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Note from the Editor

Because of some technical difficulties, the publication of this issue was delayed beyond our expectations. We apologize for that to our readers and well-wishers. We hope to remedy the problem and be more regular in the future.

This issue brings together a number of very important articles written on the subjects of the neglected and the forgotten ones. The issue opens with the age-old question of whether it is "ok to beat" the wife. The question might sound strange and even be tabooed in some societies but is a vivid reality in almost all societies, including the Western societies. Ms. Syeda Tonima Hadi, a Senior Lecturer in the Department of Social Sciences and Humanities, Independent University, Bangladesh looks at the subject with a sample study from a demographic and health survey of Bangladesh. Among her findings she notes that the rural husbands in Bangladesh were more likely to justify wife beating and that with increased education (both of wives and husbands) the odds of husband justifying wife beating decreased.

Two papers focus on the plight of children in the labour force. The first "Street Children and the Challenges of National Security: Evidence from Nigeria" by Ngboawaji Daniel Nte, Paul Eke and S. T. Igbanibo search the streets of Nigeria and show that besides being "characterized by loneliness on the street, shelterless, loss of parental contacts, loss of parental protection" and devoid of "love and care", the street children are treated as "nuisance" on the streets. But more importantly, the authors argue that the "exponential rise" in the number of street children in Africa, particularly in Nigeria, could spell a security disaster, as these kids become foot soldiers and terror elements during ethno-religious conflagrations. They note similar concerns for other African countries as well. The other paper by Bilal Bhat looks at the exploitation of the children in the handicraft industry in Ladhak. He shows how small children instead of being in schools enter the labour force for very little and often no pay at all. He also points to other forms of exploitation and looks at the health, education and other social costs these children have to endure.

The next two papers focus on the HIV/AIDS scenario in Africa. Most readers today are familiar with the horrific situation in the whole of that continent but the reality is even more painful than is reported in the media. Mary Aduke Ajila, Chris O. Ajila, D.O. Adeyemo, and A.A. Owojori do an exhaustive study of the situation there and looks at the awareness of HIV/AIDS among the school students. It is heartening to find that nearly every school student is aware of the problem and a large portion of them are also knowledgeable about the causes and consequences of AIDS. The study suggests ways to make the role of the counsellors in schools more effective. The other study by T.O. Agweda and V.A. Dibua deal with the stigmatization that is invariably accompanied with the AIDS cases. They report that "stigmatization can affect the acceptance and care for people living with HIV/AIDS in the society and that enlightenment programmes can change people's attitude towards people living with HIV/AIDS in the society and reduce the level of stigmatization associated with the disease. The Study is conducted on the Civil servants in Auchi, (Edo state) Nigeria.

In the sixth paper on "Political Influence on Bureaucratic Growth and Social Responsiveness: A Case of Ondo State, Nigeria" Adeyemo Oluropo David and Osunyanmi Olakunle Pius look at how "political exertion" enlarged the size of the public service. They compare this with "the spoils systems in 18th century United States". The study looks at the time period between 1999 and 2003, when there was a phenomenal increase in the number of civil servants. They go on to calculate the toll such large recruitments take on the society, including in monetary terms. They find "the complacency of the top echelon of the public service as regards the abandonment of the merit system in recruitment" to be a responsible factor.

As with other issues, this issue of the e-Journal also continues to encourage new and upcoming researchers.

“It’s OK to beat my wife?” – Patriarchal Perceptions of Bangladeshi Respondents and Factors Associated

Syeda Tonima Hadi*

Abstract

Domestic violence (DV) is a significant social problem in Bangladesh. Studies in the context of Bangladesh identify patriarchal norms and beliefs as the main factors behind DV. The current study analyzes some patriarchal justifications and perceptions of Bangladeshi men and women using the 2004 Demographic and Health Surveys (DHS) as the data source. The data source consists of a nationally representative probability sample from 10,811 households. Both multinomial and binomial regression analysis was computed. The results indicate that rural wives were more likely to respond that the husbands had final say even in their own health decisions compared to their urban counterparts. Also, rural husbands were more likely to justify wife beating. Increased age, education, and active employment status of the wives were associated with their having greater say in their own health care. However, interestingly, some of the outcomes in the multinomial analysis revealed that men’s economic independence gives him more power of domination. From the binomial analysis, it is found that with increased education (both of wives and husbands) the odds of husband justifying wife beating decreased.

Study Background

Domestic violence (DV) is a significant social problem in Bangladesh, receiving the attention of many national and international researchers. Typically, studies in the context of Bangladesh identify patriarchal norms and beliefs as the main factors behind DV. The patriarchal beliefs put women in such a position within their families that they become subjected to male domination and in many cases this is reflected through violence. In Bangladeshi families women’s statuses are determined by her marital status through her husband (Zaman, 1999). They are expected to give up any self-fulfilling ambitions and be submissive to the husband’s needs from the day they are married (Blanchet, 2001). Women’s vulnerability in families is enhanced/supported by Islamic laws. The precedence accorded to *sharia* (Islamic personal law) limit women’s rights in every personal or family matter (Zaman, 1999; Jahan, 1994). Men are given the right to polygamy, unilateral divorce, double share of inheritance, and guardianship over wife and children.

With the given control in men’s hand, many studies reflect that men justify violence through their patriarchal beliefs. Bhuiya, Sharmin, and Hanafi (2003), in their study of 190 rural women, found that the women reported that they faced violence for the following reasons: wife questioned husband in day-to-day matters (29%), failure of wife to perform household work (11.5%) or take proper care of children (10%), not conforming to veil or other expected behavior (3%), refusal to bring money from natal family (3%), and husbands day-to-day frustrations (2%). Johnson and Das (2008) also found that men in their study justified wife beating if the wives failed in their family duties and if they were not being submissive.

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In the current study some of these patriarchal justifications and perceptions are examined using the same data source that Johnson and Das (2008) used for their study – the Bangladesh Demographic and Health Surveys (BDHS). The main objective of this study is to examine factors that are associated with the patriarchal gender attitudes of men and women in Bangladesh. More information regarding BDHS data follow.

Data Source - BDHS

Demographic and Health Surveys (DHS) are conducted in the developing world using face-to-face interviews and typically collect nationally representative data on demographic and health indicators for women in the age group of 10 to 49 and men in the age group of 15 to 54 (Johnson & Das, 2008). DHS surveys collect primary data using several types of questionnaires. A household questionnaire is used to collect information on characteristics of the household's dwelling unit and data related to the height and weight for women and children in the household. It is also used to identify members of the household who are eligible for an individual interview. Eligible respondents are then interviewed using an individual questionnaire. Individual questionnaires include information on fertility, family planning and maternal and child health. Bangladesh is one of the countries where DHS surveys are conducted. For the 2004 Bangladesh section of DHS, a nationally representative probability sample of 10,811 households was selected using a stratified, multistage cluster sample design. Overall, 97% of eligible households responded to the BDHS.

The BDHS data have been used to generate several reports on Bangladesh fertility, family planning, maternal and child health related issues (Johnson & Das, 2008). However, a part of the BDHS data, regarding domestic and sexual violence, has not been explored much. The 2004 BDHS data collected data on DV related issues from men. Although it is not clear as to why only men were to answer DV related questions, these data provided the opportunity to look at the characteristics associated with men who report violence against their wives (Johnson & Das). Understanding these risk factors is a critical step toward informing and implementing policies and programs intended to reduce spousal violence. Johnson and Das used the data to report on national prevalence of spousal violence in Bangladesh and assess key variables for their association with perpetration of violence at the individual level (men's perspective only).

The study by Johnson and Das (2008) examined the prevalence of spousal violence in association with three kinds of variable from the BDHS data: 1) demographic variables, 2) socioeconomic variables, and 3) gender attitude related variables. They hypothesized that gender-egalitarian attitudes and behaviors will be associated with lower rates of violence. However, some of Johnson and Das's findings were

counter to their hypothesis. Most indicators of men's egalitarian attitudes toward women were either non-significant in the multivariate model or were actually associated with an increased risk for violence. For example, there was no association between violent behavior and whether a man thinks a wife should be allowed to work for pay even when the husband brings home enough money to support the household, the respondents' wife's actual work status or taking one's wife's opinion into account on medium-to-large household matters. Husbands who believed that wives should be allowed to protect themselves from the consequences of their husbands' sexual infidelities were 30% more likely to report having been violent.

However, some finding of Johnson and Das (2008) supported their hypothesis. Men's explicit attitudes about wife-beating were the strongest predictor of violent behavior in the model (Johnson & Das, 2008). Compared to men who do not believe wife-beating is acceptable, those who believed that wife-beating is acceptable under most circumstances were more than 4 times likely to report having hit their wives in the year preceding the survey. Having been found significant gender attitude behind DV, the current paper further analyzes the variable regarding men's attitudes about *wife-beating* and the factors associated with it, not from the men's data only, but from the BDHS 'couple's data' (source: <http://www.measuredhs.com/>). The 'couple's data' are data of married men and women who both have individual questionnaires in the BDHS surveys. They contain information for both husbands and wives both of whom were included in the sample, and whose questionnaires were complete. The objective of this study in using the 'couple data' thus is to compare male and female factors behind men's justification to beat wife.

In addition to the variable *justifying wife beating*, a gender attitude variable, *final say on own (wives) health decision*, will be analyzed. The BDHS couple data had several gender attitude related variable where wives were the respondents. These variables include: 1) *final say on own (wives) health decision*, 2) *final say on making large household purchases*, 3) *final say on visits to family or relatives*, 4) *final say on food to be cooked*. Among all these variables, *final say on own (wife's) health decision*, had the highest number of respondents, 1535 wives (53% of the total sample), responding that 'only husband' has the final say on their health care issues. Thus, this variable is chosen for analysis in the current paper.

The Overall the objective of the current paper is to examine both male and female gender attitude related variables and factors associated with them in the context of Bangladesh. Considering the strong patriarchal culture of Bangladesh, the indication of many studies, such as the Johnson and Das's (2008), that patriarchal attitudes of Bangladeshi men and women are associated with DV, this paper is an important exploratory step in further analyzing and comparing Bangladeshi men and women's gender related attitudes.

Data Analysis

As mentioned before, the current discussion uses BDHS (2004) 'couple data' for the analysis. The paper examines two gender attitude related variables (dependent variables): 1) from the wives - *Who has final say on own health care* and 2) from the husbands - *It is OK to beat wife if she visits family or friends without permission*. The independent variables are the following:

- 2) Religion – Islam or other,
- 3) Type of place of residence – rural or urban,
- 4) Number of wives – one or two,
- 1) Age - in five groups (husband and wife separately),
- 5) Employment status (husband and wife separately) – employed or unemployed,
- 6) Highest level of education (husband and wife separately), and,
- 7) Frequency of watching television (husband and wife separately).

Initially some simple frequency analysis and cross-tabulation were done with all the dependent and independent variables. The first dependent variable - wives response to *who has final say on her own health care* – has five response categories: a) respondent herself (wife), b) respondent and husband/partner (husband and wife both), c) respondent and other person, d) husband/partner alone, and e) someone else. The frequency distribution of this variable revealed that the category 'husband alone' had 1,535 frequency, meaning, 53% of the wives responded that their husband alone had final say on their health care issues. Only 13% of the wives responded that they themselves have final say on their health care. The second independent variable – *whether it is OK to beat wife if she visits family or friends without permission* – is a dichotomous variable having two response categories: a) yes and b) no. The frequency distribution of this variable revealed that 1365 respondents (husbands) believed that it is OK to beat wife, which is almost half of the respondents (48%, where N=2,873).

Cross-tabulation was conducted between all the dependent and independent variables. Table 1 summarizes the outcomes based on the two important response categories of the dependent variables. The *section 1* of Table 1 summarizes the percentage outcomes for wives who responded "only husband" has the final say on her own health care and *section 2* summarizes percentages outcomes for husbands who responded supporting "wife beating is justified if wife visits friends and family without permission".

The cross-tabulation helps us understand the data better. Although no test to obtain the statistical significance of the relationships was conducted, the outcomes reveal interesting patterns. For example, 54% of the Muslim wives responded that husbands had final say on their health care, compared to 47% wives who belong to other religions. Of the men who were Muslims, 49% of them justified wife beating, compared to 34% from other religion. This might be an indication of the association of patriarchal beliefs and Islamic beliefs in the context of Bangladesh. Husbands who had two wives, 53% of them justified wife beating, compared to 47% who had one wife. Of the men who had two wives, 50% of their wives

responded that husbands had final say on health issues compared to 54% wives whose husbands had one wife.

More rural wives (57%) responded that their husbands had final say, compared to 47% urban wives. Similarly, 51% rural husbands justified wife beating compared to 40% husbands from urban areas. The education levels, as expected, seemed to have negative association with wives responding that husbands have final say on their health care. The higher the education level, the less the percentage of wives who responded that husbands had final say. Similar pattern was observed within wives with higher educated husbands. Moreover, with higher education of husbands as well as their wives, percentages of husbands justifying wife beating seemed to decrease.

Media exposure seemed to have negative association with gender attitudes of both husbands and wives. Wives who watched television most frequently, 47% of them said husbands have final say on health care compared to 56% who did not watch at all. Husbands who watched television most frequently, 39% of them justified wife beating compared to 54% who did not watch television. Although not a big difference, employment status of husbands and wives seemed to have negative association with their gender related attitude. Wives who were currently employed, 50% of them responded that their husbands had final say in health care compared to the 54% who were not employed.

Although some interesting patterns are revealed from the cross-tabulations, some patterns were not clear. For example, the effect of age on gender related attitude seemed to be a little scattered to present a pattern. The regression analysis next will better explain the effects of all the independent variables on the dependent variables.

Table 1. Percentages of Couple's Gender Related Attitudes among the Independent Variables

| Section 1 – Wives who responded that husband has final say on own health care | | | Section 2 – Husbands who responded that wife beating is justified | | |
|--|----------|----------|--|----------|----------|
| | % | N | | % | N |
| Wife's Age: | | | Wife's Age: | | |
| • 10-14 | 42.4 | 14 | • 10-14 | 51.5 | 17 |
| • 15-19 | 55.0 | 209 | • 15-19 | 52.9 | 201 |
| • 20-24 | 58.5 | 393 | • 20-24 | 46.4 | 312 |
| • 25-29 | 53.9 | 370 | • 25-29 | 49.9 | 343 |
| • 30-34 | 49.5 | 262 | • 30-34 | 42.2 | 223 |
| • 35-39 | 50.0 | 164 | • 35-39 | 43.9 | 144 |
| • 40-45 | 49.7 | 44 | • 40-44 | 52.5 | 93 |
| • 45-49 | 52.2 | 35 | • 45-49 | 47.8 | 32 |
| Husband's Age: | | | Husband's Age: | | |
| • 10-14 | .. | .. | • 10-14 | .. | .. |
| • 15-19 | 52.0 | 13 | • 15-19 | 52.0 | 13 |
| • 20-24 | 54.5 | 109 | • 20-24 | 54.5 | 109 |
| • 25-29 | 53.4 | 197 | • 25-29 | 48.0 | 177 |
| • 30-34 | 59.7 | 318 | • 30-34 | 49.0 | 261 |

| | | | | | |
|--|------|-------|--|------|------|
| • 35-39 | 53.1 | 288 | • 35-39 | 47.0 | 255 |
| • 40-44 | 51.0 | 283 | • 40-44 | 45.2 | 251 |
| • 45-49 | 50.4 | 327 | • 45-49 | 46.1 | 299 |
| Religion | | | Religion | | |
| • Islam | 54.2 | 13.86 | • Islam | 49.1 | 1257 |
| • Other | 47.6 | 149 | • Other | 34.5 | 108 |
| Number of wives | | | Number of wives | | |
| • One | 53.6 | 1459 | • One | 47.2 | 1285 |
| • Two | 50.7 | 76 | • Two | 53.3 | 80 |
| Types of residence | | | Types of residence | | |
| • Rural | 56.6 | 1061 | • Rural | 51.8 | 970 |
| • Urban | 47.4 | 474 | • Urban | 39.5 | 395 |
| Wife's Highest education level | | | Wife's Highest education level | | |
| • No education | 56.5 | 627 | • No education | 55.0 | 610 |
| • Primary | 54.3 | 482 | • Primary | 50.1 | 444 |
| • Secondary | 50.6 | 367 | • Secondary | 39.0 | 283 |
| • Higher | 38.8 | 59 | • Higher | 18.4 | 28 |
| Husband's Highest education level | | | Husband's Highest education level | | |
| • No education | 56.1 | 491 | • No education | 55.5 | 486 |
| • Primary | 53.4 | 576 | • Primary | 51.8 | 559 |
| • Secondary | 54.1 | 334 | • Secondary | 39.5 | 244 |
| • Higher | 44.5 | 134 | • Higher | 25.2 | 76 |
| Wife's frequency of Watching Television | | | Wife's frequency of Watching Television | | |
| • Not at all | 55.8 | 698 | • Not at all | 54.0 | 675 |
| • Less than Once a Week | 58.5 | 161 | • Less than Once a Week | 49.5 | 136 |
| • At least Once a Week | 53.2 | 324 | • At least Once a Week | 48.4 | 295 |
| • Alost Everyday | 47.8 | 352 | • Alost Everyday | 35.2 | 476 |
| Husband's frequency of Watching Television | | | Husband's frequency of Watching Television | | |
| • Not at all | 57.0 | 361 | • Not at all | 53.9 | 341 |
| • Less than Once a Week | 52.9 | 199 | • Less than Once a Week | 55.1 | 207 |
| • At least Once a Week | 55.1 | 526 | • At least Once a Week | 48.9 | 467 |
| • Alost Everyday | 49.4 | 449 | • Alost Everyday | 38.5 | 350 |
| Wife currently working | | | Wife currently working | | |
| • Yes | 50.5 | 311 | • Yes | 49.7 | 306 |
| • No | 54.2 | 1224 | • No | 46.9 | 1059 |
| Husband currently working | | | Husband currently working | | |
| • Yes | 42.2 | 19 | • Yes | 47.5 | 1343 |
| • No | 53.6 | 1516 | • No | 48.9 | 22 |

Regression Analysis

Two types of regression analysis were computed. The first dependent variable, *final say on wife's health care* has response categories that do not really represent order. Thus, for this variable multinomial regression analysis was done. For the second dependent variable on *beating justification*, binomial regression analysis was computed, since it is a dichotomous variable. Table 2 and 3 summarizes the outcomes of the regression analysis. The results of both the tables are described next.

