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## The Double Burden of HIV/AIDS on Livelihoods in Akwa Ibom State, Nigeria

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### Abstract

*Akwa Ibom State consistently ranks among the Nigerian states with the highest burden of HIV/AIDS, facing the dual challenge of addressing a public health crisis while mitigating its profound impact on livelihoods (NACA Spectrum Estimates, 2024). This study critically examines how the spread of HIV/AIDS directly and indirectly erodes diverse aspects of livelihood, including financial and human assets, social support systems, and overall productivity. A mixed-methods approach was employed, combining quantitative economic indicators with qualitative insights from community leaders and healthcare providers. The findings reveal significant economic distress manifested in rising healthcare expenditures, asset depletion, and the loss of productive labour. The study also highlights adverse social consequences such as stigmatisation, weakened social capital, and disrupted educational attainment, underscoring the systemic nature of the epidemic's impact.*

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*The study recommends the formulation of policies aimed at strengthening resilience, enhancing social support systems, and promoting sustainable livelihoods for individuals and households affected by HIV/AIDS in the state.*

**Keywords:** Sustainable livelihoods; public health; HIV/AIDS; vulnerable populations

### **Introduction**

In sub-Saharan Africa, the HIV/AIDS epidemic continues to undermine health and development outcomes. Nigeria, with over two million people estimated to be living with HIV, faces a substantial public health challenge (NACA Spectrum Estimates, 2024). Despite significant progress in prevention and treatment, including expanded access to antiretroviral therapy (ART) (FHI 360, 2023), Akwa Ibom State remains one of the states most affected, with an estimated 161,597 cases in 2024 (Punch Newspaper, 2025). The protracted nature of the epidemic, even with improved management, imposes considerable burdens on individuals, households, and communities, particularly in relation to socio-economic wellbeing.

Comparative evidence from other regions illustrates the complex consequences of HIV/AIDS. For instance, in Brazil, adolescents living with HIV/AIDS face challenges related to treatment adherence, stigma, family relationships, and future aspirations (Gabriela et al., 2018; Soares et al., 2015). Similarly, research in East Asia highlights the psychological and social costs for children affected by HIV/AIDS, including stigma, isolation, and emotional distress, often compounded by the loss of parental care (King & Winthrop, 2015). These insights underscore the far-reaching impact of the epidemic beyond health, extending to social identity, family stability, and community cohesion.

The economic consequences of HIV/AIDS are equally severe. Households affected by the disease face reduced income as parents become too ill to work, while significant resources are diverted to medical care and funerals. In many contexts, stigma and workplace discrimination exacerbate economic vulnerability by driving people living with HIV/AIDS out of employment (Winthrop, 2015). As financial resources diminish, children are often forced to leave school to contribute to household income, as documented in Vietnam and Cambodia (UNICEF, 2017). Similar patterns are evident across African countries, where HIV prevalence among pregnant women and adults in the most productive age groups continues to undermine household and national economic stability (Chanda et al., 2017).

The epidemic therefore threatens sustainable development by eroding social capital, weakening institutions, and reducing labour productivity across sectors such as agriculture, education, and health. It exacerbates poverty, increases dependency ratios, and heightens vulnerability for women, children, and marginalised populations.

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Ultimately, HIV/AIDS diminishes life expectancy, contributes to rising numbers of widows and orphans, and perpetuates intergenerational cycles of deprivation.

This study applies the Sustainable Livelihoods Framework (SLF) to examine the impacts of HIV/AIDS on livelihoods in Akwa Ibom State. The SLF conceptualises livelihoods as a combination of skills, assets, and activities required to sustain a living (DFID, 1999). It emphasises five forms of capital as follows: human, social, natural, physical, and financial—and considers how these are influenced by vulnerabilities, institutional structures, and livelihood strategies. HIV/AIDS directly undermines human capital through morbidity and mortality, with cascading effects on other assets and livelihood outcomes. By employing the SLF, this study provides a systematic assessment of how HIV/AIDS affects livelihood components in Akwa Ibom State and explores the coping strategies adopted by individuals and households.

### **Materials and Methods**

A mixed-methods research design was employed to provide a comprehensive understanding of the relationship between HIV/AIDS and livelihoods in Akwa Ibom State. The combination of quantitative and qualitative approaches was necessary to capture both the measurable economic impacts of the epidemic and the nuanced social and experiential dimensions that are not easily quantified.

The study purposively selected participants to reflect diverse perspectives across affected populations and stakeholders. The sample comprised 600 people living with HIV (PLWH) of varying ages, genders, and occupational backgrounds; 400 households affected by HIV/AIDS where family members had been lost to the epidemic; 100 community leaders (including village heads, religious leaders, and youth leaders); 150 healthcare professionals (doctors, nurses, counsellors, and social workers involved in HIV care and support); and 50 representatives of non-governmental organisations (NGOs) providing HIV/AIDS-related services in the state.

