send peacekeepers to conflict zones only to find themselves contracting or spreading HIV. As such a high HIV rate among militaries may make it more difficult for staff peace keeping mission. Ironically, Nigeria is the major contributor of troops in peace keeping operations and with increasing prevalent rates of HIV among military personnel may imperil responses to regional crisis. Generally growing evidence that HIV pandemic poses increasing challenges for the conduct of peacekeeping reduces the ability of countries to contribute peacekeepers and decrease in willingness of countries to accept peacekeepers who may pose a disease risk to them. High rate of HIV is likely to have significant social, economic, political and military implications and if it continues state instability results. For how government function public service can operate, agriculture and industry thrive, law enforcement and military maintaining security when they are being stripped of able bodied and skilled men and women.

#### **NIGERIA'S RESPONSE IN ADDRESSING SECURITY CHALLENGES OF HIV/AIDS**

The initial response to HIV/AIDS started in 1987, a year after HIV was dictated with the setting up of the national AIDS control and prevention program. This was followed by the HIV/AIDS Emergency Action Plan (HEAP) in 1996 meant to bridge long term strategic plan. The main objective of HEAP includes among others is: 1) To break down the barriers to HIV prevention and support community base responses (cultural practices that help in the spread of HIV/AIDS), 2) To provide prevention, care and support interventions directly.

However, it was not until 1999 that the national response report for 2004 noted that serious national efforts to tackle HIV/AIDS were made. The Olusegun Obasanjo administration is observed to have placed high priority on prevention, treatment, care and support activities by establishing among others the presidential committee on AIDS in 1999 and the national AIDS Action Committee on AIDS (NACA) in 2000. These bodies' co-ordinate the various HIV/AIDS preventions, treatment and care activities in Nigeria. Specifically, the main responsibility of the national agency is the execution and implementation of activities under the HIV/AIDS Emergency Action Plan, which was initiated in 1996. This plan has since been replaced with a national HIV/AIDS strategic framework, designed to guide the country's response to the epidemic for a set period extending up to 2009. Consequently programs targeted at prevention, such as public awareness campaign on both electronic and print media have been organized and messages, such as "Zip up" and "AIDS is real" as well as advocating for change in cultural practices that could aid the spread of HIV/AIDS are constantly being Non-discussed on radio and television nation-wide. Non-governmental organizations, civil society groups and other bodies' equally sponsor program aimed at reducing stigmatization one of several factors that contributes to the spread of HIV/AIDS in Nigeria. About 700 civil society organizations in Nigeria are observed to have received in excess of 15 million dollars for them to work with in ensuring that people nation-wide receive the useful information on HIV/AIDS prevention, care and support.

In addition, a national policy on HIV/AIDS was initiated in 2003 and African governments have equally agreed to allocate about 15% of their budget for HIV/AIDS prevention support and care. For

example, in 1998 three million dollars were observed to have been approved in the budget for HIV/AIDS. This increased to thirty (30) million dollars in 2005, signifying a major shift in financing HIV/AIDS programs. As such, private sector and others have sectional guideless and about 42 federal ministries are observed in the 2004 national response report as working on HIV/AIDS for Nigeria Ministry of Defence for instance works through its Armed Forces Program on AIDS Control (AFPAC) ensuring an extensive sensitization of military formations in the country especially troops on peace-keeping assignment under ECOMOG and other foreign missions. These and several other initiatives are being implemented in Nigeria HIV/AIDS prevention, care, and control. While initiatives made towards treatment of people living with HIV/AIDS include among others, the provision of anti-retroviral drug program which started in 2002 targeted at reaching about 10,000 adults and 5,000 children within one year and about 3.5 million dollar worth of ART drug was observed to have been imported from India and delivered at a subsidized monthly cost of 7 dollar per person. However, in 2004 the program was observed to have suffered a major setback, as it was hit by a shortage of drugs and as such many people living with HIV/AIDS could not receive treatment for three months. Eventually an additional 3.8million dollar was injected into the program for the drugs but despite this effort the goal for 2002 was not achieved due to poor infrastructure and management.