Multinomial Regression of Wives View on 'Who Has Final Say on Her Health Care'

As mentioned before, the variable *final say on health care* has five response categories: a) respondent herself (wife), b) respondent and husband/partner (husband and wife both), c) respondent and other person, d) husband/partner alone, and e) someone else. Of these responses 'respondents' husband only' had the highest number of observation. The regression model ran in STATA by default took this response category as the base outcome. Thus the other categories will be analyzed compared to the base category. Five models have been generated using STATA for each of the response categories. The models can be distinguished based on common independent variables, appearing same for both husband and wife, (type of place of residence, religion, and number of wives) and individual variables, appearing separately for husbands and wives (age, education level, employment status, frequency of watching TV) . The model 1 consists of the common independent variables. Model 2 to 5 gradually adds each of the individual independent variables to the previous model. Table 2 presents the relative risk ratio (RRR or the exponentiated multinomial logit coefficients) and p-values for all the models. Now the discussion focuses on the significant outcomes from 5 of the models in each response category.

For Response Category 'Wife Herself' has Final Say

In model 1, with one unit increase in the *type of place of residence* score (1= urban, 2=rural), the relative risk for responding *wife herself* has final say in her health care to *husband only*, would be expected to decrease by a factor of .61, controlling for other variables. This effect remains significant throughout all the models. In model 2, the effect of wife's age on final say on own health care' is significant. With one unit increase in the *wife age group score*, the relative risk for responding *wife herself* has final say in her health care to *husband only* would be expected to increase by a factor of 1.17. This effect also remains significant throughout models.

In model 3 and 5 the effect of wife's education is significant. With one unit increase in the *wife's education level*, the relative risk for responding *wife herself* has final say in her health care to *husband only* would be expected to increase by a factor of 1.20. Although the husband's education shows significant effect in model 3 (but in opposite direction to wife education), this effect does not remain significant in the next models. Wife's employment status had similar effect as wife's education. With one unit increase in the *wife's employment status* (0=not employed, 1=employed), the relative risk for responding *wife herself* has final say in her health care to *husband only* would be expected to increase by a factor of 1.48. This remains same in model 5. However, the opposite is observed for husbands' employment status. With one unit increase in the *husband's employment status*, the relative risk for responding *wife herself* has final say in her health care to *husband only* would be expected to decrease by a factor of .44. Similar is observed in Model 5.

For Response Category 'Wife and Husband Both' have Final Say

From model 1 through 5, *type of place of residence* has significant effect. Controlling for all other variables, with one unit increase in the *type of place of residence*, the relative risk for responding *husband and wife both* have final say in wife's health care to *husband only* would be expected to decrease by a factor of .71. *Religion* shows significant outcome in model 1, but does not remain constant in other models. With one unit increase in the *religion score* (0=other, 1=Islam), the relative risk for responding *husband and wife both* have final say in wife's health care to *husband only* would be expected to decrease by a factor of .76. Wife education level also shows similar significant effect, as in the previous section.

For Response Category 'Wife and Other' have Final Say

In this section *type of place of residence* again shows significant effect in the same direction as in the earlier sections, however, does not remain significant in the final model (5). Husbands' employment status also repeats earlier pattern of effect. In both model 4 and 5, with one unit increase in the *husband's employment status*, the relative risk for responding *wife and other* has final say in her health care to *husband only* would be expected to decrease by a factor of .17.

For Response Category 'Someone Else' has Final Say

The effect of religion, age, and husband's employment status is significant in this section. With one unit increase in the *religion score*, the relative risk for responding *someone else* has final say in wife's health care to *husband only* would be expected to decrease by a factor of .42, in all models beginning from model 2. With one unit increase in the *wife's age*, the relative risk for responding *someone else* has final say in wife's health care to *husband only* would be expected to decrease by a factor of approximately .54 in all models beginning from model 2. The husbands' employment status show similar significant effect in model 4, as in previous sections.

**Table 2. Multinomial Regression Analysis of Factors Associated with
'Final Say on Own Health Care'**

| | Model 1 | | Model 2 | | Model 3 | | Model 4 | | Model 5 | |
|----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | RRR | P>z | RRR | P>z | RRR | P>z | RRR | P>z | RRR | P>z |
| Wife | | | | | | | | | | |
| Type of place of residence | 0.61 | 0.00 | 0.61 | 0.00 | 0.61 | 0.00 | 0.62 | 0.00 | 0.59 | 0.00 |
| Religion | 0.87 | 0.44 | 0.93 | 0.70 | 0.94 | 0.72 | 0.95 | 0.77 | 0.94 | 0.74 |
| No. of wives | 1.37 | 0.18 | 1.23 | 0.38 | 1.25 | 0.35 | 1.25 | 0.36 | 1.25 | 0.36 |
| Wife age | | | 1.17 | 0.01 | 1.19 | 0.00 | 1.18 | 0.00 | 1.18 | 0.00 |
| Husband's age | | | 1.06 | 0.33 | 1.07 | 0.27 | 1.06 | 0.30 | 1.06 | 0.36 |
| Wife's education level | | | | | 1.20 | 0.02 | 1.19 | 0.03 | 1.20 | 0.03 |

| | | | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Husband's education level | | | | 0.86 | 0.04 | 0.87 | 0.07 | 0.88 | 0.11 | |
| Wife employed | | | | | | 1.48 | 0.00 | 1.49 | 0.00 | |
| Husband employed | | | | | | 0.44 | 0.03 | 0.44 | 0.03 | |
| Wife's frequency of watching television | | | | | | | | 0.97 | 0.65 | |
| Husband's frequency of watching television | | | | | | | | 0.98 | 0.69 | |
| Husband wife both | | | | | | | | | | |
| Type of place of residence | 0.71 | 0.00 | 0.71 | 0.00 | 0.76 | 0.00 | 0.76 | 0.00 | 0.80 | 0.03 |
| Religion | 0.76 | 0.05 | 0.79 | 0.09 | 0.83 | 0.18 | 0.84 | 0.2 | 0.84 | 0.22 |
| No. of wives | 1.04 | 0.83 | 0.99 | 0.95 | 1.05 | 0.82 | 1.04 | 0.85 | 1.04 | 0.84 |
| Wife age | | | 1.04 | 0.37 | 1.05 | 0.27 | 1.05 | 0.29 | 1.05 | 0.29 |
| Husband's age | | | 1.06 | 0.16 | 1.08 | 0.09 | 1.08 | 0.08 | 1.09 | 0.06 |
| wife's education level | | | | | 1.18 | 0.01 | 1.18 | 0.01 | 1.17 | 0.01 |
| Husband's education level | | | | | 1.04 | 0.54 | 1.04 | 0.50 | 1.01 | 0.80 |
| Wife employed | | | | | | | 1.09 | 0.42 | 1.08 | 0.46 |
| Husband employed | | | | | | | 2.29 | 0.10 | 2.28 | 0.11 |
| Wife's frequency of watching television | | | | | | | | | 1.03 | 0.56 |
| Husband's frequency of watching television | | | | | | | | | 1.07 | 0.14 |
| Respondent and other | | | | | | | | | | |
| Type of place of residence | 0.55 | 0.02 | 0.54 | 0.01 | 0.59 | 0.04 | 0.56 | 0.02 | 0.64 | 0.10 |
| Religion | 0.72 | 0.37 | 0.60 | 0.17 | 0.65 | 0.25 | 0.62 | 0.20 | 0.62 | 0.21 |
| No. of wives | 1.18 | 0.76 | 1.51 | 0.45 | 1.66 | 0.35 | 1.69 | 0.33 | 1.67 | 0.34 |
| Wife age | | | 0.77 | 0.07 | 0.78 | 0.09 | 0.81 | 0.15 | 0.82 | 0.17 |
| Husband's age | | | 0.85 | 0.17 | 0.86 | 0.22 | 0.84 | 0.17 | 0.83 | 0.13 |
| wife's education level | | | | | 1.32 | 0.10 | 1.30 | 0.13 | 1.24 | 0.22 |
| Husband's education level | | | | | 1.06 | 0.70 | 1.01 | 0.93 | 1.02 | 0.90 |
| Wife employed | | | | | | | 0.63 | 0.24 | 0.65 | 0.27 |
| Husband employed | | | | | | | 0.17 | 0.00 | 0.15 | 0.00 |
| Wife's frequency of watching television | | | | | | | | | 1.26 | 0.06 |
| Husband's frequency of watching television | | | | | | | | | 0.84 | 0.16 |
| Someone else | | | | | | | | | | |
| Type of place of residence | 1.32 | 0.27 | 1.24 | 0.40 | 1.30 | 0.31 | 1.26 | 0.38 | 1.19 | 0.53 |
| Religion | 0.56 | 0.06 | 0.42 | 0.01 | 0.44 | 0.01 | 0.42 | 0.01 | 0.42 | 0.01 |
| No. of wives | 0.73 | 0.59 | 1.08 | 0.90 | 1.14 | 0.83 | 1.13 | 0.85 | 1.13 | 0.84 |
| Wife age | | | 0.54 | 0.00 | 0.54 | 0.00 | 0.56 | 0.00 | 0.56 | 0.00 |
| Husband's age | | | 0.81 | 0.06 | 0.82 | 0.07 | 0.81 | 0.06 | 0.81 | 0.06 |
| wife's education level | | | | | 1.06 | 0.70 | 1.06 | 0.73 | 1.07 | 0.65 |
| Husband's education level | | | | | 1.11 | 0.46 | 1.07 | 0.67 | 1.08 | 0.63 |
| Wife employed | | | | | | | 0.60 | 0.18 | 0.59 | 0.17 |
| Husband employed | | | | | | | 0.29 | 0.04 | 0.31 | 0.06 |
| Wife's frequency of watching television | | | | | | | | | 0.92 | 0.45 |
| Husband's frequency of watching television | | | | | | | | | 1.02 | 0.85 |
| R Square | .01 | | .03 | | .03 | | .03 | | .04 | |
| -2 Log likelihood | - | | - | | - | | - | | - | |
| No. of observations | 3297 | | 3218 | | 3206 | | 32188 | | 3179 | |
| | 2872 | | 2872 | | 2872 | | 2872 | | 2870 | |

Binomial Regression of Husbands' 'Justification to Beat Wife'

For the binomial regression analysis also, five models have been generated in same way as in the multinomial regression. Table 3 presents the odds ratio and p-values of binomial regression analysis on factors influencing husbands' *justifying wife beating*. In model 1, *type of place of residence* has significant effect on husbands' justifying wife beating. For one unit increase in the *type of place of residence* (1=urban, 2=rural), the odds of husbands justifying to beat wife increases by a factor of 1.65 holding other variables constant. For an increase in *religion* score (0=other, 1=Islam), odds of husbands justifying to beat wife increases by a factor of 1.81. These variables continue their significance throughout the models. Three other variables, husband's age and education, and wife's education have significant effects though out models 3-5. For a unit increase in all these variables, the odds of husband's justifying wife beating decreases.

Table 3. Binomial Regression Analysis of Factors Associated with 'it's OK to Beat Wife'

| | Model 1 | | Model 2 | | Model 3 | | Model 4 | | Model 5 | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | Odds Ratio | P>z | Odds Ratio | P>z | Odds Ratio | P>z | Odds Ratio | P>z | Odds Ratio | P>z |
| Type of place of residence | 1.65 | 0.00 | 1.65 | 0.00 | 1.44 | 0.00 | 1.45 | 0.00 | 1.33 | 0.00 |
| Religion | 1.81 | 0.00 | 1.79 | 0.00 | 1.60 | 0.00 | 1.60 | 0.00 | 1.59 | 0.00 |
| No. of wives | 1.25 | 0.18 | 1.28 | 0.142 | 1.13 | 0.47 | 1.13 | 0.47 | 1.13 | 0.49 |
| Wife age | | | 1.01 | 0.731 | 1.00 | 0.95 | 1.00 | 0.99 | 1.00 | 0.98 |
| Husband's age | | | 0.95 | 0.186 | 0.93 | 0.05 | 0.93 | 0.04 | 0.92 | 0.03 |
| wife's education level | | | | | 0.77 | 0.00 | 0.77 | 0.00 | 0.79 | 0.00 |
| Husband's education level | | | | | 0.80 | 0.00 | 0.80 | 0.00 | 0.82 | 0.00 |
| Wife employed | | | | | | | 1.09 | 0.37 | 1.10 | 0.32 |
| Husband employed | | | | | | | 0.66 | 0.19 | 0.68 | 0.22 |
| Wife's frequency of watching television | | | | | | | | | 0.94 | 0.12 |
| Husband's frequency of watching television | | | | | | | | | 0.93 | 0.08 |
| R Square | .02 | | .02 | | .04 | | .04 | | .04 | |
| -2 Log likelihood | -1955 | | -1953 | | -1904 | | -1903 | | -1897 | |
| No. of observations | 2872 | | 2872 | | 2872 | | 2872 | | 2870 | |

Concluding Remarks

Many interesting findings enrich the current discussion. The respondents' *types of place of residence* showed a consistent significant effect in all the models, both in the multinomial and binomial regression analysis. The results indicate that rural wives were more likely to respond that the husbands had final say even in their own health decisions. Also, rural husbands were more likely justify wife beating if she visited family or friends without permission. Increased age, education, and active employment status of the wives were associated with them responding more to having final say in their own health care. However, interestingly, some of the outcomes in the multinomial analysis revealed that husbands

who were employed, the relative risk for their wives responding that she herself or someone else has final say in her health care than saying that husband only has the say decreased. This might be an indication that men's economic independence could give him more power to domination. However, more research should be conducted in this field. From the binomial analysis, we also found out that with increased education (both of wives and husbands) the odds of husband justifying wife beating decreased.

If patriarchal beliefs are viewed as important factors behind DV in Bangladesh, researchers, social workers, and policy makers should be more concerned in examining the factors associated with these beliefs. This study attempted to examine few such factors. It appears from the findings that higher education and economic independence, along with some other factors, influence respondents', both women and men's, patriarchal beliefs. The more educated men are the less likely they are to justify wife beating. Similarly, with higher education and employment women are less likely to believe that only men have power to decide on their behalf. This is an indication for the Bangladeshi policy makers to avail more education and career opportunities for both men and women, giving them equal power within families.

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Political Influence on Bureaucratic Growth and Social Responsiveness: A Case of Ondo State, Nigeria

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Abstract

This study takes a critical look at the ways through which political office holders manipulated recruitments into the public service of Ondo State between 1999 and 2003. It holds that the phenomenal rise in the size of the public service of Ondo state during this period was due largely to political exertion; something akin to the spoils systems in 18th century United States. The cost implication of this increase was adjudged disturbing as 65.31% of the revenue accruable to the State goes to the payment of the emolument of these public servants who constitute just 1% of the entire population. This paper notes the complacency of the top echelon of the public service as regards the abandonment of the merit system in recruitment in to the public service during this period. It concludes that the implications of this phenomenal rise in the size of the public service, including the manner of accomplishing it are of far reaching implications for the public service and the society.

Introduction

Government in modern times is administered with the aid of bureaucracy. Despite noticeable dissimilarities in form and substance, bureaucratic structure is one of such elements that no developed, underdeveloped, democratic or dictatorial country could afford to neglect. Having rightly or (wrongly) made the choice of its creation, the contemplation of its extermination could well be the foundation of the end of a historical process; the cessation of governance as we know it today. The argument here is that, from being a mere instrument of social order, bureaucracy has taken on a distinctive culture of self-preservation and perpetuation, evolving as it were, from the compact to the elaborate.

The contention however is neither on the social responsibility of bureaucracy nor its self-preservation and perpetuation. It is about how political exertion enlarged the size of the public service of Ondo State from 15,210 in May 1999 to 27,719 in May 2003; representing an increase of 82.24% in four years. Political exertion here is construed as the influence that political practitioners and policy makers bring to bear on the normal course of administration so as to alter its direction. What pattern did it take and how did it impact on the growth and the size of the public service? What is the cost of the growth in size on the public? Focusing on Ondo State between 1999 and 2003, we attempt the resolution of these puzzles.

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Theoretical Framework

We find the analytical perspective of the Public Choice Theory useful in this discourse. The theory began as a critique of the increasing politicisation of the apparatuses of government and the self serving tendencies of bureaucracies in modern State (Parson, 1999: 307 - 308). Some of the fundamental assumptions of the theory, according to Parson (1999) and Roberts (1997) are that: the political processes of liberal democracy are failing to control the growth of political and bureaucratic power due to the influence of party politics;

- (a) parties make excessive promises to win votes hence politicians have to cut deals when in power so as to secure support and this pushes up the budget;
- (b) bureaucrats are just interested in maximizing their own self-interest rather than the public interest hence, the self-serving tendencies of bureaucrats rarely permit them to contest the increasing politicisation of State apparatuses.
- (c) the disorganized and silent clients who finance public expenditure are the losers.

Public Choice Theory advocates the rolling back of the frontiers of State but promotes greater private involvement in the provision of social services and the creation of wealth. It also holds welfare democracy in high contempt based on the assumption that welfare democracy breeds corruption, inefficiency and intense rent seeking.

A close look at the ingredients of this theory reveals its intricate link with those basic economic principles that motivate men in society. It testifies to the claim that politicians and bureaucrats often do not act altruistically. It is in this context, for example, that Takaya (1989:69) viewed the role of the Nigerian higher civil service in ensuring the continuity and unity of Nigeria as an indivisible sovereign entity during the civil war, as being dictated more by self interest than by patriotism. According to him, "none of the senior civil servants during that period would have wanted to go back to serve in the smaller and less powerful regional services even if their absorption into it would not be a problem".

If the prognosis on the inevitability of corruption, nepotism and rent seeking in welfare democracy remains valid, then the increase in the size of Nigeria's public service and the concomitant decline in professionalism, productivity, efficiency and increasing budget are inevitable. Justifying the Public Choice perspective in this context was Roberts' (1997: 16) conclusion that the theory (Public Choice Theory)

"regards the existing democratic arrangements as poor predictors of citizens preferences and demands with bureaucracies tending in the long run towards abandonment of collective goals in preference for self interested goals by officials all of whom share vested interests over time".

Conceptual Linkage: Politics and Administration

The academic disputations on the relationship between politics and administration and by extension politicians and technocrats remain an ongoing concern. Prominent debates on this rest on two contradictory propositions viz (1) that politics and administration are two distinct spheres, and (2) that a rigid distinction cannot be maintained between politics (policymaking) and administration. The first proposition is traceable to the writings of Woodrow Wilson in 1887 where he contended that administration lies outside the proper sphere of politics. In his words, "Administrative questions are not political questions, although politics sets the task for administration, it should not be suffered to manipulate its offices". The two broad divisions of government corresponding with those specified by Woodrow Wilson are in the words of Goodnow (1914), (1) the expression of the will of the state and (2) the execution of the will. The second proposition however posited that a rigid distinction could not be maintained between politics and administration (Dimock, 1937, Fredrich, 1940, Appleby, 1949). This point was put more forcefully by Chapman (1970: 153) when he argued that "any division of government into political and administrative activities is inadequate because the governing process is a seamless web of discretions and actions".

