

Socio-Economic Impact of HIV/AIDS on Farm Women in Nigeria: Evidence from Enugu State

Daniel S. Ugwu

Department of Agricultural Economics and Extension,
Enugu State University of Science and Technology (ESUT),
P.M.B. 01660 Enugu, Enugu State, Nigeria

Abstract: Most recently, the role of women in the development of agriculture and other sectors of the Nigerian economy have been acknowledged and recorded. Women contribute significantly in agriculture, rural development and biodiversity conservation. Women are known to produce up to 60% of the food consumed by the backbone of subsistence agriculture in the developing countries. The rural women are the principal actors in pre-and-post-harvest food processes as processors, preservers, preparers and distributors [26]. Women also engage in animal husbandry involving keeping and tending of small ruminants (sheep and goats) and poultry to supplement family income and nutrition. Among the pastoral Fulani in Nigeria, women tend calves, milk cows, process milk and prepare milk products for sale as well as for consumption. Despite the significant contributions of women to agricultural development in Nigeria as enunciated above, the impact of the HIV/AIDS epidemic on farm women have not been empirically investigated or documented. The primary objective of this study was to examine and determine the impact of HIV/AIDS on farm women in Nigeria with particular reference to Enugu State. Multi-stage and purposive sampling methodologies were employed in the selection of farm families/households including (women) persons living with HIV/AIDS (PLWHAs) and (women) persons affected with HIV/AIDS (PABA) for the study. Sixty (60) farm women/PLWHAs/PABA and sixty (60) uninfected farm women/households were purposively sampled for the study. The results of the study showed that the impact of HIV/AIDS on the farm women and their households were significant. These were with respect to loss of feminine agricultural labour supply, reduced household income, reduced agricultural production, increased family burden as well as loss of family assets and the women's right, among others. It was recommended that there is the need for a gender-based paradigm to agricultural and rural development in Nigeria in view of the fact that women are at the centre stage of the HIV/AIDS epidemic in Nigeria.

Key words: Nigeria • HIV/AIDS • Socio-economic impact • Farm Women

INTRODUCTION

Women-In-Agriculture: Globally, women have title to only 1% of the world's land; yet paradoxically, women produce over half of the world's food and provide significant unpaid agricultural labour for other crops. In developing countries, women are over represented in agriculture, producing up to 80% of all foodstuffs in Sub-Saharan Africa, 50-60% in Asia, 46% in the Caribbean and 31% in the Middle East [1]. While, historically, women have been neglected as subjects and objects of development, there is an increased realization by government, donors and communities that, particularly in

agriculture no meaningful development can take place unless women are granted access to all resources [2]. Excluding women in rural development programmes underutilizes half to over half of the potential human capital [3].

Research has shown that on the average in African societies women put in 70% of all the time expended on food production, 100% of the time spent on food processing, 50% on food storage, 90% on obtaining water supply and 80% on obtaining fuel supply [4].

African women undertake 60-80% of the workload in agriculture, making up more than 40% of the estimated labour force in the sector and grow about

half of the food supply in the world. Research in Nigeria also shows that “about 95% of the Nigerian farmers who actually feed the nation are small scale farmers and about 55% of them are women who bear the triple work burden of breeder, feeder and producer” [5].

Local level studies in many countries show that most of all food crops are left for women while men raise cash crops, cattle or migrate for labour wage. Edith and Jean [6] observed that shortage of male labour in most Igbo communities of Nigeria was due to increased migration as well as rising wages which necessitated the present situation where women in addition to performing their light operations, participated effectively in the performance of some of the farm operations hitherto regarded as men’s jobs. The number of non-sex specific farm operations had been on the increase and women’s labour presently dominate men’s labour in many of these operations [6].

Ekjiuba [7] stated that all available historical and anthropological evidence agree that able-bodied females, young, adult and old have been principal actors in pre and post harvest food processes as producers, processors, preservers and traders of food crops. They constitute over half the total population in any given society.

African women form an indispensable part of human resources for development.

Without their contribution, the economies of African countries cannot be expected even to be maintained at their present low levels much less advance to meet the targets and levels which are consistently being set by African countries [8].