Quantitative surveys were administered to PLWH and affected households to collect demographic data (age, gender, education, and occupation), household income and expenditure patterns (pre- and post-diagnosis/illness), healthcare costs (medications, transport, consultations), labour force participation, productivity changes, and asset ownership or sales (such as land, livestock, and household items). Qualitative methods complemented the survey data. In-depth interviews were conducted with PLWH, household heads, healthcare professionals, community leaders, and NGO representatives to obtain narratives on lived experiences, coping strategies, challenges, and perceived impacts of the epidemic. In addition, four focus group discussions (FGDs) were held: two with male and female PLWH separately, and two with caregivers from affected households. These discussions explored social support mechanisms, shared experiences, and collective coping strategies. Data were analysed



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using descriptive statistics to illustrate economic changes, with comparisons drawn between pre- and post-diagnosis/illness situations. Qualitative data from interviews and FGDs were thematically analysed to identify recurrent patterns, narratives, and perceptions, thereby enriching the interpretation of the quantitative findings.

## **Results and Discussion**

The study reveals that the spread of HIV/AIDS in Akwa Ibom State has significant implications for livelihoods across all dimensions of the Sustainable Livelihoods Framework (SLF). The findings indicate that the epidemic not only affects the health and productivity of individuals but also disrupts household stability, social cohesion, and broader community development.

### **Human Capital**

HIV/AIDS erodes human capital primarily through declining health and reduced productivity. Participants reported frequent absenteeism from work, job loss, diminished physical strength, and chronic fatigue. The premature death of individuals in their productive prime results in the irreversible loss of skills, experience, and institutional knowledge within the workforce (Mohammed, 2024). These effects reduce household earning capacity and simultaneously weaken the wider economy, as critical sectors lose trained personnel.

### **Financial Capital**

Households affected by HIV/AIDS face escalating financial pressures. Despite free access to antiretroviral therapy (ART), families continue to bear substantial costs related to diagnostics, treatment of opportunistic infections, transportation to clinics, and supplementary care. Many respondents described falling into debt or resorting to the sale of productive assets such as land, livestock, or household property in order to cover healthcare expenditures. Furthermore, caregiving responsibilities often divert time from income-generating activities, compounding financial vulnerability. The cumulative effect is a drastic reduction in household income streams and diminished resilience against future shocks.

### **Social Capital**

Stigma and discrimination remain pervasive, despite sustained awareness campaigns. Respondents noted being excluded from community gatherings, denied employment opportunities, or isolated by neighbours. This erosion of trust and reciprocity undermines vital social support networks that would otherwise serve as safety nets during periods of hardship. The resulting social isolation also contributes to increased psychological distress, further weakening individuals' capacity to engage productively in economic and community life.

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### **Family and Community Structure**

The epidemic has destabilised household and community structures. The death of parents and breadwinners has contributed to a growing number of orphans and vulnerable children (OVC), placing immense strain on extended families already facing economic hardship. In many cases, children were reported to withdraw from school to support caregiving or income-generating activities, perpetuating cycles of poverty and limiting future human capital formation. At the community level, the epidemic was found to undermine collective development efforts, weaken social cohesion, and deepen existing inequalities.

### **Livelihood Outcomes**

These findings demonstrate that HIV/AIDS systematically undermines the five capital assets outlined in the SLF. The direct health impacts cascade into financial insecurity, social marginalisation, weakened family structures, and disrupted community development. These outcomes confirm earlier research in sub-Saharan Africa showing that the epidemic is not merely a health issue but a profound socio-economic challenge that perpetuates poverty and inequality (Chanda et al., 2017).

Overall, the findings underscore the multidimensional burden of HIV/AIDS on livelihoods in Akwa Ibom State, with consequences spanning human, social, financial, and community assets. The disease not only undermines individual productivity and household income but also erodes social networks, heightens caregiving responsibilities, and weakens community resilience. These outcomes affirm the interdependence between health and livelihood systems, demonstrating that the impact of HIV/AIDS extends far beyond biomedical concerns to encompass economic and social well-being. Consequently, policy responses must extend beyond the provision of antiretroviral therapy to include livelihood-strengthening initiatives, social protection schemes, and community-based support structures. Integrated interventions that simultaneously promote health, enhance economic stability, and foster social inclusion are essential for breaking the cycle of poverty, vulnerability, and disease in the state.

### **Conclusion**

The spread of HIV/AIDS in Akwa Ibom State poses a profound threat to livelihoods, creating ripple effects that extend beyond individual health to undermine household stability, economic productivity, and social cohesion. The findings of this study highlight the need for a multi-sectoral and comprehensive response that simultaneously addresses health, economic, and social dimensions of the epidemic.

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### Recommendations

- i. Strengthen social protection programmes for people living with HIV (PLWH) and affected households to reduce financial vulnerability and support asset building.
- ii. Integrate livelihood support into HIV care, including economic strengthening programmes and linkages to financial literacy and business development resources.
- iii. Combat stigma and discrimination through sustained community engagement and awareness campaigns to foster acceptance, encourage testing and disclosure, and expand social support networks.
- iv. Enhance education and child protection by providing scholarships, fee waivers, and school feeding programmes for children affected by HIV/AIDS, ensuring continuity in their education and long-term human capital development.
- v. Promote workplace inclusion by sensitising employers and enforcing policies that prevent discrimination against PLWH, thereby retaining skilled labour and improving organisational productivity.
- vi. Encourage active participation of PLWH in state development, ensuring equal opportunities that enable them not only to survive but to thrive as contributors to social and economic growth.

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