However, Adamolekun (1993: 14) argued that two reconcilable facts are discernible from the two contradictory propositions on the relationship between politics and administration. First is that both schools of thought are in agreement that two distinct groups of people operate the executive branch of government in a democratic polity viz (1) the elected temporary political officials and (2) those appointed into permanent career. Second is the recognition by both schools of thought of the dominance of political officials over the instrument of administration.

It must be stressed that the dominance of the political officials over the instrument of administration exists in Nigeria, at best, in theory. Giving the history of Nigeria's polity, democracy in its present form, is at its infancy hence its inability to fully develop the institutional capacity through which its sustenance could be assured. Again, elected officials in the polity are mostly inexperienced and rent seeking individuals who lack the capacity to take informed decisions in spite of the constitutional responsibility entrusted to them. Decisions from these political officials therefore, are to a large extent prejudiced by their inexperience, ineptitude and their perception of public offices as instruments of patron-clientelism. The era of military involvement in governance in Nigeria also represents an invalidation of the assumption of the dominance of political officials in the control of the instrument of administration. Available literatures succinctly demonstrate the dominant influence of top bureaucrats in Nigeria's policy processes especially during the first and second military regimes in Nigeria (Asiodu 1971, Gboyega 1995, and Adebayo 1997).

Beyond the reconciliation of the propositions on the relationship between politics and administration, the issue of the determination of the extent to which politics should impact on administration subsists. In

short, the contention centers so much on role differentials between political and administrative leaders. Oshionebo (1995: 242) noted that the resolution of this impasse in Nigeria came through the provisions of the Constitution especially, beginning from the Second Republic. According to him, "faced with the unresolved question about the proper definition of the respective roles of political and administrative leaders in the conduct of government business, the makers of the 1979 Constitution decided to strengthen the role of the political leaders". The 1999 Constitution embraced this principle by conceding both the control of decision making and the management of the public service to the political class.

The public service of a nation constitutes the administrative structure that has been aptly described by Max Weber as bureaucracy. Stillman (1996: 54) posited that "the term bureaucracy denotes the general, formal structural elements of a type of human organisation, particularly a governmental organisation." It derives from one of the three categories postulated by Max Weber – the legal rational authority, the category aptly described by Friedrich (1940) as "the core of modern government". It has been argued that bureaucracy holds a central role in ordering, controlling and maintaining civilisation in modern societies hence, it grew because society needed to do things – to build roads, to educate students, to collect taxes, to fight battles and to dispense justice (Stillman, 1996: 56).

An Overview of Ondo State Public Service

As noted by Erero (1988: 163), the Nigerian public service has its roots in colonialism. The public services of the federating States also derived from the public service of the Federation. This explains the uniformity in structure, functions and direction of the public service in Nigeria. Unfortunately, Nigeria's public service, and the public services of the component states have had their fair share of political tinkering with sundry reforms, thus altering their normal course.

The origin of the Ondo State Public Service is traceable to the public service of the Western Region. Indeed, the Western Regional bureaucracy was patterned after the Federal public service, an inheritance from the British civil service system of Public Administration characterized by anonymity, impartiality, neutrality and security of tenure (Sani, 1999: 87; Gboyega and Abubakar, 1989: 1). Largely constituted by indigenes of the areas hitherto categorized as Ondo Province, the Public Service of Ondo State debuted in 1976.

The general feeling of the people in the area that constituted the old Ondo Province prior 1976 was that the pace of socio-economic and political development was slow due to marginalisation within the old region (Olomola: 1996). Isijola (1996: 74) highlighted the point on marginalisation when he submits "there is no question that the old Ondo Province was completely neglected in the scheme of things by successive governments of the old region". However, irrespective of the veracity of this argument, the point has been made that the allegation of marginalisation and indeed the entire crusade for the creation

of Ondo State was essentially elite biased. As noted by Mimiko (1996: 92), "the marginalisation card played by the proponent of the creation of Ondo State was due to the perceived wishes, aspirations, fears and hopes of the elites". This, according to him, was evident as "no effort was made either prior to, or since the creation of Ondo State, to directly involve the masses of the citizenry in the business of what constitute development.

Mimiko's elite thesis is consistent with some fundamental ingredients of the time that conditioned the thinking and the behaviour of public servants and political/social elites in the immediate years of military rule in Nigeria. These ingredients amongst others, include, a complete change in the orientation of public servants as a result of their incorporation into the policy formulation processes; a phenomenon which galvanized them from their administrative role to more political roles. In this regard, Asiodu (1971: 9), noted that "In the formulation of government policy, the civil services in Nigeria enjoyed potential primacy". Gboyega (1995: 260) attributed this to the ascension of military rule. In his words, "the coming into power of the military enhanced their (civil servants) role". The uncanny desire of politicians/civil elites to benefit from the financial windfalls of the oil boom was also a potent factor. It is on record that the early 1970s represented one of Nigeria's most affluent periods due largely to the sudden rise in the international price of crude oil as a result of the Yom Kippur war. The argument is that, indeed, certain elite groups seized the opportunity of the disparity in physical development of the segment consisting the present Ondo State within the old Western Region to champion the crusade for the creation of Ondo State; a process that ultimately resulted into benefits for the technocratic and the political elites almost to the exclusion of the generality of the population.

It is apposite to note that at its creation, the public service of Ondo State did not derive from the masses, as the populace had no pact with the military regime that decreed it into existence. The implication of this is that, whereas the legality of the existence of the public service was indisputable, its constitutionality poses serious doubts. In other words, the public service of Ondo State, from inception, suffered from the crisis of legitimacy in a democratic context. The norm is that the public service must perform only tasks agreed upon and assigned to it by the duly chosen representatives of the people. This is why Adebayo (1997: 93) noted that: "The civil service evolved as the bed-rock of the executive arm of government (*whose*) main task came to be the implementation and execution of the policies decided on by its legislature or those appointed by the legislature to carry on the executive work of government". It is therefore incontrovertible that the public service of Ondo State between 1976 and October 1979 operated without popular consent.

The investiture of Ondo State's public service with constitutionality came in 1979 with the inauguration of the first elected civilian government. This made the service to be meaningfully perceived in terms of its responsiveness to people's wishes; meeting as it were, those basic responsibilities and obligations duly

assigned to it by the democratic organs of the public. The cost of maintaining the public service as well as its growth in size therefore became the legitimate burden of the citizens from 1979. Unfortunately, Nigeria's democracy suffered another military assault in 1983 through a coup d'état. From 1983 to 1999; with the exception of 1991/92 when civilians were elected to run the administration of various States of the Federation as part of the transition to civil rule programme, the public service reverted to its old characteristics. This presupposes lack of pattern to its growth and size due to series of ad-hoc policy measures. From May 29, 1999, the public service of Ondo State regained its constitutionality and legitimacy, thus imposing on it (Public Service) a number of legitimate responsibilities. Quite logically, the growth and size of the bureaucracy were expected to be guided by constitutional procedures in the context of modern principles of administration. To what extent was this expectation met?

Trend of the Increase in the Size of the Public Service of Ondo State, 1999 To 2003.

On May 29, 1999, Nigeria entered into a new era of democratic governance. In Ondo State, the Alliance for Democracy; a political party with a welfarist agenda emerged with Chief Adebayo Adefarati as the Governor. Indeed, the inherited public service in Ondo State as at May 1999 had spent the greater part of its existence under military administration; hence it was expedient that it undergo some processes of reorientation to reposition it for the nuances of democratic rule. The government recognized this much as various seminars, workshops and retreats were organized for the various cadres in the public service. The climax of this reorientation of the public service was a book publication, sponsored by the State Government in November 1999, titled *Democracy and Public Administration in Nigeria* (Adewole, et.al. 2001). In it is to be found incisive administrative norms and procedures needed in a new democracy. This was followed by the review of all the existing civil service statute books to bring them up to date. The task immediately after this was to position the public service as to optimally enhance the implementation of the Party's programmes.

Quite naturally, such issues of growth, size, morale of personnel and cost, etc, came to the fore at the inception of the Administration. The issue of growth and morale were tackled through the promotion of qualified personnel in all the cadres while hitherto suspended welfare packages were restored. These include, granting of car loan, housing loan and the reintroduction and intensification of training and retraining. Suffice to say the public service entered the democratic terrain with a renewed confidence, high morale and a determined effort to fulfill its social responsibilities to the citizenry.

Indeed, the programmes of the Alliance for Democracy formed the basis on which the public service was to dispense services. These programmes included amongst others, the provision of employment for the youth, school leavers, and graduates and other working class citizens, free education for all, free healthcare for all, rehabilitation of roads, provision of infrastructural facilities, and integrated rural development (Adewole, et.al. 2001:13). At the planning stage, the Government discovered some

shortfalls in the personnel requirement in some sectors especially, in education, health and agriculture. This shortfall was determined by asking all the departments in the public service to render returns on their manpower requirements using the required indices in each sectors of the public service. The need to fill these identified vacancies led to the State-wide recruitment of qualified personnel into the Ondo State public service from May 1999 to December 1999. Indeed, the recruitment at this time was done with due consideration for established procedures. The net effect was that the workforce grew by 6.23% from a total personnel of 15,210 in May 1999, to 16,158 in December, 1999 and this was matched by corresponding wage increase. In December 2000, the work force increased to 19,380; representing 27.41% over the figure in May 1999. It grew by 55% in July 2001 as the total work force increased to 23,597. In May 2003 the total work force in Ondo State had increased to 27,719; an increase of 82.24% over the 1999 figure. The situation is as reflected in Table I below.

TABLE I
TABLE OF PERIODIC STAFF STRENGTH AND WAGE BILL IN ONDO STATE

| <u>MAY 1999</u> <u>TO MAY</u> <u>2003S/NO.</u> | PERIOD | NO. OF STAFF | % STAFF INCREASE | MONTHLY WAGE BILL |
|--|----------------|--------------|---------------------|-------------------|
| 1. | May, 1999 | 15,210 | | N148,257,334.45 |
| 2. | December, 1999 | 16,158 | 6.23 | N145,300,541.00 |
| 3. | December, 2000 | 19,380 | 27.41 | N413,679,928.00 |
| 4. | July, 2001 | 23,597 | 55.14 | N455,526,122.18 |
| 5. | May, 2003 | 27,719 | 82.24 | N646,774,240.00 |

Source: Department of Establishment & Service Matters. Office of the Head of Service. Ondo State.

From the table above, it is shown that the Adebayo Adefarati administration inherited in May 1999 a total workforce of 15,210 with a wage bill of N148,257,334.45. This increased by 6.23% in December 1999 and 27.41% in December 2000. The wage bill during this period also increased from N145,300,541 to N413,676,928. In July 2001, the workforce increased to 23,597 representing 55.14% over the May 1999 figure of 15,210. Correspondingly, the wage bill came to a monthly N455,526,122.18 in July 2001. At the expiration of the tenure of the Administration in May 2003, the workforce had increased to 27,719 with a monthly wage bill of N646,774,240. This increase in workforce translates to 82.2% over the figure in May 1999.

It is significant to note that only this initial increase between May 1999 and December 1999 represents the true personnel requirement in the public service, needed for the effective and efficient implementation

of the basic educational, health and agricultural policies of the administration from the year 2000. On subsequent increase, sundry explanations are available.

One cardinal programme of the administration was the provision of gainful employment. The implementation of the programmes of the Adebayo Adefarati's administration, and by extension, the Party's (Alliance for Democracy) manifesto on provision of employment therefore provided the basis for the increase in the size of the public service in Ondo State between December 1999 and July 2001. The increase in the number of the State's workforce during this period therefore arose from the employment of young school leavers, graduates and artisans to mop-up the teeming number of the unemployed in the State. However, while this was consistent with the Party's electoral manifesto, it remained a contradiction of contemporary welfarist agenda.

The noticeable trend in employment creation by hitherto welfarist States is the encouragement of private sector initiatives and enhancing social infrastructures that would attract private capital. For example, from 1951 in the United Kingdom, electoral promises had centred on reducing waste and extravagance through greater de-emphasis on recruitment into the public service. As Rees (1994: 44) rightly observed, from the late 1960s, the general policy of rolling back the frontiers of the State had become an important policy package in Britain. Across Europe, the price strains of the mid-1970s provided the platform for a number of welfare States to fully appreciate the limitations of the State in relation to the provision of welfare. And in confronting this task of rolling back the frontiers of the States, the Thatcher Administration gave new impetus to the private sector such that employment became competitive. Summing up this phenomenon, Flynn (1997: 34) submitted that welfare States changed from managing demand for full employment to policies that will stimulate profits by removing regulations so as to stimulate the labour market.

An interesting phenomenon began immediately after July 2001, which in fact accounts for the present size of the public service. Beginning from July 2001, when the then incumbent Governor Chief Adebayo Adefarati signified his intention to recontest the position of Governor in the upcoming April 2003 election, the public service witnessed a phenomenal increase in size. Two reasons were central to this increase. First was the need to compensate party loyalist. In doing this, the political party's machinery played a central role. Principal Officers of the party were given opportunity to nominate a given number of people for immediate appointment to the public service. Members of the State House of Assembly, Commissioners, and Special Advisers to the Governor, etc, were also to nominate a given number of people from their constituencies for this purpose. The single most important qualification for nomination was political affiliation. The overriding purposes of this were to compensate loyalists, and to rekindle and build the confidence of party loyalists in the incumbent in his bid for the Party's gubernatorial ticket. The second level of increase began with the actual campaign of Chief Adebayo Adefarati for the gubernatorial

seat. As his campaign train moved across the Local Governments in Ondo State, appointments into the public service became an instrument of campaign and indeed a token in exchange for votes. Consequently, the size of personnel in the public service of Ondo State increased from 23,597 in July 2001 to 27,719 in May 2003. Virtually all those employed during this period did not go through the usual competition that characterized entry into the public service.

Three phases are therefore identifiable in the trend of growth in the size of Ondo State public service between May 1999 and May 2003. First was the phase of realistic appraisal of the strength of the public service vis-à-vis the programmes of the Government and the Party culminating in the initial increase in size from 15,210 in May 1999 to 16,158 in December 1999. Second was the increase consequent upon the implementation of the Administration's policy of gainful employment and in fulfillment of the Alliance for Democracy's manifesto and campaign promise. It was an era of increase for the sake of providing employment, not necessarily based on needs. The third phase was the increase consequent upon the desire of the Governor and his party to secure electoral victory.

Renascent Spoils System in Ondo State: United States' Experience

The analysis of the patterns of employment into the public service by the Adefarati Administration succinctly reflects the attributes of the spoils systems prevalent in 18th century United States. The spoils systems according to Gladdens (1972:309)

“was brought about by the electoral victory of the Republican Party and the subsequent pressure from Party faithful who opined that they had a right to appointments hitherto held by Federalists”.

He further noted that

“contrary to the established standard of administration prior to the time, the Republicans evolved a new doctrine that administration was an activity that any reasonably equipped citizen would be able to perform quite adequately”.

The full acceptance of the spoil system, he argued, came with the advent of Andrew Jackson to the Presidency in 1829 and it lasted till about 1861.

Highlighting the consequences of the spoils system, Gladden (1972), observed that

“the system produced counteracting trends, because, the extension of the franchise and the growth of political parties heightened the desire of the ordinary citizen to hold office and converted the transferable office into a currency suitable for meeting obligations due to party supporters for their election efforts”.

He concluded that the American public service consequently became valuable spoils for the victorious party.

Stillman (1996: 197) observed that through the spoils system 'there was steep decline in efficiency through the injection of semi-literate and the creation of useless office... lazy clerks were in excess, while the few energetic ones which the indiscriminateness of spoils did not keep out often, found it difficult to discover anything useful to do'. He thus concluded that 'the American public service was bedeviled with crass incompetence, graft, favoritism and partisanship'. Gladden (1972:318) noted that in spite of the short comings of the spoils system party supporters continued to entertain the hope for patronage. And when one of such office seekers felt disappointed, he resorted to shooting President James Garfield in 1881. It is important to emphasise that prior to this tragic incident, the campaign against the spoil systems and the clamour for increased efficiency and economy in the public service had mounted. However, as observed by Stillman (1996: 313), opposition to the clamour for such a reform was intense. The opposition, according to him, was from party organisers who could not bear the thought of losing valuable spoils and from the many that benefited from the maintenance of the status-quo. The assassination of President Garfield in 1881 thus provided the opportunity to decisively address the monstrous spoils system.

Consequently, the civil service Act of 1883, otherwise referred to as the Pendleton Act, was enacted. The Act, amongst others, recognized the Civil Service Commission in the United States in matters of appointment and promotion. It prescribed competitive examination for appointment and promotion. It also specified that appointment in the classified service should be done from amongst those with the highest grades. Another significant provision of the Act was its entrenchment of the principle of geo-political representation, akin to Nigeria's extant Federal Character principle in appointments. The Act also banned political interference in all of the civil service processes. Like all laws, the Act stipulated sanctions against violations of its provisions (Gladden, 1972: 318).

Likely Implications

While it might be too early to evaluate the possible consequence of the abandonment by the Adebayo Adefarati Administration, of the merit system of entry in to the public service, it is reasonable to draw from the experiences of the past in conjecturing the possible immediate and future implications of this act. The political experiment of the Second Republic in Nigeria (1979 – 1983) provided a worthy reference on the application of the spoils system in the public service. About this, Chinweizu opined, "the public service became an adjunct of party patronage machines" (The Guardian, November 24, 1985). The consequences of this, according to Erero (1988: 181), is that "since the degree of partisanship and constituency strength determined the selection of those to occupy future leadership positions without considering competence, poor policy articulation, implementation and evaluation will not be unlikely". Adebayo (1997: 93) agreed no less when he argued that the operation of the spoils system in the Second Republic frustrated the public service and made the task of management virtually impossible

(because) the operation of spoils politics was incompatible with and is an obstacle to the achievement of efficiency in public administration.

These observations are applicable to the public service of Ondo State for obvious reasons. First, the abandonment of the public service procedure, which correctly evaluates the competence of candidates at the point of entry into the public service, would inadvertently have opened the gate of entry into the service for incompetent persons. While it is true that such entrants could be “brushed up” through the internal training modules in the service, it must be appreciated that the modules were developed using some fundamental benchmarks of competence determinable at the point of entry. The incompetence of these officers would invariably manifest in poor policy articulation, implementation and evaluation.