However, women have numerous constraints that hinder their productivity. These include poverty, illiteracy and inaccessibility to productive resources eg. land, credit, appropriate technologies and farm inputs. Other sources of constraints which limit the realization of their full potential include unavailability of markets and agricultural extension, socio-cultural, psychological, legal and health problems [9]. Thus Nigerian women, unfortunately, lack empowerment in social, economic and political spheres and it can be said to be total [10]. Socio-culturally, Nigerian women are regarded and treated in all circumstances as inferior to men and discriminated against. Educationally, 77% of illiterate population of Nigeria are women, an indicative of their low status [11]. The lack of empowerment also shows in the heaviness of burdens carried by the average Nigerian woman in the area of farming, family nutrition, petty trading, traditional cloth making (weaving, dyeing and sewing), among others [12]. Politically, the prevailing belief is that women are not

to govern and cannot govern but are to be governed. Thus they are marginalized in Nigerian politics and government.

Unfortunately, recognition of their participation has not always led to their inclusion as project beneficiaries. Access to productive resources such as land, credit, appropriate technology and training has always been insufficient to enable women to achieve their full potential. In most cases these resources have always been made available to men only in the communities [13].

HIV/AIDS IN NIGERIA

Since the first case of HIV/AIDS was diagnosed in 1986, the prevalence rate has risen from 0 to 1.8% by 1991, 3.8% in 1993, 4.5% in 1996 and 5.4% in 1991. By 2001, the prevalence has risen to 5.8% [14, 15]. According to the 2003 Sentinel survey, the national prevalence has declined from 5.8% in 2001 to 5.0% in 2003 and 4.4% in 2005 [15].

Nigeria’s national prevalence rate of 5% or even the 5.8%, though higher than the West African average of 4.9% is much less than those of other African countries to the South, Central and East. However, Nigeria’s large population of about 125 million accord the rate additional significance. This significance is captured by the total number of people living with HIV/AIDS which has been projected in 2003 at “between 3.2 to 3.8 million” [16]. The epidemic in Nigeria has extended beyond the commonly classified high-risk groups and is now common in the general population. With the adult prevalence rate at 5.0% in 2003, the nation is at the threshold of an exponential explosive growth of the epidemic.

UNAIDS estimates that in Nigeria, around 3.1% of adults between ages 15-49 are living with HIV and AIDS. Although the HIV prevalence is much lower in Nigeria than in other African countries such as South Africa and Zambia, the size of Nigeria’s population (around 138 million) meant that by the end of 2007, there were an estimated 2,600,000 people infected with HIV [17].

Approximately 170,000 people died from AIDS in 2007 alone [17]. With AIDS claiming so many peoples’ lives, Nigeria’s life expectancy has declined. In 1991 the average life expectancy was 53.8 years for women and 52.6 years for men [18].

Despite being the largest oil producer in Africa and the 12th largest in the world [19], Nigeria is ranked 158 out of 177 on the United Nations Development Programme (UNDP), Human Poverty Index [20]. This poor economic position has meant that Nigeria is faced with huge challenges in fighting its HIV/AIDS epidemic.

Several factors have contributed to the rapid spread of HIV in Nigeria. These include sexual networking practices such as polygamy, a high prevalence of untreated sexually transmitted infections (STIs), low condom use, poverty, low literacy, poor health status, low status of women, stigmatization and derail of HIV infection risk among vulnerable groups. Nigeria is a complex mixture of diverse ethnic groups, languages, cultures, religions and regional political groupings, all of which are major challenges for HIV prevention programs [21].

With respect to gender, women are particularly affected by the epidemic in Nigeria. In 2006 UNAIDS estimated that women accounted for 61.5% of all adults aged 15 and above living with HIV [22]. A 2007 study showed that the younger married girls lacked knowledge on reproductive health, which included HIV/AIDS. They also tend to lack the power and education needed to insist upon the use of a condom during sex. Coupled with the high probability that the husband will be significantly older than the girl and therefore is more likely to have more sexual partners in the past, young women are more vulnerable to HIV infection within marriage [23].

HIV/AIDS is not just a biological event; it has important social and economic consequences as well. HIV/AIDS is a major social and health problem. It also threatens the country's productivity and economy. HIV/AIDS has impacted on the different sectors of the Nigerian economy, namely, agriculture, education, wealth creation, commerce and industry and exacerbating poverty.