To improve on this situation, former President Obasanjo in December 2005 declared free treatment of people living with HIV/AIDS. Consequently, several centers have been put in place for this purpose with each state of the federation having at least a center and the federal capital territory and providing treatment with a maximum capacity to cater for 1,000 persons and a minimum of 500 per center. In addition, 352 support groups across the country have also received assistance and each support unit has at least 100 people or members. This implies that more than thirty-five thousand two hundred people are receiving support nationwide. However, about 520,000 people are estimated to require Anti-retroviral treatment but only 17,000 people are observed to be receiving treatment from the 50 treatment sites. Furthermore Nigeria's program targeted at prevention, treatment and care has received support or assistance from President Bush Emergency Plan for AIDS Relief (PEPFAR) as one of the 15 countries to benefit from the 2003 initiative. Accordingly, Nigeria has been observed to have received in 2004 and 2005 about 70.9 and 110.2million US dollars, respectively, for the two fiscal years. In addition, there were plans to allocate an estimated sum of 163.1 million dollars in 2006 through an international initiative. This gesture was seen by some as potentially carrying political implications, suggesting that it may be linked to strategic interests in Nigeria's oil and natural gas reserves, as well as efforts to exert pressure on Nigeria to reconsider its position within the Organization of Petroleum Exporting Countries (OPEC), potentially giving greater influence on foreign powers over the region's oil market. Another source of funding HIV/AIDS program in Nigeria comes from the Global fund and this body has provided about 28 million dollars over a period of two years 2004 and 2005 meant for the expansion of programs on ART, prevention of mother to child transmission with an estimate 20,000 people as the target. Similarly, World Bank Multi-country AIDS Program (MAP) allocated 90.3million dollars loan in 2002 for Nigeria to support national program already in place, such as community based and non-governmental programs [21–29].

## CONCLUSIONS

HIV/AIDS is an enormous health and development challenges and problems to the Nigerian Government and the world at large. Ironically HIV/AIDS disease continues to spread gradually because of stigmatization, economic situation and cultural/traditional belief. As such HIV/AIDS affects a country's physical and human capital as the social capital thus eroding networks of traditional support mechanism and threatens the efficiency of legal and regulatory institutions. The impact of the disease spans across all sectors of the economy, resulting in various costs including financial, social, and psychological burdens. It leads to reduced productivity and creates the need for additional spending on training and hiring new personnel, as well as increased healthcare expenditures. The rising prevalence of HIV/AIDS in Nigeria carries significant economic, social, political, and military implications that affect the nation's overall development and stability. Nigerian government as employers and the custodians of the nation's economy and national security is faced with the mounting task of responding

to HIV epidemic, its employees in the civil service, health, education, agriculture, business sectors, military and paramilitary are continuously affected. These very people are needed to enhance socio-economic development and national security. The Nigeria national security is under serious threat by the functional role of the HIV/AIDS virus on the populace. Therefore, there is an urgent need to redirect socio economic activities to provide more job opportunities for sex workers as well as legal laws that will protect people living with HIV/AIDS from stigmatization and for HIV positive individuals to notify their partners. Furthermore, HIV situation in Nigeria has been subject to exploitation by various organizations seeking to benefit from donor funds intended to combat the disease. This issue needs urgent attention, as many have unfortunately turned the crisis into a business opportunity. However, it is important to recognize that this is not a commercial venture – it is a serious health and development challenge, as well as a significant threat to national security. It can be recommended that in view of the damaging effect of HIV/AIDS on social, economic, political, military and so on, Nigeria needs to critically redirect policies and programs in order to fight the scourge so as to enhance national security process not only within the country but for West Africa's sub-region since Nigeria is the major contributor of troops for peacekeeping operations. Nigeria's national security and that of the region depend on the health of Nigerias' population.

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