The preponderance of this phenomenon would, in the long run, impact negatively on the efficiency of service delivery in the public service of Ondo State thus eroding the confidence of the public in the service. Interestingly, democracy is about service delivery, aggregating as it were, the desires of the masses, reducing these desires to policy packages and translating them into tangible actions for the people through the instrumentality of the public service. The loss of public confidence in the public service will therefore constitute a serious danger to the democratisation project.

Available record {Agagu,2003}, put the monthly revenue accruable to the State from Statutory Allocation, State's share of Mineral Derivation Fund, Value Added Tax and Internally Generated Revenue at about N1.2 billion out of which, a total of N646,774,240.00 was spent on personnel cost. Running cost also amounted to N137,000,000.00 per month. This left the State with just 34.7% of the total monthly revenue for capital expenditures on roads, water, health, and other infrastructural facilities. Chief Adefarati's successor as Governor, Dr. Olusegun Agagu lamented this development in his 'State of the State' address when he declared that the State was made to carry a very heavy administrative structure over a weak economic and infrastructural base (Agagu, 2003: 5).

As of now, the public service in Ondo State is an admixture of the competent and the incompetent, which poses a great threat to public policy. Unfortunately, the present state of the Ondo State public service has resulted in the underemployment, especially, of the junior cadre; a sizeable percentage of which are with high political affinity. This is certainly a danger to public accountability as it is doubtful whether this large army of 'political' public servants will possess enough discipline to resist temptation of any kind.

Conclusion

Except for the appointments into the public service in Ondo State between May and December 1999, subsequent appointments were not based on any realistic appraisal. Rather; such appointments were either to fulfill electoral promises or to secure political patronage. Against this, Wilson (1887) had

cautioned when he said, "Although politics sets the task for administration, it should not be suffered to manipulate its offices".

It is against this backdrop that the political elite need to be reminded that the gains of democracy might as well continue to be elusive if the task of public administration, the original conveyor of democratic benefits, is made to suffer through improper flooding of the service with incompetent 'political' individuals. In the case of Ondo State, during the period under review, positive resistance by way of objective advice from the top echelon of the public service to the political leadership on the dangers of polluting the public service is unknown, (at least no such advice, upon investigation, could be located in any File at the Department of Establishment and Service Matters of the Office of the Head of Service). This therefore renders the higher echelon of the service culpable as this merely reflects the abdication of their responsibility of advising and alerting political office holders to the dangers inherent in policies. This perhaps confirms the public choice prognosis that bureaucrats in fact want ever bigger bureaux due to their own self interest rather than the public interest. Within the framework of the social responsibility of the public service, the admonition of Maduabum (2002: 160) is apt. In his words, "while the civil servant must carry out decisions and policy laid down by the political boss, he must resist illegitimate political demands and pressures...the civil servant must learn that it is in own interest to resist political encroachments upon the internal self regulation of the civil service systems".

Government should therefore embark on an immediate census of those who were recruited into the service during this period, so as to determine their statuses, postings and schedules. Conscious effort should be made to evolve special training packages for them with a view to enhancing their competencies and re-orientate them towards Public Service norms. There is also the need to evaluate the extant expectation of the public so as to determine areas of critical need. These officers could therefore be retrained and redeployed to these areas of need to make them more productive and as such, justify their pay.

It is unlikely that the people of Ondo State will in the immediate be relieved of the heavy burden and cost that the spoils system has foisted on them through the unreasonable increase of the public service. As it stands now, 65.31% of revenue accruable to the State goes to the payment of the emolument of these public servants who constitute just 1 % of the entire population.

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Street Children and the Challenges of National security: Evidence from Nigeria

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Abstract

In this work, modest but valid efforts were made to objectively evaluate the endemic problem of street children in the third world, Africa and Nigeria in particular. More so, the study also tried to establish a link between street children and national security in Nigeria.

In its findings, the study showed that the exponential rise in the number of street children in Africa albeit Nigeria could spell a security disaster, as these kids become foot soldiers and terror elements during ethno- religious conflagrations. This becomes more glaring in most African states as they grapple with series of development crises. The reality therefore calls for concerted efforts to check this potential time bomb through sustainable rehabilitation of street kids.

In arriving at the above conclusion, the work relied on ethnographic data and data from such secondary sources as Books, Journals, Gazettes, News Papers, and Government documents.

Introduction

Who is a Child? The definitions of childhood vary from country to country and, indeed, region to region. The bulk of the countries view childhood in terms of chronological age, while others consider socio-economic factors in determining childhood (World Bank 2003). In some African countries for example, 10 year old apprentices or brides are no longer assumed to possess all the characteristics that industrial countries bundle together into the status of a "child". They may be eligible for marriage, but not entitled to make decisions independently of their parents. Different countries invoke different age thresholds of adulthood, even within countries such thresholds can diverge – one age for voting, another for employment, and yet another for military services (Satz, 2003).

At the normative level, the concept of a child, implicit in moral and legal practices, is that a child is a person who is in some fundamental way, not developed but rather developing (Schapiro, 1999). In the light of these underdeveloped conditions, adult parents or surrogates are needed to act on children's behalf's. Parents or surrogates are thus bestowed with some special obligations including the obligation to protect, nurture, and educate children. These obligations are paternalistic, because adults feel bound to fulfill them, whether the children in question consent to be protected, nurtured or educated or not. Adults feel justified in treating children paternalistically because children have not yet developed the cognitive, moral and affective capacities to deliberate and act completely in their own interests (Satz, Ibid).

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The Concept of Street Children

Like every other social fact, the definition of the concept of Street Children tends to defy any universal one. According to Benitez (2003:107), “there is no universal definition of ‘Street Children’ and several interpretations are in common use - -”. This is because the phenomenon arises as a result of these children being ‘abandoned’ by or themselves ‘abandoning’ their families and homesteads. The concept can thus be further divided into street-working children i.e., those who have homes to which they return at night but stay on the street as a means of sustenance, begging or engaging in petty trading and sometimes other vices. Street living Children on the other hand, would refer to “those who for the majority of the time sleep on the street and remain in limited or no contact with their family of origin” (Consortium for Street Children, 2001:3). Schiper–Hughes and Hoffman (1994), argue that in Brazil, for instance, the term is used by one class (the wealthy) to classify those children of another class (the poor) who have the audacity to transgress social boundaries.

For the purpose of this paper, Street Children are those children under the age of eighteen who spend most of their lives on the street. There are those who live permanently on the Street – “Children of the Street” (Lugalla, 1995). This group of children subsists by living and earning their “living”. There are also those who earn their living on the street but usually return to some form of a ‘family’ unit with some level of supervision or control (Lugalla,ibid). This group includes the increasing number of school children that spend most of the day on the Streets. They also constitute a sizeable portion of child labourers in one form or the other.

Street Children are characterized by loneliness on the street, shelterless, loss of parental contacts, loss of parental protection, love and care, and most often exponentially squalid (Lugalla & Mbwambo 1995). Another interesting reality is that Street Children share the streets with millions of adults, many of whom regard them as nuisances, if not as dangerous mini-criminals. However, it must be noted that what the bulk of the children do on the streets is, of course, work to survive or earn money for their significant persons (parents and guardians). The bottom line, therefore, is that despite the different thresholds and bundling they employ, almost all societies share common views of childhood. While this assertion seems over reaching, it is certainly true that a common notion is shared by communities, states, liberal democracies, most international aid agencies and the United Nations.

The recurring decimal in virtually all modern societies is usually an articulated social welfare policy that comprehensively seeks to protect the rights, privileges, and security of children and young persons. Part of this consideration is the obvious fact that children form the bedrock of the future of any society. Adequate protection of this segment of the population is therefore a sine qua non for development albeit national security of modern nation states. This general concern by modern societies has led to renewed interest by sociologists, psychologists, economists, and public policy analysts to study street children as

one of the development crises of modern societies. This recognition is based on the importance of human capital accumulation as a catalyst, and even a prerequisite for development. Street children are viewed as a major impediment to socio-economic progress and a significant threat to national security. These apparent and real threats accentuated the current surge of global interest in street children (Basu and Tzannantos 2003)

In Nigeria with a quaking state making foundation, state failure, and a possible state breaking eventuality, Street Children in Nigeria may, most likely, provide a ready pool of ethno-religious soldiers. The import of this large pool of child soldiers to national security cannot, therefore, be over emphasized. This is because with state failure, citizens rely on ethno-nationalistic sentiments for survival. The situation is, therefore, tantamount to fanning embers of ethno-religious conflicts which are reasonably sustained by child soldiers/militants recruited from the streets (see Nte & Irikana 2008).

Purpose of the Study

Even in the face of abundant literature on Street Children and such allied social problems as child labour/prostitution by scholars and international agencies (Forceman 1983, Bayden & Gibbs 1999, Furley 1995, Lugalla & Mbwanbo 1996, Ebigbo 1985, Oloko 1989, UNICEF 1985 – 2007, ILO 2002), Nigeria like most developing countries, is suffering from severe dearth of information. Consequently; there is an acute shortage of published papers in this domain. The authors have therefore relied on the limited and readily available materials and on their limited and their personal observations and impressions of Street Children and national security. More so, since this aspect of Street Children is significantly under-researched in a relatively turbulent epoch in Nigeria's political history, it becomes needful to subsist on available literature and related contemporary events.

In doing justice to the study, two research questions were generated to further guide the study:

- ❖ What are the nature and dynamics of the political economy of Street Children in Nigeria?
- ❖ What are the challenges posed by Street Children to natural security in Nigeria?

Methodology

In this study, we used a combination of observation and document materials for data gathering, which are valuable sources of data about social research. On the part of observation, one of the researchers participated in the activities of rehabilitation of Street Children organized by Indigenous Women International – a Non Governmental Organisation as a resource person. In a nut shell, the type of observation used in this study did not imply a research strategy of immersion (Pole & Lampard, 2002:71). However, some observations were made of the physical settings of the urban streets of Nigerian cities including Lagos, Kano, Enugu and Port Harcourt.

The central materials used for this study were text books, articles and reports. The categories of documents used in the study include both primary and secondary sources. Documents provided us with good insight into what has been written concerning the topic under study. These theoretical sources were used extensively in the course of our analysis of this study (Pole & Lampard, 2002; Arenas et al., 2002; Cohen & Monion, 1994).

To be able to make full use of the document materials that we located and accessed, the researchers needed to assess their validity and value (Pole & Lampard, 2002). Scoh (1990) puts four overlapping criteria: authority, credibility, representativeness and meaning, which served as a framework to us. In all, it must be recognized that we were able to systematically select documents in a fashion, which looks like a randomized sampling procedure, and helped us put more ideas, color and rigor into this work. Our acceptance or other uses of the retrieved pieces of information were dependent on our selection of information from the review and the interpretation put on it. It is however hoped that the representation punched here is a relatively precise and logical one. Although no researcher is independent of his or her own normative evaluation of a research problem, such as they appear in this study bear the hall mark of the researcher stance and should be over looked and considered as part of the researchers' own oversight (see Ololube & Ubogu & Egbazor 2007).

African Trends and Realities of Street Children

The problem of Street Children has been growing steadily in the last two decades. An estimated 10 million children in Africa live without families, mostly in towns as 'Street Children' (UNICEF, 1984:39). While the aforesaid estimates tend to be realistically low, it must also be noted that in the last two decades or so, Africa has experienced unprecedented level of crisis ranging from such natural disasters as famine resulting from drought to ethno-religious wars, wars of attrition and the devastating impacts of HIV/AIDS. All these put together have added a quantum leap in the number of Street Children in Africa estimated currently to be in the range of 40 million (UNICEF 2007).

The world and Africa in particular are witnessing rapid and wide range socio-economic and political changes. There is rapid urbanization, runaway population growth and increasing disparities in wealth. The introduction of structural adjustment programmes and the sweeping effects of globalization have accentuated the dramatic change of the very fabric of African society. Consequently, these changes have multiplied the number of African children on the streets.

In Tanzania, they are known as 'Watoto Wa Mitaani', in Kenya they are known as 'Chokorra' and in the Democratic Republic of Congo (DRC), they are called 'Moineaux' or 'Sparrows'. By whatever name they are called, what stands out is the sad fact that everywhere, children living and working on the street are ignored, scorned, mistreated and misunderstood by governments (Makaramba, 1999).

Another interesting issue about Street Children is the fact that most analysts see them as products of urbanism and should have an urban solution. For this group, there are just Urban Street Children and no Rural Street Children. Be that as it may, the fact remains that although the bulk of Street Children are found in the urban areas, most of them indeed have rural origins (Consortium for Street Children, 2003). The problem therefore extends beyond urbanization and further validates the fact that the problem of Street Children is caused by multivariate factors ranging from children gotten from 'illicit' relationships, children who are related to wealthy persons in the society, who for inexplicable reasons find themselves on the Streets. Studies have shown that through omission and commission by adults, parents and guardians, African Street Children tend to be victims of short sighted policies, or lack of policies. They are victims of an uncaring community that is increasingly being characterized by poverty, breakdown of family life, violence and economic hardships (ibid).

Street Children in Nigeria

Nigeria is the largest black African country with, according to a recent census, a population of about 150 million people. It is said that every fourth African is a Nigerian. There are several ethnic groups but the three major tribes comprise the majority of the people: the Igbo in the East, the Yoruba in the West and the Hausa/Fulani in the North. Nigeria plays a leading role in determining the future of Africa both at the global and regional levels apparently because of her size and resource endowments. Even in the face of these strengths, and with a fairly acceptable census figure, there are no known statistics of Street Children in the country; however, according to the 2006 census, about 47% of the population is under 15 years old while about 3.5% is aged 65 years or over. According to CRC definition (person under 18 years), children represent over 50% of the population.

The phenomenon of Street Children in Nigeria results mainly from family breakdown, which is in turn linked to polygamy. In an increasing individualistic society such children quickly learn to survive on their own, and in the process are exploited through child labour and trafficking. Many take to the streets for refuge (Ebigbo, 2003; CSF, 2003; NPC, 2006).

Two main kinds of Street Children are found in Nigeria: those who live and work on the street, (*Children of the Street*) and those who work on the streets full or part time but who return to their homes each night (*Children in the Street*). There are also religious Street Children found in northern cities in Nigeria where Koranic education encourages Islamic tutors to send their pupils to beg in the street – ostensibly as part of religious preparation for toughness and perseverance. A few are found in the southern cities although in different form, usually as guides to physically challenged adults. In the East, children aged 8 -9 years are found on the streets early, as less premium is placed on education in comparison with trading activities (CSF, 2003).

Furthermore, there is a new phenomenon of Street Children which can better be described as 'road children'. These children and young adults under the guise of filling pot holes on major roads engage in begging. Apart from facing serious safety risks to themselves and other road users, they have been found to be part of organized high way robberies as they provide unsuspecting intelligence and sometimes plant sharp objects on the road to puncture and deflate vehicle tyres and trap vehicles for easy plunder by the main armed robbers. They sometime involve in petty stealing of such items as cell phones from passengers using the open wind screens of trapped vehicles in traffic jam as a result of bad roads (ACED, 2007).

Yet, there is another variant of the phenomenon known as street wandering boys and girls roaming the streets doing nothing serious. While it is hard to come by accurate national statistics on Street Children in Nigeria, available figures are often contested, and many are estimates or extrapolated figures from other sources as opposed to figures derived from specific studies. A study conducted by a leading children's rights expert in the country shows that homeless Street Children were rare in the mid eighties, there were an "estimated" 8000 of them by the early 1990's. By 1999, children were reported in over a hundred street locations in Lagos. This claim of 8000 was highly criticized as highly grossly under – representative of the actual number on the Streets of Lagos State. This is against the backdrop of the International Labour Organization's (ILO) estimate that child labourers in Nigeria constitute over 6% of the world labourers figure of between 425 to 477 million. A good chunk of child labourers are indeed Street Children who are found in a rapidly urbanizing world (see Burra, 1997, Cigno and Rosati, 2001; Basu and Tzannatos, 2003; ILO, 1999). Given this statistics, Street Children in Nigeria under any guise are in millions and their numbers are multiplying at an alarming rate.

In a study on street child density under taken by Ebigbo (2003), 414 children per street were counted in Enugu, 1959 per street in Kaduna, and 1931 per street in Ibadan. Considering a two – hour count per day for five days, this means that there is a street density population of 44.4, 195.9 and 193.1 working children per hour per street in Enugu, Kaduna and Ibadan respectively. There was a 1:1 male female ratio in Enugu; there were 20 per cent more girls than boys in Kaduna and there was a 1:2 male/female ratio in Ibadan. In Enugu, more children were observed on the streets in the evening, indicating that more children attended school in the morning and traded in the evening to supplement family income. In Kaduna and Ibadan there was no marked difference in the number of children working in the mornings and in the evenings. This indicate that a large number of children do not go to school at all but are engaged all day in active trading. The key factors that push children into the streets according to (Ebigbo *ibid*) include; marital problems or instability in the home, poverty, hunger, insecurity, abuse and violence from parents, displacements caused by inter/intra communal clashes, insufficient parental care, death of one or both parents, inadequate family income, unemployment of one parents, lack of (or limited) opportunities in education, abandonment by parents, housing difficulties, drug use by children and peer influence.

In a similar research carried out by one the authors of this work, in Port Harcourt, Nte (2005), based on ILO estimates, put child labourers figure at over 500,000. This number excludes child labourers in the adjoining urbanizing communities around Port Harcourt such as Eleme, Oyigbo, Igbo – Etche, Bori and Ahoada. More than half of this number constitutes Street Children. As a city reputed to be the fastest growing city in Nigeria, albeit Africa, the trappings of the illusive Eldora do of the city fueled by massive oil and gas industries create unimaginable frustrations for the army of adventurers including children who are normally victims of these frustrating situations.

The reality of Port Harcourt is that the bulk of these immigrants are not employable in the oil and gas industry because they do not possess the requisite skills. Given this condition; children from unemployed parents or poorly paid parents, children from relations who are supposed to join their relations in the city, children hired as domestic servants, destitutes and abandoned children from the bulk of Street Children in Port Harcourt City (Nte, *ibid*).

The bulk of these children are street hawkers who sell for parents to augment their lean wages, sell for employers for a 'morsel of bread', sell for relations in the form of disguised child labour and abandoned children/destitutes who sell or beg to eke a living – they make up 80 per cent of Street Children. There are also the scavengers who browse through rubbish heaps to search for any abandoned material of marketable value. In the same vein, children of immigrants from Niger and Chad republic equally add up to the growing number of Street Children in Port Harcourt. Hidden from the "casual observer" is the army of child prostitutes who combine hawking and petty prostitution. They are usually aged 11 – 14 years and at times encouraged by their parents, guardians and employers. This category makes up the most hazardous Street Children because of the HIV/AIDS scourge and unwanted pregnancies/teenage motherhood. The effect of this social problem to Nigeria's national security cannot therefore be over emphasized (Nte, *ibid*).