The HIV/AIDS Emergency Action Plan (HEAP) policy has categorized the impact of the HIV/AIDS pandemic into three: namely, orphans, labour force and food security. The HEAP policy document noted that the pandemic has impacted on the high man-power intensive sectors of the economy which includes the agricultural, educational and health sectors as well as the rural economy [15]. The HIV and AIDS crisis has worsened the subordinate status of women and girls. In Nigeria, the epidemic's disproportionate impact on women and girls has given rise to a startling new reality: the feminization of the epidemic, rooted in their economic dependency, stigmatization and the denial of their rights.

Although the socio-economic impact of HIV/AIDS have been identified to be rooted in loss of family assets, reduced family income as well as decreased labour force and increased drop-out of children from schools, among others, there is paucity of data to validate these scenario in Nigeria.

MATERIALS AND METHODS

The Study Area: The study was carried out in Enugu State, Nigeria. Enugu State occupies a surface area of about 8000 sq km within the West African tropical rainforest region between latitudes 5°55' and 7°10' North and 6°50' and 7°55' East. It is bounded in the East by Ebonyi State, in the West by Anambra State, in the North by Kogi and Benue States and in the South by Abia State.

The state has 17 federally recognised local government areas (LGAs). An additional 39 LGAs were created in 2003, but have not yet been given constitutional recognition and so remain development centres.

According to 1991 national census figures, the population was 2.1m in 1991. At a growth rate of 2.83%, the estimated population of the state is about 2.9m in 2003. About 59% of the population live in rural areas [24].

Sampling Strategy: Purposive and random sampling methods were used in the selection of respondents for the assessment of the socio-economic consequences of HIV/AIDS on women-in-agriculture in Nigeria with reference to Enugu State. Multi-stage sampling procedure was used to select respondents for interview at the community level. The first stage involved the selection of two (2) LGAs from each of the three (3) senatorial zones of Enugu North, Enugu West and Enugu East. The second stage involved the random selection of three (3) communities per sampled LGA. Thus a total of six (6) communities were selected. Twenty (20) respondents (10 PLWHAs/PABA and 10 uninfected farm women/households) were sampled for interview from the selected communities, giving a total of one hundred and twenty (120) respondents. In addition, six (6) key stakeholders were purposively sampled as key informants including community leaders/traditional rulers, town union executives, church leaders, etc for in-depth interviews (IDIs).

Methods of Data Collection: Data collection involved participatory methodologies including observations, personal interviews (PIs), using structured questionnaires, in-depth interviews (IDIs) and focus group discussions (FGDs) for primary data collection. Sixty (60) questionnaire were administered and six (6) focus group discussions (FGDs) were conducted for data collection. Desk review was also carried out to generate secondary data.

Data Analysis: Data generated from the assessment survey were collated, screened and coded for computer-based analysis. Descriptive statistics such as percentages, frequency tables and averages were used in the analysis of data.

RESULTS AND DISCUSSION

Socio-Economic Characteristics of the Farm Women:

The age distribution of the women farmers showed that 21% of them were between 20-24 years while 35% were within the age group of 25-29 years. Twenty-four percent (24%) of the farm women fall between 30-34 years age bracket. Those within the age range of 35-39 years were about 12%. Only 5% and 4% of the women were within the 15-19 and 40-49 age bracket respectively (Table 1).

Majority (96%) of the farm women had farming as their primary occupation while only 4% of these women farmers had trading as their primary occupation. However, survey results showed that 20 and 6% of the respondents respectively engaged in trading and artisanal work as their secondary occupation.

Farming activities are in the area of arable crop farming for the production of cassava, maize, vegetables, cocoyam as well as small scale poultry keeping and food processing. Most of the women belong to different community based organizations (CBOs) including secular and faith-based groups as well as support groups for people living with HIV/AIDS (PLWHAs). Survey results showed that benefits derived from support group membership by the HIV positive women include networking and reduction in social discrimination and stigmatization. They also obtain informed knowledge and material and financial support/help from members. Membership of support groups also provides the farm women with a sense of living, relevance and importance. It reduces a sense of abandonment and psychological trauma associated with HIV/AIDS in the communities. Existing support groups in Enugu State include Otu Ifunanya, Lifeline Plus and Coal City Association. The Coalition of Enugu State Support Group Organisation (CESSGO) is their umbrella organisation in Enugu State.