Street Children and National Security: Challenges in Nigeria

While Street Children are viewed as constituting serious nuisance to the society, it is generally viewed as a social pathology that requires social solution through such welfare programmes as rehabilitation and re-integration of Street Children into their families and needy homes for such kids. However, the thrust of this paper is not directed at the social welfare arrangements for Street Children in Nigeria. This paper looks at the menace of Street Children as it affects National Security.

National Security entails the ability of Nigeria to advance her interests and objectives, to contain instability, control crime, eliminate corruption, improve the welfare, and quality of life of every citizen (Obasanjo, 1999). Among the core issues of national security are law and order. National security has also been defined as the "aggregate of the security interest of all individuals, communities, ethnic groups, political entities and institutions which inhabit the territory of Nigeria". In his interpretation of the aforesaid

definition, Mohammed (2006) concludes that “National Security from any perspective is about safeguarding the interests of the citizenry and providing the type of atmosphere that is free of threats that could inhibit the pursuit of the good of all. It is about the processes and measures required to preserve law and order”.

In order to fully appreciate the relationship between the growing number of Street Children in Nigeria and the security challenges, it is needful to review some historic conflicts in Nigeria and indeed some recent and on-going conflicts. Nigeria has witnessed and may continue to witness ethno-religious conflicts due to the failing nature of the Nigerian State and the recourse to ethno-nationalistic sentiments as survival strategies by hapless Nigerians whose destinies have been mortgaged on the alter of a kleptocratic and irresponsible ruling class in Nigeria.

During the series of the major ethno-religious conflicts like the Zagon-Kataf riot, Kano riot, Bauchi riot, Jos riot, Sharia riots in Kaduna etc, Street Children especially the almajais of Islamic street urchins drew the first blood and the bulk of the mayhem were sustained by this group of children. This could be largely to the unquestionable indoctrination and lack of objective analysis of social events by children of this age. Their actions are consequently brutal and devastating (Ekpenyong and Oarhe 2007).

In Lagos, the OPC mayhem between 1999 and 2001 involved a lot of Street Children as foot soldiers. The events in Niger Delta cities in the last eight years are equally instructive. Most urban terror gangs operating in these cities have Street Children as both active foot soldiers and surveillance teams that provide the intelligence before attacks. Even the cult wars that have specifically ravaged the city of Port Harcourt involve the active participation of Street Children who also act as unsuspecting hard drug couriers to beat the prying eyes of security agencies (Nte, 2005; Nte and Eke 2008). The logic therefore is that one of the major features of the flash points in Nigeria such as the North – with the potential of ethno-religious conflicts, Lagos – with the potential of ethnic conflicts, the East – with the potentials of ethnic conflict and the South-South – already enmeshed in resistance struggles, insurgency and militancy all have connections with Street Children as their recruits.

While most countries in Africa are grappling with the menace of child soldiers, Nigeria which has so far escaped macro level conflicts may not completely survive the menacing realities of Street Children who constitute a pool of recruits as armed robbers, urban terror gangs and violent cultists and ultimately graduating into political thugs. More so, the criminal nature of Nigeria’s transitional democracy tend to rely heavily on ‘godfathers’, violence and brutality to capture power at all cost (Human Rights Watch, 2007). This, of course, involves the reliance on the large pool of Street Children as potential thugs. The fact, therefore, still remains that Street Children in Nigeria are potent threat to National Security as a nation infested with Street Children cannot be free from security threats.

In the same vein, some of the negative effects of globalization such as magnified poverty – no food, no clean water, no education, and no health care – and children lead short, brutal suffering lives; tend to aggravate the level of frustration in Street Children in ways that transform them into violent creatures. The weakening sovereignty of the states in political, economic and other areas, the weakening of institutions, increased economic inequality and the breaking up of both social and political spheres have a devastating effect in many societies, especially the third world countries (Mesa, 2005; Tokathan, 2000). The rise of internal violence with the appearance of street gangs from Street Children and other manifestations of juvenile violence is one of the most visible effects. Nigeria is therefore tinkering with a potential time bomb that could explode in ways that cannot be presently imagined. Street Children, street urchins, almajaris, child traders/labourers that dot Nigeria cities will continue to remain a snag on national security.

Summary, Conclusions and Policy Recommendations

The work has attempted to establish useful insights into the meaning, dynamics and demographic structure of Street Children as a social pathology especially in the less developed regions of the world and Africa in particular. In doing this, the work gave in-depth explication of the concept of a 'child' and the incumbent of responsibilities of 'adults' and the society to protect children because of their inherent bio-psychological deficiencies. Similarly, the study also made modest attempts to provide valid analyses of the concept of Street Children, the different strands of Street Children and their psycho-social configurations which predispose them towards such anti social behaviours as crime and violence.

Furthermore, in a country like Nigeria, where corruption and executive recklessness are rife, and where social welfare programmes even for Street Children are almost unavailable, and where they exist at all, its impacts are extremely marginal, the menace of Street Children and the consequential fall outs are bound to be high. Drawing from the few researches conducted on Street Children, studies found that Street Children in Nigeria are urban products of a disarticulated post-colonial political economy with rural roots. With a reasonable level of political illegitimacy which has manifested in elite corruption and political violence, Street Children remain a threat to National Security. This is against the back drop of the fact that, these children provided violent services during ethno-religious riots in the north, political violence in the South West and the East and cult-related – cum terror gangs in the South-South region of Nigeria. In the face of these realities, this study tried to establish a veritable link between Street Children and National Security.

Because Street Children pose serious threat to national security, there is every need to tackle this social problem. Consequently, the following measures can effectively combat the upsurge of Street Children and the attendant negative consequences.

Firstly, there must be an objective realization and acknowledgement of the menacing problems of Street Children facing the African continent and Nigeria in particular. This will engender commitment by all the stakeholders and discourage the abdication of this social responsibility.

Secondly, children living on the street, without homes or families, pose the greatest challenge in terms of rehabilitation often needing long term one – on – one counselling. Preventive measures are therefore vital to protect children from the risk of full exposure to life on the street.

Thirdly, there is an urgent need to provide an effective charter on child rights at both the continental and national levels. In this regard, differential penal sanctions should be implemented in our prison system to discourage the lumping of young offenders with hardened criminals in the same cell. The police force also needs to train to protect Street Children rather than harass and punish them (Makaramba, 1999).

Education is often seen as a means of helping children in the streets – most of the Street Children are illiterate with no basic skills to help them get proper job. Education may help break the vicious circle of marginalization and help potential Street Children towards better life. Unfortunately, globalisation, liberalization, and reforms schools seem to be alienated from the socially excluded segment of the society. School for Street Children becomes another possibility of failure. In this scenario, dropout rate is bound to be high and vocational training must be made accessible to Street Children to remove them from the Streets.

Added to the above is the fact that the content and form of education tend to be unsuitable and questionable with regards to the needs of the poorest. It is based essentially on western middle class values, promotes consumerism, unhealthy competition and make graduates perpetual job seekers. For those needed out of school, the future is bleak, and when confronted with years of nested efforts, frustrated youngsters tend to reject the entire system and relapse into street life.

Furthermore, strengthening the family unit can also reduce the incidence of Street Children. Family welfare policies can attenuate the side effects of development in a globalized world. As a study by the United Nations on youth maladjustment puts it: “if one conclusion has to be drawn from our data it would be that juvenile delinquency is not the inevitable result of poverty and rapid urbanization. The intervening variable is the strength of adult – child relationships most notably family relationship” (DOC. 22, UNSDRI, Rome 1985).

Finally, Non Governmental Organizations, Civil Society Groups and Community Based Organizations should strive to complements government’s efforts aimed at promoting child welfare through vocational training, counseling and job placements. These must be done with full integration of the Street Children themselves. Their voices must be heard if these programmes must work and if Nigeria’s National Security must be sustained.

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Child Labour Practices in Kargil (Ladakh)

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Abstract

Child labour is a very common phenomena in India with millions of children working both in cities and in the villages. The State of Jammu and Kashmir is no exception with the added disadvantage that some of the children working there are in remote parts of the state. This study concentrates on one such remote area, Kargil in Ladakh and looks at the child labor in the dominant handicraft industry there. It tries to explore the causes and assess the nature of exploitation of child labour in the handicraft industry.

Introduction

The problem of child labour is not a concomitant feature of modern society only. In fact, the problem has been there since the very dawn of human civilization. The reasons for this phenomenon are varied and have been changing as the time passes by. Avenues of child labour over the years have broadened. As a matter of fact, the problem is vexed and wide spread and is not a characteristic of any particular type of economy.

Any work, whether manual or mental, which is undertaken by a child, who is below 14 years of age, for monetary consideration, is called child labour. Homer Folks, the chairman of the United States National Labour Committee has defined child labour as "...any work by children that interfere with their full physical development, their opportunities for a desirable minimum of education or their needed recreation."

Child labour is a global phenomenon and a harsh reality. Child labour is both an economic and a social evil. In assessing the nature and the extent of the social evil, it is necessary to take into account the character of the jobs on which the children are engaged, the dangers to which they are exposed and the opportunities of development which they have been denied. Thus, child labour is recognized by the sociologists, educationists, and development workers, medical professionals as hazardous and injurious to the child, both physically and mentally.

Child labour is a pervasive problem throughout the world. However, the industrialized economies especially of Europe, North America, Australia etc, have by now reduced it to a large extent. The problem of child labour as faced by the developing economies today has indeed serious dimensions. Africa and Asia together account for over 90 percent of the total child employment. Though there are more child workers in Asia than anywhere else, a higher percentage of African children also participate in the labour force. The International Labour Organization (ILO) estimates that the number of children aged 5-14 years in the year 2000 who were economically active was 211 million, while the number classed as child labourers was 186.3 million. Of these 120 million are estimated to be in full-time work.

Since ages, the prevalence of child labour has been common in India. It has the largest number of world's working children. And again according to the Ministry of labour and other NGO's estimate, there are 55 million children in the labour force at present. According to their estimates there are 25 million children employed in agricultural sector, 20 million in service jobs (hotels, shops, and as servants in home) and 5 million in the handloom, carpet making, gem cutting and match making industries. As many as 91 percent of child labour in India is in rural areas, while 9 percent is in the urban areas. In India every third child is a working child and every fourth child in the age group 5-15 is employed.

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The phenomenon of child labour in Jammu and Kashmir is in no way different from that of the one prevailing in the rest of the country. Its evolution, growth and magnitude have followed the same pattern. The difference, however, remained in the nature of employment. Since the state is predominantly agriculture oriented, the children help their parents in the fields and the farms. The break-up of the child labour employed in different crafts is not available. It has been estimated that embroidery and carpet are the major crafts in the state and about 78 percent of the craft workers are engaged in these activities. About 89.28 percent of handicraft units are of household type. It is worth noting that family workers are not less exploited. History is full of instances where parents themselves turn to be the most ruthless exploiters of their own children. Work force employed in the handicrafts and handlooms in the state is dominated by the males. Females constitute less than one-fourth (24 percent) of craft work force. In the context of child workers harmful effects can be seen in the form of their improper physical development, varied kinds of illness and physical deformities, damage to the central nervous system, lack of the capacity to adjust with other persons in the society, inability to express views, etc. Karl Marx observed that "the result of buying the children and young persons of the underage by the capitalist results in physical deterioration and moral degradation."

There are many causes of child labour, poverty, being one of the main reasons followed by illiteracy and ignorance of the parents. Child labour has given rise to a number of socio-economic problems. It is beyond any doubt that children are forced by the circumstances to do labour in tender age when they should have been in the schools. In the nut shell we should say that the life condition of child labourers in handicraft sector is pathetic and miserable and getting worst day by day.

It is within this above thematic perspective that the following hypothetical points were laid down.

Objectives

- I. To make a detailed study of child labour in the handicraft sector with special reference to their life conditions in Kargil.
- II. To access the nature of exploitation faced by the children involved in labour activities.
- III. To explore the causes of child labour in the handicraft sector in Kargil.
- IV. To examine the social implications of life conditions of child labour in the handicraft sector.
- V. To suggest the measures for amelioration of the child labour.

Methodology

The study is primarily an empirical one and based on an extensive sociological investigation in the field. It specifically concentrated on child labourers in Tehsil Kargil. A sample of 100 respondents (comprising of 65 child labourers, 17 heads of the households, 9 employers, 6 social workers (notables) and 3 concerned government officers) was selected to give representation to all areas, fields, sexes, ethnicity and income-occupational-educational groups and sub-groups while a detailed interview schedule was used for child workers, heads of the households and employers. In-depth interviews with social workers, notables and Government officers were carried out within the limits of interview guide. Moreover, observation method was also used to get the real and relevant information. The field of handicrafts covered in this study was carpet-weaving, wool-work, *paper-machie*, copper and brass, wood-work, wicker work and willow basketry, stone work and sculpture, jewellery, *shawl-bawfi*, etc. The relevant data and information were collected in the field by the researcher himself. After collecting the information from the field, the data were statistically treated, explained and analyzed in the logic of other facts and theories.

Results and Discussions

1. Sex and Age

It is a well established fact that age plays a dominant role in shaping personality and values of responsibility to work and to participate in different walks of life. Distribution of the child labourers according to their sex and age group is presented below in the table 1.1.

Table 1: Distribution of the child labourers according to sex and age group

| S. No. | Sex | No. | Percentage | Age Group | No. | Percentage |
|--------|--------|-----|------------|----------------|-----|------------|
| 1. | Male | 1 | 1.53 | 5 to 10 years | 6 | 9.23 |
| 2. | Female | 64 | 98.46 | 11 to 14 years | 59 | 90.76 |
| | Total | 65 | 100.00 | | 65 | 100.00 |

Source: Field Study 2007.

The study further indicated that most of the female child labourers belonged to illiterate or very little educated families. The societal preference for male children result in girls being valued less, fed less, educated less but worked harder and deprived of every opportunity to broaden their personal, social and intellectual horizons. In most economically disadvantaged families, greater the poverty, the more aggravated is the situation of the female child. In certain families, the rules of permission and restriction on women and female children are much more stringent which allows for greater exploitation and discrimination.

The notion of temporary membership in the parental home results in the perception of the female child as a burden to be passed on to another family where she remains an outsider, a household drudge, a reproductive machine and unpaid worker throughout her life. Further, girl's economic participation goes unnoticed as they are employed in either family labour or domestic work or in unorganized sector, like in handicrafts work. The data confirm the impression that children usually enter the field of handicrafts work around eleven years of age.

2. Education

Education, formal or informal aims at developing the positive quality of the child and helps the individual realize his potentialities. All the children working in the handicraft sector interviewed have been to school at one point or the other. Accordingly, the child workers were asked to state their educational qualification/background.

Table 2
Educational attainment of the child labourers and whether the children were still attending school or not

| S. No. | Educational Attainment | Number | Percentage | Still Attending School or not | Number | Percentage |
|--------|------------------------|--------|------------|-------------------------------|--------|------------|
| 1. | Upto 5 th | 32 | 49.23 | Yes | 3 | 4.61 |
| 2. | Upto 8 th | 33 | 50.76 | No | 62 | 95.38 |
| | Total | 65 | 100.00 | | 65 | 100.00 |

Source: Field Study 2007.

The reasons for dropout and not completing the studies were varied and vexed. The primary reasons being less interest in studies or failing to cross a particular class or treating education as fruitless because of parental illiteracy and ignorance, poverty of the family, gender discrimination and the influence of peers, etc. To stop the trend of leaving the school, once the student fails in a particular class, the authorities are supposed to be flexible, which is not the case here.

It is disheartening to note that out of sixty five child labourers interviewed, only 3 (4.61 percent) were still attending school and the majority 62 (95.38 percent) had left the school for good at primary and upper primary levels. Thus we see that out of 65 child labourers, not even a single child has completed his/her education up to high or secondary level. In order to stop the dropout rate or to retain the children in schools, there is a need to provide vocational education to all the children after they complete their primary education.

3. Family background

In the present study an attempt has been made to collect salient features of social and economic conditions of the family with a view to examine its impact on the child. Direct observations coupled with the discussions with the parents of the child labourers yielded some material on this point. Some of the child labourers who were having one amongst the parents dead were specifically observed and interviewed. Accordingly, we wanted to know the size of the child labourer's respective family, which is reflected from table 3.

Table 3
Size of family and single parent families of child labourers

| S. No. | No. of Family Members | Number | Percentage | Parents Alive/Dead | Number | Percentage |
|--------|-----------------------|--------|------------|--------------------|--------|------------|
| 1. | 1 to 5 | 2 | 3.07 | Father Alive Only | 8 | 12.30 |
| 2. | 6 to 10 | 53 | 81.53 | Mother Alive Only | 2 | 3.07 |
| 3. | 11 to 15 | 10 | 15.38 | Both Alive | 55 | 84.61 |
| | Total | 65 | 100.00 | | 65 | 100.00 |

Source: Field Study 2007.

The children, who belonged to the small family category, work either because there was no earning member in the family or just to enjoy with friends at the handicraft centre and at the same time learn some skill. Most of the children of this category added that they have to work because their father had died and being the eldest child, it was their duty to look after the family.

When parents were asked to state the reasons for putting their children to work at a very tender age the lack of quality education, poverty, skill acquisition, inaccessibility of schools and cultural role/tradition were the main forces stated by them to send their children to work instead of schools. On the other hand the employers employ them for helping poverty stricken families, skill acquisition, low payment, long hours work, having soft fingers and hands.

Different types of handicrafts work were being undertaken by children like *shawl bawfi*, embroidery, knitting and carpet weaving. As we know that Ladakh is a cold region, the coldness of the region increases the demand for the warm clothes and bedding and the girl child is best suited for the work who can do it even while preparing food and also when they are busy with other domestic work.

4. Wages

The monthly earning of child labourers is dependent upon various factors like the nature of job (skilled, unskilled or semi-skilled work), duration of working hours, nature of employment (daily wage, contract or regular), etc. The distribution of the monthly income of the child labourers brings out the fact that a large proportion of them 37 (56.92 percent) earn between rupees hundred to five hundred per month and 27 (41.53 percent) earn between rupees five hundred to one thousand per month. There were only 1 (1.53 percent) child who earned more than one thousand rupees per month. All the children were receiving their income in cash, some on daily basis, some weekly and some monthly depending upon the type of work they were doing. Quality of work, experience and skill were the criteria which determine the wages, responded majority of the child labourers, their parents as well as the employers interviewed.