Factors That Aggravate HIV/AIDS among the Farm Women: Generally in Nigeria and Enugu State in particular, several factors fuel the spread of HIV and aggravate the impact of HIV/AIDS on women-in-agriculture and their households. The most critical underlying factor is poverty. Other associated factors include harmful traditional practices (HTPs), socio-cultural

Table 1: Age Distribution of the Farm Women

Age	Frequency	Percentage (%)
15-19	3	5
20-24	13	21
25-29	21	35
30-34	14	24
35-39	7	12
40-49	2	4
Total	60	100

Source: Field Data, 2007

factors, lack of information, ignorance and illiteracy, low income and stigmatization/social discrimination. Such factors as low status, biology of women and lack of access to productive resources.

Poverty: There are links between HIV/AIDS and poverty generally. Seventy-five percent (75%) of the rural dwellers and 42% of the urban population are in Enugu State in the extreme poverty category. The increasing incidence of poverty in Enugu State corresponds to the trend at the national level. The above scenario is even worse with respect to the women in both rural and urban areas. In other words, feminine poverty is critical especially among the farm women in Enugu State and Nigeria in general. Poverty provides an enabling environment for the spread of HIV especially among women and young people.

Survey results showed that the average total income of male headed and female headed households were N54,073 and N48,303 respectively. The average total income was higher in male-headed households. This could linked to the limited access of farm women to productive resources such as land, farm, credit, agricultural technologies, household income and farm inputs (eg fertilizer, improved seeds, agrochemicals etc) [25]. One of the women respondents exclaimed. "we produce, harvest and market most of the crops and our husbands decide how the income will be spent. Worse still, we do not have access to family land and are therefore highly disadvantaged in terms of increased hectareage, yield and income". This is the scenario in both urban and rural areas of Enugu State. Thus, feminine poverty is critical especially among farm women in Nigeria.

Poverty is an enabling environment for HIV/AIDS. Conversely, HIV/AIDS can as well aggravate poverty particularly among women and young people. Survey results showed that due to limited access to productive resources especially land and credit by 86% of the women farmers they could hardly cope with the impact of HIV/AIDS (Table 2).

Table 2: Distribution of farm women by their constraints/problems

Constraints/problems	Frequency	Percentage (%)
Limited access to productive resources (eg land, credit)	63	86
Lack of information	40	64
Stigmatization/Social discrimination	46	75
Unemployment	57	80
Harmful traditional practices	35	60
Ignorance	45	67

Source: Field survey 2007. *Multiple Responses

Table 3: Impact of HIV/AIDS Epidemic on Farm Women

Effects of HIV/AIDS	Frequency	Percentage (%)
Loss of agricultural labour	41	60
Reduced family income	60	85
Decreased agricultural output/yield	50	72
Increased family expenditure	52	75
Loss of family asset	40	56
Increased workload of women	47	68

Source: Field survey, 2007. *Multiple Responses

Again, the ravaging effects of the epidemic led to loss of income by 60% of the farm women. It has also increased expenditure on health maintenance and care for persons affected by HIV/AIDS within the households of 75% of the farm women. This situation deepens the level of poverty among the farm women (Table 3).

Harmful Traditional Practices: Harmful traditional practices in Enugu State and most parts of Nigeria such as polygamy, wife inheritance, female genital cutting (FGC), facial marking/tattooing, holding-brief, ghost marriage and inability of women to negotiate sex with their husbands, among others, perpetuate HIV/AIDS in the communities especially among the women.

The most common harmful traditional practices in Enugu State were identified as polygamy, female genital cutting (FGC), wife inheritance and inability of women to negotiate sex with their husbands. However, of the women interviewed opined that polygamy was critical in the spread of HIV/AIDS. Furthermore, female genital cutting (FGC) (45%) inability of women to negotiate sex with their husbands (21%) and ghost marriage (30%) were noted to perpetuate HIV/AIDS in the communities especially among women. Figures in parenthesis represent percentage of the women farmers interviewed

Lack of Information: A crucial element in HIV/AIDS prevention is information. Majority of the people especially in the rural communities lack information on the basic facts about HIV/AIDS, sources of anti-retroviral drugs (ARV), screening and information centre as well as prevention opportunities. They do not have access to media channels such as radio, television and print media,

film shows as well as opportunity for conferences and seminars on HIV/AIDS. Women farmers are especially disadvantaged with lack of information on HIV/AIDS prevention, care and support strategies etc. The study showed that 64% of the farm women had lack of information about HIV/AIDS as a major constraint or problem (Table 2).