5. Working conditions and Health problems

The nature and the quantum of work have their effects on physical as well as mental growth of the workers, especially the young ones. Handicrafts work particularly *shawl-bawfi* and carpet weaving requires using of fingers intensively for working with wool and cotton threads concentrating heavily on the fine knots used for weaving by sitting down for hours. In such situation aching and irritation of eyes, fingers, joints' pain, back pain, stomach and chest pains caused by inhaling cotton and wool dust can be said to be natural. So far as protection against work hazards is concerned the child labourers responded otherwise.

Problems due to long working hours, hard and hazardous jobs, poor diet, etc. puts stress due to which the children complained of backache, headache, eye irritation and joints pain, although space for work was sufficient. There is complete absence of medical care at the work places. When asked whether their employers help them financially if they fall sick, they shook their head to convey "no". The chronic and lifelong diseases emerge in a situation in which government officials as well as the parents do not take it seriously, but become the part of that situation. So, without taking serious note of the diseases child labourers cannot be saved from its disastrous implications. Our observation also reveals that the employer is not concerned about the health problems and safety measures from injuries and accidents of children.

6. Reaction of family members about child labourers' economic contribution

The data reveals the reality of the existing situation prevailing which allows the child labourers to have a very handsome response from the family members about their contribution. Some others bring it to our notice that the reaction about their contribution in the family was satisfactory as they were contributing to

some extent in maintaining and balancing the budget of the family. The visitors of the children were often visiting the handicraft centres to know about the progress of their wards in skill acquisition.

7. Female child labour and sexual exploitation

Every child labour is likely to experience some difficulties in his/her job. Some of these difficulties may be of a permanent nature or of casual, temporary and/or occasional types. But the question of female child being sexually exploited remains there always. Sexual exploitation may take many forms and is usually under reported and not talked about openly. The overwhelming response of eighty percent female child workers said yes, that they are very prone to be sexually exploited. Entry of children into work was not a matter of choice but a matter of economic compulsion, largely to supplement the family's income. Majority of the child labourers said that it is mostly the employer of the centre and people of his relation who are always in search of opportunity for sexual harassment/exploitation.

8. Child labour laws and its abolition

Government of India has enacted a number of legislations which prohibit and regulate the employment and working conditions of the child labourers in various occupations and vocations. More than ninety percent of child labourers and their parents were not aware of any such legislation. But the majority of employers knew about Minimum Age Act to employment and in spite that they were employing children for low wages, easy to handle, less employee-employer conflict, etc.

A dominant majority (97 percent) of children under work were having no awareness of the child labour laws and their existence in Kargil. There is no awareness amongst the masses about child labour laws although both parents and employers favour the abolition of child labour for various reasons including the effect of work on child's future. Lack of quality education as well as lack of concern on the part of government and civil society is the primary reason for lack of awareness about child labour laws and the damaging consequences of child labour.

Considering the present socio-economic conditions, one may argue that child labour should not be abolished, as many poverty stricken families fail to provide the minimum living and social requirements to their children. That is why what many people advocate not the total ban on child labour but improvement of the conditions under which they work. Eliminating child labour will save the lives of many children from its damaging consequences but at the same time will affect a chunk of population for want of economic compulsions. Thus abolition of child labour will not only increase misuses of the children and their families but it will encourage children and the members of their families to adopt unfair means to meet their needs and will divert children and adult members to delinquency and criminal activities. On the other hand we approached the employers who were in favour of child labour and enquired from them what make them to favour child labour and the response was poverty elevation and development of child. We further approached the employers who were against child labour and asked them why not they were in favour of child labour and their opinion was that it is detrimental to health, adds to school dropout and illegal.

9. Role of governmental and non-governmental organizations

About twenty five percent employers favoured the implementation of legislations strictly with same code of conduct everywhere and compulsory schooling up to fourteen years of age for the elimination of child labour. Around ninety percent employers supported to provide some training to the child labourers so that they can earn partly to meet their personal as well as family requirements.

Non Governmental Organizations are also working in the field for the eradication of child labour. There is hardly any awareness found among the child labourers, parents and even employers about the NGOs. All the sampled employers responded that the NGO's should help financially to the families of child labourers and which to my understanding no NGO is in a position to provide. We further asked the employers

whether they can play any role in the elimination of the child labour and the response we got is shown in table below.

Table 4
Role of employers in the elimination of child labour

| S. No. | Employers role | Number | Percentage |
|--------|-------------------------------|--------|------------|
| 1. | No employment to children | 1 | 11.11 |
| 2. | Create awareness | 9 | 100.00 |
| 3. | Inform authorities | 2 | 22.22 |
| 4. | Motivate them to go to school | 3 | 33.33 |

Source: Field Study 2007.

10. Focussed Cases

Apart from serving the written schedules, we also followed the method of observation and maintained the field diary during the field work. We witnessed some special cases of child labourers which highlighted the nature, causes and consequences of the problem. The study of these cases will certainly lead to a deeper and wider sociological understanding of the phenomenon of child labour.

Special Case-1

An eye opener case during the field visit came to our notice was that of a girl who was only thirteen years old. She was engaged in handicrafts work at a very young age. She narrated the facts as to how she was forced to join this work. Actually her mother was engaged in this work but God loved her more than any body and took her into his custody. There was nobody in the family to take the work/tradition. Therefore, finding no option, she stepped into the shoes of her mother and started handicrafts work to maintain the tradition of the family as she was elder in family. She further narrated that she earns very little which is usually spent on family requirements. She has always this apprehension that like her mother she may not went into the custody of God at a very young age.

Special Case-2

Sadeeqa nick named Payal is a teenager. She belongs to block Shargole of Kargil. She is always on work from early morning to late evening. While narrating her story, she said that she was only seven and a half years old when she joined the handicrafts work. Her parents forcibly put her into this work. As in their locality/area it is a tradition to send female child/children at a very tender age for work. She has to perform both domestic as well as handicrafts work.

She wakes up before dawn, to prepare tea and breakfast for everyone in the family including her parents and siblings. She is the elder daughter of their parents. Then she washes the previous night's utensils and brings water from a good distance for the day's use. Again she has to bring water in the evening for drinking and other purposes. As she completes the work in the morning at home, she then leaves for handicraft centre where she performs the handicrafts work upto evening. She also brings it to our notice that many a times she would take the unfinished work to home and complete it upto midnight. She hands over all the earnings to her father and does not keep anything with her.

Sadeeqa was very much interested in studies but her parents were having other ideas for her. One could easily observe desperation current on her innocent young face. When she was asked if the opportunity will be given for studying will she go. Her answer was no, as she has lost interest in studies and will feel ashamed with little children in the class at this age.

Special Case-3

Angmoo, a girl of thirteen years resides in a far flung village of Kargil. She belongs to a very poor family. For maintaining the delicate balance of the family budget and to keep the wolf away from the door, her parents had no alternative but to send her into the handicrafts work to save the family from a shipwreck. Her house has two bedrooms and a kitchen with common hall. It takes her around one and half an hour to do dusting, sweeping and mopping. She has also to do the most arduous work, i.e. hand washing of clothes early in the morning before leaving for handicrafts work. She works almost eight hours a day and six days in a week with water, the only facility available in the handicraft centre. During off-days she carries domestic and agricultural work in the family.

Paid very less for her labour; working in unhygienic conditions with no health security narrated the innocent Buddhist girl with a desperate voice. She would like to attend school rather than handicrafts work but the condition at home and the need to supplement the family income stops her from doing so. She is also aware that working at this age will affect not her present only but the future too and is working now with the intention to make the future of her siblings secure by not allowing anything to become an impediment in their schooling. She loves to leave the work if the alternative is provided and dreams to be a rich person in future so that she can break the bond between child labour and her family.

Suggestions for Solution

1. There is dire need to impart education to the child workers. Though child workers cannot attend normal school during the usual school hours, the only alternative is to provide them some agency of education at the time when they are free. There should be special schemes for development of socially and educationally disadvantaged groups of the society.
2. Governmental and non-governmental organizations should organize awareness programmes regarding the consequences of child labour and motivate common people, village heads, teachers and other employers, senior citizens, etc. and seek their cooperation in respective areas to serve the purpose.
3. Media should play its role in generating awareness among the people regarding the upliftment and betterment of socially, economically and educationally backward communities by providing them information regarding various programmes and schemes launched by the government for their upliftment.
4. Attractive and free pre and primary school education system is necessary to attract children towards education instead of work and income. Community based school extension programme, i.e. to make people aware of benefits and necessity of education, to encourage and convince children to go to schools is essential, etc.
5. Non-governmental organizations (NGOs) and other related agencies have to play vital role to make aware the down-trodden communities regarding the rights of children and harmful effects of child labour.
6. Government should take up steps and consult scholars, academicians, planners belonging to different streams in order to frame policies about the future and overall development of these unfortunate children.

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The Impact of Stigmatization on the Acceptance and Care for People Living with HIV/AIDS (PLWHA) in the Society: A Case Study of the Civil Servants in Auchi

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ABSTRACT

This study examines the Impact of Stigmatization on the acceptance and care for people living with HIV/AIDS (PLWHA) in the society. It is the contention of the study, that stigmatization is one of the problems associated with HIV/AIDS epidemic in the society. This study was carried out among civil servants in Auchi in Edo State, Nigeria. Three hundred and twenty four (324) participants took part in the study and questionnaire and focus group discussion were used to obtain information from the participants in the study. Some of the findings of the study are that people have high knowledge of HIV/AIDS, stigmatization can affect the acceptance and care for people living with HIV/AIDS in the society and enlightenment programmes can change people's attitude towards people living with HIV/AIDS in the society and reduce the level of stigmatization associated with the disease.

Introduction

One of the most complex and complicated health problems confronting the world today, is the Human Immuno Deficiency (HIV) infection and the Acquired Immune Deficiency syndrome (AIDS) disease. The National Commission on AIDS in 1991, classified AIDS as the most deadly sexually transmitted disease ever to confront humanity. HIV is the virus that causes AIDS. The virus was first discovered by Luc Montagnier at Pasteur Institute in Paris and Robert Gallo at the National Institute of Health in the United States. Since the virus was first discovered in the United States, it has spread to all parts of the Globe like wild fire. Over 36 million people are said to be living with HIV infection and 21.8 million people have died of the disease (Peltzer, Mpotu, Baguma and Lawal, 2002).

In the AIDS pandemic, Sub Saharan Africa is more heavily affected than other parts of the world. An estimated 24.5 million people were living with HIV at the end of 2005 and approximately 2.7 million new infections occurred during that year. In 2004 the epidemic claimed the lives of an estimated 2 million people (UNAIDS, 2006). According to Nkengasong (2004), the prevalence of HIV infection in African countries continue to rise and in some countries, it has reached as high as 40 percent in certain population such pregnant women and commercial sex workers. AIDS was reported in Nigeria in 1984 (Sunmola, 2001). In March 1987, Professor Ransome Kuti the then Health Minister, announced with positive proofs that there were Nigerians who suffered from AIDS (Olajede, Ezekiel, Lufadeju and Agwiyi-

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Ironsi, 1987). According to Unaid (2003) statistics, ten percent of the people living with HIV/AIDS (PLWHA) worldwide, live in Nigeria and the country ranks as one of the first four in the world. It is estimated that more than 3.8 million Nigerians are living with the virus. Out of this number, it is estimated that over a million have developed clinical symptoms for AIDS. More than 1.3 million children below age fifteen have been orphaned by AIDS (Kio-Oayinka and Idogho 2005).

One of the problems associated with HIV/AIDS in the society, is stigmatization. Stigmatization constitutes the foremost barrier to effective integration of HIV/AIDS education. The person with HIV/AIDS experiences an immediate crisis over what makes life meaningful or meaningless. The person is concerned with such questions like why bother? Why even think of living? (Beck, Carlton and Allen, 1993). In August 1994, the Centre for Strategic and International Studies, released a report that emphasized that the main barrier to effective strategies against AIDS epidemic, are stigmatization and discrimination. As Merson (1993) aptly observed, the epidemic of fear, stigmatization and discrimination, has undermined the ability of individuals, families and societies to protect themselves and provide support and reassurance to those infected.

The following extracts from studies on the experience of people with HIV/AIDS in the society, can help to illustrate the impact of stigmatization on the acceptance and care for people with HIV/AIDS in the society.

"Kai (an expression of worries) we have serious problems. Whenever we are with members of our community, they abuse us with this sickness, they say we should bear our burden and is it not that we contract it through infidelity. So it worries us and we are always fighting with members of our community". (Kio-Olayinka and Idogho 2005)

"My own immediate family, my brothers and sisters don't even like me at all because of this sickness I have. Even if it is my scarf they want to tie, they will be saying that no! they won't tie the scarf so that they will not contract the sickness at all" (UNAIDS, 2002).

"I was isolated, my family deserted me. Even my father who gave my hand in marriage (to the man who infected me) never bother to visit me even during the time when my husband was very sick. I was disappointed and annoyed because it was my father who arranged for this marriage. He no longer cares." (Women with AIDS, Kampala District UNAIDS, 2002)

In the Kampala District of Uganda, one man with AIDS described his family reaction when he announced that he was getting married as follows:

"They refused to contribute money, saying, why should they get married? They are going to die and the money will not be well spent. Why don't we keep it for the purchase of their coffins" (A Man with AIDS, UNIAIDS, 2004).

In view of the above analysis, this study wants to look at the impact of stigmatization on the acceptance and care for people living with HIV/AIDS in the society. The following research questions shall direct the thrust of this study.

- Do males and females differ in their knowledge about HIV/AIDS?

- Does the perception of the cause of HIV/AIDS, affect the stigmatization of PLWHA in the society?
- Does stigmatization affect the attitude towards PLWHA in the society?
- Do the advocacy and enlightenment programmes change people's attitude towards PLWHA in the society?

Review of Literature and Theoretical Orientation of the Study

Stigmatization is a major issue that societies and support organizations have to contend with in dealing with the problems of HIV/AIDS. Stigma can affect the care and acceptance of PLWHA in the society. After a person has tested positive of HIV, he or she faces the decisions that include how to enter and adhere to care and whether to disclose HIV seropositivity to partners, friends, family, colleagues, employers and health care providers. Stigma is a powerful and discrediting social label that radically and negatively affects the ways individuals view themselves and the ways others view the individual as a person. Stigmatization is a dynamic social process that arises from the perception that an individual has undesirable attributes, thus, reducing him in the eye of the society (Nwagwu, 2004). Giddens and Duneier (2004) define stigma as any characteristics that sets an individual or group apart from the majority of the population with the result that the individual or group is treated with suspicion or hostility. Goffman (1968) suggests that certain people who have undesired differentness are stigmatized in that others regard them as tainted and discounted. People with discreditable attributes can seek to hide their attributes and avoid stigma or undertake information management by controlling what they tell others. According to Goffman (1968), the two strategies for the person with discreditable attributes are passing and withdrawal. Passing is seeking to hide the discernible attributes and withdrawal is withdrawing from social contacts wherever possible. Scambler and Hopkins (1986), use Goffman's concept of stigma to study people with epilepsy. In their study, Scambler and Hopkins (1986) make distinction between enacted stigma and felt stigma. Enacted stigma refers to instances of discrimination against people with an undesirable attribute on the ground of their perceived unacceptability or infirmity. Felt stigma refers principally to the fear of enacted stigma but also encompasses a feeling of shame associated with the unacceptable attribute.

Stigmatization has caused anxiety and prejudice against the group most affected as well as those living with HIV/AIDS in the society. Factors that contribute to HIV/AIDS related stigma are: HIV/AIDS is a life threatening disease, people are scared of contracting the disease and the disease is associated with such deviant behaviour like sex between men and injecting drugs that are already stigmatized in many societies. The origin of stigmatization of HIV/AIDS patients, can be traced to the fact that the disease was first manifested in the United States of America among homosexual men and drug users. The erroneous notion that AIDS was a homosexual disease, influenced the unwillingness of the government to provide funding to address HIV/AIDS programme in the early stage of the disease (Shifts, 1987). The

connection of AIDS with homosexual resulted in negative consequences for the gay men and people living with AIDS. The association of HIV/AIDS with immoral sexual behaviour, has influenced the stigmatization of the disease. As one NGO representative puts it:

I think it is because of the sexual part of it, that people tend to talk more. If AIDS was something transmitted like cholera, I mean no one will be bother talking about it so much like that. I think being a sexually transmitted disease, it is as if it is shameful disease. That is why they talk about it (An NGO Representative, Mbara District UNAIDS 2002).

Stigmatization has affected societal reaction to people living with HIV/AIDS and the behaviour and attributes of such people. Kio-Olayinka and Idogho (2005) observe that stigma and discrimination remain in the Nigerian environment at family and community levels with misconception, misinformation and fear of getting HIV as underlying causes. Alubo, Zwander, Jolayemi and Omodu (2002) observe that among PLWHA in Southern Benue State of Nigeria, the level of stigmatization is high and acceptance of PLWHA is low. HIV/AIDS related murders have been reported in countries as diverse as Brazil, Columbia, Ethiopia, India, Thailand and South Africa. For instance, in December 1988, Gugu Dhlamin, was stoned and beaten to death by neighbours in her township near Durban, South Africa after speaking out openly on World AID Day about her HIV status. The Associated Press (1992), reported that the Australian Olympic Federation had planned to boycott sport competition against the United State basket ball team if Magic Johnson who tested HIV positive was allowed to participate. Stigmatization reinforces the tendency for PLWHA to make themselves invincible and withdrawn from the society. As Kio-Olayinka and Idogho (2005) contended, people living with or affected by HIV/AIDS, are subjected to stigmatization and fear and this contributes to the culture of silence surrounding the disease and consequently its spread.

In this study, the functionalist view of illness and labeling theory shall provide the theoretical orientation for the study. The functionalist view of illness is well enunciated by the American sociologist, Talcott Parsons. Parsons (1951) asserts that every individual in the society has some role to play for the successful functioning of the society. Thus, being sick constitutes a set of institutionalized expectations and the corresponding sentiments and sanctions. According to Parsons (1951), illness incapacitates the effective performance of social roles in the society. Illness is a state of disturbance in the normal functioning of the total human individual including both the state of the individual as a biological system and his personal and social adjustment. In the institutional definition of sick role, the sick person is helpless and therefore, in need of help. The sick person is, therefore, in a state where he is suffering and possibly faces risk of worsening, which is socially defined as either not his fault or something from which he cannot extricate himself by his own effort. A person suffering from HIV/AIDS, may not be able to function effectively in the society because of the effect of the disease on him and because of the way the society reacts to him as a result of the illness.