Stigmatization/Social Discrimination: This factor drives the spread of HIV especially among women and in the rural communities. This often results in societal rejection and separation of families or broken marriages. It also leads to self guilt among people living with HIV and AIDS (PLWHAs). Social discrimination as a result of HIV/AIDS also leads to economic exclusion and poverty among households and individuals. Based on the results of the study, 75% of the farm women opined that stigmatization posed a serious challenge against the women farmers (Table 2). Furthermore, a woman farmer lamented, “In our community farm women or households that are associated with HIV/AIDS disease are discriminated against by community individuals and groups. Membership of cooperative societies and other finance/credit groups are denied thereby worsening the economic burdens of women and their households”. Consequently, food security and livelihood asset-base are eroded and poverty exacerbated.

Unemployment: HIV/AIDS have caused loss of employment of HIV positive individuals in both public and private sectors of the Nigerian economy. Unemployed ones especially the women have little opportunities of being employed. With self-employment, PLWHAs suffer discrimination that limits engagement in economic activities, networking, membership of cooperatives and capacity for sustained productive business on account of physiological weakness or ill-health. Unemployment also promotes idleness and negative coping strategies among the women such as alcoholism and unprotected or casual sex which fuel the spread of the virus. Results of the study showed that discrimination and unemployment, among others, are important factors that promote the spread of HIV/AIDS among farm women in Nigeria (Table 2).

Ignorance: This is closely associated with unbelief and doubt about the existence of HIV/AIDS. Ignorance especially among the rural population especially among the farm women in Nigeria lead to risky behaviours that fuel the spread of HIV.

Based on the results of the study, 67% of the women farmers stated that they were constrained by ignorance about the nature of the disease as well as prevention strategies and opportunities for care and support (Table 5).

Impact of HIV/AIDS on Women Farmers: In view of the aforementioned factors that exacerbate HIV/AIDS in Nigeria, farm women are particularly vulnerable to greater impact of the disease than the men. The general effects of HIV/AIDS, on women farmers include reduction in their working capacity and rise in household health care expenses for drugs, transport, etc. Survey results also showed that apart from AIDS-related ill-health and death of farm women, the consequences of HIV/AIDS epidemic were found to include loss of feminine agriculture labour supply, reduced household income, reduced agricultural production, increased family burden, loss of family assets, loss of women's right and

loss of productive time for farm work. These identified impact of HIV/AIDS on women farmers are highlighted below:

Loss of Feminine Agricultural Labour Supply: In Enugu State, 78% of the working populations are self employed (86% in the rural areas and 55% in urban areas Agriculture accounts for 55% of the total labour force and 70% in rural areas. The proportion of women in agriculture at 61% is higher than that of men (47%) [24]. Thus, the bulk of the small scale farmers are women. Loss of these farm women by AIDS related death exacerbates food insecurity and has adverse effects on rural livelihood. Survey results showed that 60% of the farm women who contribute to farm labour were lost to HIV/AIDS epidemic (Table 3).

Reduced Household Income: HIV/AIDS impacts on the farm women's working capacity. Thus, their ability to engage in income generating activities, such as food processing and agricultural produce marketing is highly reduced with attendant decrease in family income. This may lead to divesting of family assets and spending of household savings. Reduced family income as a consequence of HIV/AIDS epidemic among women-in-agriculture could also result in withdrawal of children from school especially the girls. It will also cause household mal-nutrition, food insecurity and emergence of opportunistic infections such as anemia and anorexia etc. With reference to Table 3, eight-five percent (85%) of the farm women interviewed stated that HIV/AIDS significant cause reduction in their family income.

Reduced Agricultural Production: Loss of feminine farm labour adversely affects crop and livestock production by reducing the amount of land under cultivation, soil fertility and decline in output of crops and livestock because farm operation activities such as tilling, cultivation, weeding, mulching, planting and harvesting as well as livestock management are grossly neglected and or abandoned on ground of ill-health. The results of the study showed that output of agricultural production were significantly reduced by HIV/AIDS as confounded by 72% of the farm women respondents (Table 3).

Increased Family Burden: The impact of HIV/AIDS on women-in-agriculture in Nigeria with the particular reference to Enugu State has significant implications for the sustainability of rural livelihood.

Farm women are constrained to abandon farm work and spend time to care for the sick and to mourn. Expenses for medicine especially anti-retroviral (ARV) drugs and funerals add to the family debt as well as psychological, emotional and social burden on the household. Alternatively, women will resort to the nurturing of orphan children, many of whom are survivors of AIDS-affected households instead of engaging in productive farm work.

Loss of Family Assets: Death of female heads of households in farming communities results in decreased agricultural labour supply and loss of family income. This aggravates food insecurity, malnutrition and poverty and the household survivors would resort to disposal of family assets such as processing equipment, eg. grinding machines, storage bins or facilities and at times accumulated family savings or capital as coping strategies. Based on the results of the study, fifty-six percent (56%) of the women lost one or more of the above important family assets as a result of HIV/AIDS epidemic in their communities.

Loss of Women's Rights: In Enugu State, Nigeria, widows have particularly low social and economic status. As a result of loss of husbands to AIDS or ill-health, traditionally, they have no inheritance rights to productive resources such as land, farm inputs, cash crops and family assets eg. processing machines etc. In most cases, they are victims of seclusion, isolation, in-human social treatments from their husband's relatives and the community. These have implications for household food security, family cohesion and sustainability of rural livelihoods.

CONCLUSIONS AND POLICY RECOMMENDATIONS

Conclusions: Based on the result of this survey, the following conclusions were derived:

- Farm women in Nigeria and Enugu State in particular contribute significantly greater labour force to the agricultural sector than their male counterpart. The contributions of women to agricultural development in Nigeria are well documented in the literature. Therefore, the gross loss of feminine labour force to the devastating effects of HIV/AIDS epidemic has implications for national food security, contributions of agriculture to foreign exchange earnings as well as the stability of the family households, communities and the nation.
- Nigerian women are hit harder than men by HIV/AIDS stigma and other associated factors such as low status of women, inaccessibility to productive resources (eg. land) and farm credit gender inequality, harmful traditional practices, marginalization of women, feminine poverty as well as lack of employment opportunities and inaccessibility to support services, among others. The farm women appear to be more vulnerable to HIV/AIDS than any other gender or social group.
- With the rising trend of HIV/AIDS in Nigeria, absenteeism of farm women from agricultural extension services and in other agricultural production activities have negative implications for the implementation of agricultural development programmes in Nigeria. There is the tendency that past gains/contributions and future potentials of agriculture may be eroded if deliberate and urgent steps are not taken in tandem by the federal, state and local government.

Policy Recommendations: There is the need for a gender-based paradigm to agricultural and rural development in view of the fact that women are at the centre stage of the HIV/AIDS epidemic or crisis in Nigeria. Such a paradigm shift will require the factoring-in of gender responsive multi-sectoral strategies of HIV/AIDS prevention into agricultural and rural development policies and programmes. In the light of the above scenario, a four pronged policy recommendations are hereby proffered in order to mitigate the impact of the HIV/AIDS epidemic on women-in-agriculture and to indirectly arrest the spread of HIV in Nigerian communities.

Provision of Appropriate Agricultural Technologies for Farm Women: Appropriate agricultural technologies such as equipment for food processing, tilling, weeding and harvesting, etc that can reduce drudgery and work load on women without jeopardizing their health and productive capacity need to be sourced and or developed and made available to farm women.

Implementation of Local and International Laws and Conventions Relating to the Emancipation of Women: Enugu State has existing laws on widowhood rights and social discrimination against women. Nigeria is signatory to Conventions on the Elimination of all form of Discrimination Against Women (CEDAW) which needs to be domesticated and enforced to enhance women economic empowerment especially with respect to the issue of land ownership and other property rights. By this, farm women will be able to withstand the impact of HIV/AIDS in their households and communities.

Evolution of Gender-sensitive Agricultural Policies and Programmes: These will reduce risky behaviours among the women and discourage them from embarking on survival strategies that will endanger their lives such as promiscuity, prostitution, ghost marriage, or wife inheritance. These policies and programmes should primarily focus on food, nutrition and livelihood security issues in order to guarantee household stability and community cohesion.

Support for Gender Sensitive Community Based Organizations (CBOs): In 2000, there were an estimated 2.6 million orphans from AIDS and non-AIDS causes in Nigeria; by 2015 the AIDS epidemic is expected to increase this number to over 11 million if the trend is not arrested. These orphaned children constitute extra burden to women who are traditional care givers. CBOs need to be supported with adequate skills and credit to provide support to HIV/AIDS impacted households especially the female headed households.

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