Labeling theory of illness posits that the designation healthy or ill, generally involves social definition by significant others. Label associated with illness can reshape how people treat those suffering from the illness. In the society, serious consequences result from label attach to a particular disease. A person who has AIDS must bear not only with the devastating medical consequences of the disease but also with the distressing consequences associated with the label. Labeling forms the root of stigmatization of PLWHA in the society.

Rationale for the Study

As the World Bank Report (2003) aptly notes, HIV/AIDS is not just a public health problem, it has far reaching consequences for all sectors and for development itself. With the high prevalence and incidence of HIV/AIDS in the society and the stigmatization associated with the illness, it is important to do empirical research on the impact of stigmatization on the acceptance and care of HIV/AIDS patients in the society. Such problems like maltreatment of PLWHA, refusal to disclose the status of the illness, and unwillingness to exploit educational and counseling services, are as a result of the problems associated with the stigmatization of the people suffering from the disease in the society. Given the stigma associated with HIV/AIDS, confidentiality is an important consideration in both HIV/AIDS education and care. No one would want it gossip about or told others that they are HIV positive or have AIDS since this will pose problem in the society. As McDaniel, Isenberg, Moris and Shift (1997) contend, the foremost barrier to effectively integrating HIV/AIDS education, is the fear and stigma individuals and even communities experience when people disclose their HIV status. The Centre for Strategic and International Studies (1994), observe that the main barriers to effective strategies against AIDS epidemic, are stigmatization and discrimination. It is in view of this, that Nwagwu (2004) asserts that:

If we do nothing about stigma and discrimination and focus only on the medical aspects of HIV/AIDS, then our hard work and scarce resources spent would be in vain. We would keep fighting a lost battle because those out there living with HIV would go underground and worse still medical personnel who are largely at risk of infection would have no support to or prophylaxis to prevent HIV after they might have been exposed in the course of their study

Thus, empirical study of this nature can help to look at the different dimensions of stigmatization of HIV/AIDS patients, problems of stigmatization in dealing with the issue of PLWHA acceptance and care in the society and the various means societies can employ to change negative attitude to those suffering from the disease.

Methodology

Participants:

Three hundred and twenty four (324) respondents participated in the study. Of this number, 53.4 percent were males and 46.6 percent were females. The distribution of the respondents according to marital

status shows that 69.7 percent were married. 21.9 percent single, 1.9 percent divorced/separated and 6.4 percent widowed. The respondents fall within the age range of 16-60 years.

Measures

A twenty two item questionnaire which covers different aspects of stigmatization such as the causes of stigmatization of HIV/AIDS patients, effects of stigmatization on the acceptance and care of PLWHA and ways of dealing with the problem of stigmatization of PLWHA, was used. The questionnaire was content validated by three experts knowledgeable in research methods and test and retest method was used to determine the reliability of the questionnaire. The test and retest reliability coefficient of 0.91, shows that the questionnaire was reliable.

Focus Group Discussion

One hundred and thirty six participants took part in the Focus Group Discussion. The Focus Group deliberated on such questions as should people be blamed for contracting HIV/AIDS? Is HIV/AIDS be due to people's immoral way of life? Should society spend resources taking care of people with HIV/AIDS? Should people with HIV/AIDS be allowed to participate in the daily activities of the society? Are enlightenment and advocacy programmes effective in changing people's attitude towards PLWHA?

Procedure

The questionnaires were administered to three hundred and twenty four (324) civil servants in Auchi, the Administrative Headquarter of Etsako West Local Government Area of Edo State, Nigeria. As the questionnaires were being administered, the respondents were asked if they would want to participate in a Focus Group Discussion.

One hundred and thirty-six respondents participated in the Focus Group Discussion and the Focus Group Discussion took place in the Council Hall of the town. Each focus group discussion was made up of 8 – 10 participants and six Saturdays in the months of June and July were used for the focus group discussion. At the end of the focus group discussion, light refreshment was given to the participants and a token which was to cover their transportation to and from the venue of the focus group discussion was also given to those who participated in the Focus Group Discussion.

Results

Knowledge about HIV/AIDS: The analysis of participants responses on the item dealing with knowledge about HIV/AIDS, shows that they have high knowledge of HIV/AIDS. There is no significant difference between the males and females level of knowledge of HIV/AIDS ($t = .934 > 0.05$).

Effects of the perception of the causes of HIV/AIDS on stigmatization in the Society: The participants in the study identify such reasons like having multiple sex partners, involving in alcoholism, drug abuse, and immoral life style as some of the causes of HIV/AIDS in the society. But this perception of the causes of HIV/AIDS, does not affect the stigmatization of PLWHA in the study.

The effect of stigmatization on the acceptance and care for PLWHA: A total of 96.8 percent of the respondents believe that stigmatization can affect the acceptance and care for PLWHA in the society. Most of the respondents included in the study believe that PLWHA may be stigmatized in the society and that stigmatization can affect people attitude towards them. There is no significant difference on the perception of males and females on the impact of stigmatization of PLWHA in the study ($t = 1.227 < 0.05$)

The impact of Enlightenment and Advocacy Programmes on Attitude towards HIV/AIDS: Almost all the participants in the study believe that enlightenment and advocacy programmes have helped to change people's attitude towards PLWHA and reduce the level of stigmatization associated with the disease. 98.3 percent of the participants are of the opinion that the various enlightenment and advocacy programmes on HIV/AIDS, have enhanced people knowledge of the disease and reduce the stigmatization of PLWHA in the society.

Discussion of the Findings

This study looks at the impact of stigmatization on the acceptance and care of PLWHA in the societies. Stigmatization is one of the major issues to contend with in dealing with the HIV/AIDS pandemic. Most problems associated with HIV/AIDS in the society like maltreatment and rejection of PLWHA are as a result of stigmatization. Also, such problems like the refusal of HIV/AIDS patients to disclose their status and utilize treatment and counseling services, can also be linked to stigmatization of PLWHA.

In this study, most of the participants have knowledge about HIV/AIDS. The high level of knowledge about HIV/AIDS, can be attributed to the various enlightenment programmes adopted in the society in educating people about the disease. This finding has corroborated the view of Aluede, Imhonde, Maliki and Alutu (2005) that high level of knowledge about HIV/AIDS, may be connected with aggressive campaign that have been championed by relevant health and community base institutions over the years.

The perception of the causes of HIV/AIDS does not affect the stigmatization of PLWHA in the society. Almost all the respondents believe that HIV/AIDS can be caused by such factors like immoral life style, having multiple sex partners, involvement in alcoholism and drug but such perception of the causes of HIV/AIDS, did not affect stigmatization of PLWHA in the study. The inverse relationship between perception of the causes of HIV/AIDS in the society and stigmatization, may be attributed to the various

enlightenment programmes that have been used to enhance people's knowledge of HIV/AIDS and change their negative attitude towards PLWHA.

Stigmatization can affect people's attitude towards PLWHA in the society. That is, such attitude towards PLWHA in the society like acceptance, rejection and care, can be affected by stigmatization. Various UNAIDS Reports 2000 – 2006, Kio-Olayinke and Idogho 2005, Alubo, Zwandor, Jolayemi and Omudu (2002), have shown that stigmatization is at the root of the problem of acceptance and care of PLWHA the society.

Enlightenment and Advocacy programmes can change people's negative attitude towards those living with the disease in the society. The issue of the provision of care and support services to PLWHA and others affected indirectly by HIV/AIDS in Nigeria, form a key elements of the on-going National Strategic Frame of Action (2005 – 2009) being put together by the National Commission on AIDS (NACA).

Conclusion and Suggestions

HIV/AIDS is an epidemic that is ravaging different countries of the world. One of the problems with HIV/AIDS in the society is stigmatization. Stigmatization can affect people's attitude towards PLWHA. Stigmatization can lead to the marginalization and exclusion of people suffering from HIV/AIDS. It has caused anxiety and prejudice against the group most affected as well as those already suffering from the disease. As UNAIDS (2003) aptly observed, by blaming certain individuals or group, society excuses itself from the responsibility of caring for and look after such people.

As a result of the effect of stigmatization on PLWHA in the society, the following suggestions are made in the study.

Programmes meant to create psycho-social support for PLWHA should be put in place. Psycho-social support is important in helping individuals with the distress of HIV/AIDS. Support groups like NGO and institutions meant to take care of PLWHA should be established and encouraged.

Public enlightenment programmes on HIV/AIDS should be instituted. Such programme should include public forum and community talks, radio and dissemination of information and communication materials. The education on HIV/AIDS in the society should look into the culture of the people. This is because certain elements of stigmatization of PLWHA are embedded in the culture of the people. Also, involving people living with HIV/AIDS in enlightenment programmes, can help to change people's attitude towards the disease in the society.

Opinion leaders in the community should be involved in the fight against stigmatization of PLWHA in the societies.

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An Assessment of the Role of School Counsellors in Preventing HIV/AIDS among Secondary School Students in Osun State, Nigeria

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Abstract

The study investigated the level of awareness of HIV/AIDS among secondary school students in Osun State, It assessed the precautionary measures taken by secondary school students against the transmission of HIV/AIDS and appraised the activities of school counsellors in the prevention of HIV/AIDS. The study was an ex-post facto. Data were collected through a survey that was conducted among secondary school students in ten Local Government Areas (LGA) of Osun State.

The results showed that level of awareness of HIV/AIDS among the students was high. Majority of the respondents (99.0%) indicated that they had heard about AIDS. Also, 98.0% believed that there is AIDS. However, 67.9% indicated that they have never seen an AIDS patient. With regard to how AIDS can be contacted, majority of the respondents (85.7%) indicated through sharing of syringes, blade and shaving kits, sexual intercourse with an infected person (82.0%), transfusion of infected blood (81.3%) and homosexuality (63.8%). Awareness of HIV/AIDS had a positive relationship with the practice of precautionary measures against the transmission of the disease ($r= 0.20, p<0.05$). There was also a significant relationship between activities of school counselors and the practice of precautionary measures ($r= 0.32, p<0.05$). The results however showed no significant difference between male and female secondary school students in their practice of precautionary measures against the transmission of HIV/AIDS ($t = 0.89, p> 0.05$). The study concluded that school counsellors are indispensable in the prevention of HIV/AIDS among secondary school students and that effective health education is the antidote for the prevention and spread of the pandemic.

Introduction

One of the leading causes of premature death in the last twenty years has been the scourge of Acquired Immune Deficiency Syndrome (AIDS). The disease, AIDS, was first heard of in 1981. Within twenty years, it spread to all continents of the world and remains a great killer to which no man has found a solution. In 1988 alone, about 5.8 million new cases occurred, bringing the total number of people living with Human Immuno-deficiency Virus/AIDS by December, 1998 to approximately 33.4 million. The Joint United Nations Programme on HIV/AIDS (UNAIDS, 2007) estimates that there are now 40 million people living with HIV or AIDS worldwide. Since the beginning of the epidemic, AIDS has killed more than 25 million people worldwide. It has replaced malaria and tuberculosis as the world's deadliest infectious disease among adults and is the fourth leading cause of death worldwide. Fifteen million children have been orphaned by the epidemic. Young people worldwide are the sub-group most affected while about

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half of new HIV cases are occurring in people aged 15-24. According to Okonofua (1999) it is no longer news that the Human Immuno- deficiency Virus is now well established in Nigeria. Although the virus was first identified in Nigeria in 1988, over 4 million Nigerians were estimated to have contacted the virus by the end of 1998. This makes Nigeria the second country in Africa with the heaviest burden of the disease, in terms of absolute number of those afflicted, second only to South Africa.

The disease has now permeated the entire Nigeria society. It affected men and women in urban and rural areas, as well as adolescents, commercial sex workers, traders, high profile politicians and socialites, servicemen and women, truck drivers and students. Indeed, everyone must feel vulnerable to the disease, which is fast rampaging the most productive age groups in the Nigerian population. Several thousands have died from the disease, and this has brought untold hardship and disorganization to many Nigeria families.

In Nigeria, the burden of HIV/AIDS on the citizenry is alarming. Statistics on the spread of the disease show that Nigeria records about 1,400 new infections every day. This figure represents one new infection per minute. By October 1998, it is believed that Nigeria records about 571,036 cases of HIV infection. In the hierarchy of the world's most infected AIDS nations, Nigeria is said to occupy the 27th position, constituting 8.9 percent of global infection and 12.5 percent of the African HIV/AIDS burden.

Professor Debo Adeyemi, one time health minister in Nigeria, describes the spread of HIV/AIDS as alarming. According to him, about 25 million adults in Nigeria are already infected with the disease. He reasons that with his figure, assuming that there are no new cases of infection, fatality from the disease will surpass the totality of deaths recorded from the Nigeria civil war by the year 2010.

The disease up till now has got no cure despite many years of drug and vaccine research activities. Although few drugs are now available that could prolong the lives of infected persons through reduction of the load of the virus and improvement in the number of white blood cells. Such drugs are, however, very expensive, globally, and quite scarce in Nigeria. Good nutrition and prompt treatment of presenting diseases can also prolong the life of an infected person. Thus, the only effective way of controlling HIV/AIDS, presently, is by prevention, with education as the main thrust of this approach.

How counsellors react to a counsellee and how they communicate these feelings are of critical importance in counselling. Adolescents come to the counsellor for help and understanding. They bring to the counsellor confused feeling, ideas, fears and hopes with which they are struggling. The counsellors attitudes toward them determine in large measure the extent to which they will attempt to cope constructively with their problems and undertake positive actions. If the counsellor demonstrates a genuine acceptance of these adolescents, they will feel that they are received.

Inadequate knowledge of HIV/AIDS among adolescents, particularly secondary school students calls for a study that will assess the role of school counselors in the prevention of the disease. This study specifically investigated the level of awareness of HIV/AIDS among secondary school students in Osun State and assessed the precautionary measures taken by secondary school students against the transmission of HIV/AIDS. This was with a view to assessing the role of school counselors in the prevention of the pandemic among secondary school students in Osun State.

Objectives of the Study

The specific objectives of the study are to

- (a) investigate the level of awareness of HIV/AIDS among secondary school students in Osun State;
- (b). assess the precautionary measures taken by secondary school students against the transmission of HIV/AIDS;
- (c). appraise the activities of school counsellors in the prevention of HIV/AIDS.

Research Hypotheses

In order to empirically achieve in a non – spurious manner the objectives of the study, the following hypotheses were postulated and tested:

1. Awareness/knowledge of HIV/AIDS will not significantly influence the practice of precautionary measures against the transmission of the disease.
2. Gender will have no significant influence on secondary school students' practice of the precautionary measures against the transmission of HIV/AIDS
3. Activities of school counsellors will have no significant influence on the practice of precautionary measures against the transmission of HIV/AIDS

Review of Empirical Studies

(i) Beliefs and Attitudes about AIDS

This section presents several works that have been done on AIDS. It presents the disease's aetiology and some forms of attitudinal changes, which have accompanied AIDS as a result of social norms and personal beliefs. In particular, works that pertain to beliefs about AIDS in Nigeria shall be reviewed.

There are so many norms and personal beliefs and attitudes concerning AIDS that it would be almost impossible to mention them all, but the point of this study are to investigate the most prominent ones. First is the attitude of total disbelief. This is the most drastic and it comes in several forms. In Africa,

there are large groups of people that claim that AIDS is a “White Man’s Disease”, equating it with illnesses such as anorexia or bulimia (Daily Mail & Guardian, 2002). They believe it is just as foreign, claiming that their original traditions have not changed. They feel that regarding sexual practices, their traditions have not changed – which is polygamy and having concubines. They claim that Africans are not the inventors of taking intravenous drugs for pleasure, and homosexuality is a taboo. As a result, people with this belief look upon the AIDS issue with scorn and contempt. Needless to say, such people do not tend to change their attitude towards their sexual behaviour.

Even among scientists of the Western world, there are unbelievers Eugene (2001) of the *Alive and Well* magazine claim that there are no reliable HIV/AIDS tests and that those in use now, the ELISA and the Western Blot tests can only detect the presence of antibody proteins that are assumed to belong to HIV. These tests, he argues, cannot look for, and cannot detect active HIV virus, and only active virus is capable of causing disease. According to him, in addition to testing for AIDS, there are about seventy other things apart from HIV antibodies that can elicit positive test results namely, a cold, the flu, herpes, hepatitis, vaccinations (including those for flu and hepatitis), Candida, foreign sperm, drug use, being or having ever been pregnant, normal cellular proteins, and more. Also, there is no standard for what constitutes as a positive result. Viral load tests, which many believe can detect and measure virus, are unable to perform either of those tasks. These tests can only find bits of genetic material; they cannot diagnose a viral infection, measure levels of active virus, and are not even approved by the Federal Diagnostic Agency for diagnostic use.

There are however still the statistics on AIDS that are rising everyday. Another school of thought believes that the problem in Africa is poverty and not a mysterious syndrome. Eugene claims that millions of Africans have for years suffered from weight loss and chronic diarrhoea, fever and persistent coughs, symptoms that have always been associated with rampant poverty, malnutrition, malaria, parasitic infections and tuberculosis, in 1985, these very symptoms became the official definition of AIDS in Africa. What is going on then is the reclassification of conditions common to people in the Third World as AIDS, and the result of poverty, civil war, drought and endemic disease being blamed on sex. HIV tests are not required for an AIDS diagnosis in Africa and much of the Third World. The symptoms mentioned above are the only criteria necessary for a person to have AIDS. In fact, most African AIDS patients, as many as 70% are found to be negative when tested for HIV. Most news reports on AIDS in these regions are based on estimates rather than actual cases are actual deaths. According to Simba Kamunono (2000), the world’s biggest killer and the greatest cause of ill health across the globe is listed at the end of the International Classification of Diseases, given the code Z59.5 – extreme poverty. Kamunono claims that research has shown that poverty is the main reason why babies are not vaccinated, why clean water and sanitation are not provided, why curative drugs and other treatments are unavailable, and why mothers

die at childbirth. Every year in the developing countries, 12.2 million children die from poverty-related causes.

Another attitude towards AIDS is the lack of evidence. Some people believe that since they have never seen an AIDS patient, there is the possibility that the syndrome does not exist. This is most likely a true assertion given the conservative atmosphere in Africa. People do not let their emotions show, considering it something of a stigma. Consider the AIDS patchwork quilt in the United States on which each patch represents an AIDS victim. Such blatant admissions to trauma are rare in Africa. Again, since most of the population of HIV positive patients are youth, it is necessary to consider the invincibility fable (Elkind & Bowen, 1979). This is a phenomenon whereby many adolescents and young adults believe that they are somehow immune to the laws of mortality. The other reason for lack of evidence is that AIDS is not a disease but rather a syndrome. AIDS in itself does not kill but rather its resultant diseases do as the virus will have weakened the body's immune system. According to Schoepf, most people with HIV have no symptoms and can remain healthy for years. Between a third and a quarter will develop full-blown AIDS within five to seven years. It is thus possible to know HIV positive people and not be aware of it. Most people in this category tend to readdress their attitudes towards sex and their sexual behaviour.

The most serious form of unbelief comes from the notion that AIDS as a whole is political propaganda. One school of thought refers to AIDS as "America's Idea of Discouraging Sex" (Kandel, 1994). People that share in this belief claim that it is yet another form of ethnic cleansing by the Western world, an excuse to ignore thousands of Africans dying and educating them to resign to their fates as AIDS victims. For these people, the AIDS "invention" is yet another excuse to let millions die from varying disease from common cough to diarrhea, illnesses which are often simply a result of malnutrition and absence of or inadequate basic amenities, all of which are a common scourge of Africa. There is indignation expressed by these people about the suggestion that the AIDS virus was first isolated in the body of the Green Rhesus monkey in East Africa, a suggestion that AIDS started in Africa. Responses to AIDS have political dimensions in Africa, as elsewhere. Public health action takes place in an environment in which differences in understanding and unequal power relationships prevail. For some people, not only do the campaigns on AIDS prevention not work, they also manage to increase their hostility for the Western world, claiming that AIDS is another gimmick to try and remove something precious from Africa and replace it with something horrible (Mtobeshi, 2000).

Regarding political issues of a different nature, Odebiyi & Olowu (1991) reported that the controversy of AIDS origin has been linked to the Cold War between the East and the West. Soviet scientists have said that AIDS is a biological warfare developed by the Central Intelligence Agency (C.I.A.) and the Pentagon and tested in Africa. This was reported based on findings that the disease is new to Africa.

Ojei (2001), a Nigerian activist who also denies the existence of AIDS claims that although it might exist, it is not caused by HIV and might not be a sexually transmitted disease. Rather, he believes that it is yet another international political ploy to thin out Africa's population. According to him, President Thabo Mbeki of South Africa sponsored experiments in 1999 to isolate HIV but even now, the experts have not been able to accomplish this. A report on the virus having been isolated was later discredited when the scientists confessed that it was actually staphylococcus that had been isolated and even now, there are quoted symptoms of staphylococcus that are identical to that of AIDS patients (Akingugbe & Falase, 1999).

Having considered so many forms of disbelief, the next group of people are those that are bound by the norms that AIDS does exist but is not as serious as the public is being led to believe. The first main reason in this attitude is the discrepancy in the statistics on HIV/AIDS patients. One census claimed that by 1998, more than 40 million people had contracted HIV/AIDS (Schoepf, 2000), while a W.H.O. census counted them to be 5.6 million people as at 1999 (Kamunono, 2000). Celia Ferber, on her journey to Uganda in 1998 admitted that figures had been grossly exaggerated saying that the medical journal, the *Lancet*, stated that 60% of all children in Uganda were infected with HIV while the actual figure was recognized as 5 to 7%. She believes that AIDS has turned into a scapegoat; an excuse not to treat other infections that war and poverty bring along with them (Ferber, 1998). People holding on to this belief admit the existence of the syndrome but try to repress it so they do not have to take precautionary measures which they view as unpleasant such as wearing a condom during sexual intercourse.

Taking Africa in context, the most serious obstacle facing the acceptance of AIDS are the traditional patriarchal beliefs and the psychological fear of the unexplainable. AIDS often provokes fear and hostility towards the afflicted. Husbands may abandon wives. Families unable to hide the nature of the illness may find themselves isolated. AIDS orphans may be shunned and left to roam the streets where they are particularly vulnerable to HIV infection. With many people falling sick and others overworked and demoralized by so much death around them, the impact on all economic activities in the affected area is severe. AIDS particularly disrupts seasonably labour-intensive agriculture, food processing and family life. Blaming others allows people to deny risk and to avoid taking realistic steps towards protecting themselves and others. Where people believe that women or unseen forces cause AIDS, witch-hunts and social unrest compound socioeconomic disruption. For example, in Zimbabwe, there is a general belief that only girls who engage in pre-marital sex can catch AIDS. Another belief is that having sex with a virgin can cure the symptoms of AIDS altogether. These people are reluctant to put faith in Western medicine and some even believe that using condoms can actually cause AIDS.

Effective prevention involves enabling large numbers of people to change sexual practices that are widely considered to be natural and essential to health. Children are highly valued and they may allow a woman to hold a steady partner and gain community respect. Condoms are not popular among men, many of whom employ a double standard to rationalize their relations with numerous, often younger, sex partners, while they strictly control their wives' sexuality. Condoms have been widely stigmatized by association with prostitutes and STDs. Even men who wish to use condoms may fear that their lover will berate them with accusations of mistrust, and so they may avoid the subject. Few women, married or single, can refuse a steady partner, even if they suspect that he may be infected, nor can most suggested condom protection. Penalties for doing so might include beatings or abandonment.

In many countries, powerful interest groups have treated AIDS, like other STDs, as a moral issue rather than a health issue. Many adults believe that sex education and condoms will increase sexual activity (seen as immorality) among youth, although research carried out in numerous settings shows that this is not the case. Many men believe that access to condoms will lead wives to become unfaithful. Most wives, who become infected, however, are infected by their husbands. Where national, community, and non-governmental organization leaders share a moralistic perspective, this stance inhibits effective prevention campaigns. In Uganda, Tanzania, Senegal strong resistance to effective prevention by religious leaders and community elders continued into the early 1990s. Alarmed governments nevertheless instituted safer-sex education and made STD treatment and condoms widely available and acceptable, especially among young people. The incidence of new infections apparently began to decline in these countries in 1996. Elsewhere, the virus continues to spread, not only in cities where the epidemic was well established in the 1980s, but also to rural areas and to countries that once had very low levels or were free of HIV.

Doctors and students of aetiology hold another belief that is held about the plight of AIDS victims in this age. There is a general belief claiming that is relief to be had from history, citing epidemics that once seemed incurable and are now a thing of the past (Cassell, 2000). Diseases such as the Bubonic plague that started in the 1330s claimed the lives of as many as 25 million people in the first five years, and then disappeared as mysteriously as it came (Rice, 1994). Other names that struck fear in the hearts of the most experienced physicians include tuberculosis, poliomyelitis and cancer. However, these diseases are now either mere history or are easily treated. It is a possibility that with daily advances in modern medicine AIDS can also become curable. However, as yet, AIDS remains incurable and is killing people daily. The emphasis should be removed from future hopes of cures and instead be placed on prevention which is better than any cure. Indeed, a W.H.O. official, Sera Tsholozza from South Africa quoted her native proverb, saying, "When a snake enters the house, we kill it first before we begin to look for the hole where it passed through".

For the average individual whose beliefs are based more on fear and reluctance to face the truth than on knowledge, there is yet one more one excuse not to change their attitudinal behaviours. Some claim that drugs must exist to either delay the symptoms, build the immune system back up, or to cure the illness completely. They believe that these medicines are simply expensive and pharmaceutical companies are getting rich through the new "incurable disease". There are, after all, notable personalities, namely Earvin "Magic" Johnson who have claimed to be HIV positive for years and their viral infection has not yet developed into full-blown AIDS, which means that there is a possible hidden cure. *Catie*, a scientific journal devoted to the treatments that have been procured for the AIDS illness, shows that between 1996 and 2001 alone, at least 50 different forms of medication have been procured including AZT, Invirase and Non-Nucleoside Reverse Transcriptase Inhibitors ("NNRTI"). It is important to note that these drugs cannot actually cure AIDS but merely inhibit its development.

The final group of people whose broad social norms and attitudes are recorded in research are the people who have a realistic grasp on the AIDS concept, have been affected by the disease either directly or indirectly, and have changed their sexual behaviour as a result of their beliefs and experiences.

Cochran and Mays (1989), coined the term "worried well" to refer to those individuals who perceive themselves to be at risk of HIV infection but currently are not infected. This includes those who have concerns based on realistic appraisals of personal vulnerability and those who inaccurately estimate their own risks. Studies such as the ones by Masters, Johnson & Kolodny (1988), fuel the fear to low-risk heterosexual women so much that they may inadvertently contract the disease. This observation was further supported by Cassens (1985) and Cohen (1987), who discovered that anxiety, denial, fear, grief and bereavement are all psychological aspects associated with AIDS and the spectrum of HIV infection. These were findings from a research conducted on those women who are care-givers for those with AIDS, for those who have lost friends or former sexual partners to AIDS, and for mothers who must confront their sense of responsibility and fear in the case of a drug addicted child or a sexually active child, including those with gay sons.

The psychological and psychiatric conditions associated with HIV and the diagnoses of AIDS/ARC (Acquired Immune Deficiency Syndrome/Aids Related Concerns) have been well identified. Miller and Green (1985) focused on the psychological consequences of the 'worried well' individuals who are not HIV infected but concerned about their risk of being infected. The risk of HIV infection according to them depends not only on the occurrence of risky behaviour, but the performance of this behaviour in an environment where HIV is present.

Garry et al (1988), reported that for those women who were sexually active in the United States particularly during the 1970s, an era of sexual experimentation, their AIDS anxiety may have a real,

although relatively unlikely, basis. To help reduce anxiety levels Garry suggested that it is important to help people assess their own relative risk realistically, because for most people, this will very quickly allay anxiety. Unfounded perceptions of risk, based on misinformation or a personal tendency to catastrophe, creates unnecessary worry.

(ii) Attitude towards AIDS in Nigeria

Attitude and attitude formation in Nigeria is as diverse as the cultural fabric the nation is made of. Education on sexuality has been unsuccessful in Nigeria because the older generation is unwilling to let their children become involved in what they consider frivolous discussions about sexuality or early sexual relations. According to Esiet (2001), sexuality education is not about teaching young people the various positions of sexual intercourse. The educational and health programs have taken into consideration that young people account for more than 50% of those contracting STDs and HIV/AIDS annually in Nigeria. As a result, sexuality education seeks to address the biological, psychological and spiritual dimensions of a person's being, including the necessary skills to adopt realistic attitudes, communicate effectively, and to responsible decision making. Sexuality education involves acquiring information and forming attitudes, beliefs, and values about one's identity, relationships, and intimacy. It includes sexual development, reproductive health, interpersonal relations, affection, intimacy, body image, and gender roles (Grunseit & Kippax, 1993).

According to the Federal Ministry of Health and Human Services (1994), without sex education, 7 out of every 10 Nigerian boys and 5 out of every 10 Nigerian girls attending secondary school are sexually experienced before the age of ten. By the time they leave secondary school, 1 out of every 5 Nigerian girls has terminated an unwanted pregnancy. Even though abortion is illegal, hundreds of Nigerian girls are terminating unwanted pregnancies with the help of back street abortionists – usually with unsterilised instruments. Apart from the problems associated with limited financial resources, teenage pregnancy and abortion-related complications are the leading single factors adversely affecting female education in Nigeria.

There is widespread belief that Nigeria, the most populous nation in Africa, is yet to wake up to the reality of AIDS. Already, over 6% of the population is infected, and the government admits that in some hospitals, 60 to 70% of the cases are AIDS related (Beauchemin, 2001). Beauchemin (2001), claimed that traditions and practices still prevalent in Nigeria and sheer ignorance are responsible for the lack of acceptance of the HIV/AIDS phenomenon in Nigeria.

In some cultures in Nigeria, males are encouraged to have sex early in life in order to prove their virility. According to Obinya (2001), "A father who has a 16 or 18 year old son who is still a virgin will encourage him to go to a commercial sex worker to get experience". It is also common in Nigeria to have more than

one sexual partner. In the same part of the country, men often have three or four wives, and some can have as many as 30. "It is culturally acceptable for a man who has four wives to go out with a 13 year old and go to bed with her in the pretence that he will make her his fifth wife".

In other areas, it is customary for men to honour a visitor with a young girl or even their own wife to sleep with. In yet other regions there are festivals where indiscriminate sex is allowed and it is possible for anyone to sleep with anyone else. As in other countries in Africa, it is also common for young Nigerian girls to have sex to pay for their schooling or food. "It is a practice that is well acceptable and widespread", says Cyrilla Bwakira of UNICEF, "That probably also explains why you have such high HIV prevalence rate among young people".

Ignorance too plays a major role in the spread of HIV/AIDS. A recent survey among young people aged 18 to 19 showed that in some areas only 15% knew how to protect themselves. "We have not seen that in any other country in Africa for the last 10 years", says Bwakira. "The total comprehensive knowledge about HIV/AIDS is even worse at 4%. Still yet, more than 30% of these young people report having had sex before the age of 16".

The attitudes of core transmitters, people such as sex workers and truck drivers known to have multiple sex partners, must also be considered as they have a large influence on the spread of the disease. Researchers from the Society for Family Health (SFH) discovered that only 1 in 5 of the 2,634 women working in brothels that were interviewed were aware of transmission of HIV/AIDS. Cunliffe-Jones (2001), interviewed 2,578 sex workers and discovered that although a majority are aware of AIDS but knowledge of how it spreads is low. He estimates around 80,000 sex workers across brothels in Nigeria, serving an average of four clients per day. Also, while condom use is increasing, almost half of sex workers do not insist on protection. As a result, infection rates are high.

Factors Contributing to the Spread of HIV in Nigeria

(i). Lack of Sexual Health Information and Education

Sex is traditionally a very private subject in Nigeria for cultural and religious reasons. The discussion of sex with teenagers, especially girls, is seen as indecent. Until recently there was little or no sexual health education for young people and this has been a major barrier to reducing rates of HIV and other STIs. Lack of accurate information about sexual health has meant that there are many myths and misconceptions about sex and HIV, contributing to increasing transmission rates as well as stigma and discrimination towards people living with HIV/AIDS.

(ii). Stigma and Discrimination

Stigma and Discrimination against people living with HIV/AIDS are commonplace in Nigeria. Both Christians and Muslims see immoral behaviour as being the cause of the HIV/AIDS epidemic. This affects attitudes towards people living with HIV/AIDS services because of the ignorance and fear about HIV and AIDS. There is so much ignorance that 60% of healthcare workers think HIV positive patients should be isolated from other patients.

(iii). Poor Health care Services

Over the last two decades, Nigeria's healthcare care system has deteriorated because of political instability, corruption and a mismanaged economy. Large parts of the country lack even basic healthcare provision, making it difficult to establish HIV testing and prevention services as those for the prevention of mother-to-child transmission. Sexual health clinics providing contraception and testing and treatment for other STIs are also few.

(iv). Marriage Practices

Harmful marriage practices violate women's human rights and contribute to increasing HIV rates in women and girls. In Nigeria there is no legal minimum age for marriage and early marriage is still the norm in some areas. Parents see it as a way of protecting young girls from the outside world and maintaining their chastity.

Many girls get married between the ages of 12 and 13 and there is usually a large age gap between husband and wife. Young married girls are at risk of contracting HIV from their husbands as it is acceptable for men to have sexual partners outside marriage and some men have more than one wife (polygamy). Because of their age, lack of education and low status, young married girls are not able to negotiate condom use to protect themselves against HIV and STIs.

(v). Female Circumcision

Female circumcision/female genital mutilation (FGM) is a cultural practice whereby all or part of the external female genitalia is removed by cutting. Around 60% of all Nigerian women experience FGM and it is most common in the south, where up to 85% of women undergo it at some point in their lives. FGM puts women and girls at risk of contracting HIV from unsterilized instruments, such as knives and broken glass that are used during the procedure.

(vi). Sex Workers

Although prostitution is illegal in Nigeria there are more than a million female sex workers. HIV infection rates among sex workers have been estimated to be as high as 30% in some areas. There are low levels

of condom use among sex workers because of a lack of knowledge about HIV transmission and poor acceptance by male clients.

The Role and Responsibilities of the Nigerian School Counsellors

In the increasing complexity of the industrialized evolving world like Nigeria, one finds it difficult to foresee what the future holds. The occupational activities by apprenticeship system of yester-years have given way to the more technological complex society of Nigeria today. In this respect every individual, more than ever before, feels the need of counselling. Yet, after a decade of the existence of guidance and counselling in Nigeria, the general public lacks the full understanding of what counselling profession is all about. School counsellor's role and responsibilities are grossly relegated to the concerns of the maladjusted individuals, yet others still see their responsibilities as circulating around the secondary school system only without full cognizance of the fact that counselling gravitate to all levels of educational system –preschool and the tertiary inclusive.

It is perhaps this very lack of understanding that has led the counselling professions in Nigeria to move more energetically into the public communication arena “to tell what they are about”, to upgrade their training, and to seek protection to their profession from unqualified intruders through certification and licence. Differing characteristics of various school levels settings, and clientele, by necessity, result in variations in that roles and functions. There is growing need for school counsellors, therefore to formulate the basic philosophical principles and identifiable patterns of role and responsibilities in which they must operate. An understanding of this can help to provide some insights into infrequently asked question. ‘How come school counsellors do what they do the way they do it?’

In order for the school counsellors to function effectively, they must clearly understand their role and responsibilities. In Nigeria their role which include diagnosis, assessment of individuals' potential, information, students' orientation, consultations and referral, counselling both in individual and group setting; placement and follow-up, career education remedial, in-service training, research activities and checking -in the drop outs, should be clearly stated. This includes making a clearer picture of their role in relationship with the school administrators, and other members of student service team. The general public should be educated through the Counselling Association of Nigeria, in order to establish our professional stance. This will enable counsellors to function freely without interference from assignments or activities that are inappropriate. It will also enable counsellors to become clearly accountable in the stated functions and responsibilities.

Based on the foregoing discussion, the role of the school counsellor in the prevention of the transmission of HIV/AIDS among secondary school students cannot be overemphasized.

The implication of this is that the counsellor himself must be skilful, knowledgeable, accessible, competent and aware of his own limitation before he can be of meaningful assistance to the client. The counsellor's personal effectiveness will determine the success or failure of the counselling relationship. It is he who can either facilitate or inhibit the counselee. It follows that the counsellor must be a person of stability, flexibility and understanding. He needs to be objective about his/her client's subjective feeling, but in an emphatic way. Counselling must lead to increased self – confidence on the part of the client. The wise counsellor attempts to make his own decisions, never making a decision for his client. The goal of the counsellor is to assist the counselee to develop and carry out a course of action voluntarily. This he (the school counselor) must do with all sense of purpose.

The following are possible suggestions for a counsellor in a helping relationship:

1. Recognise the sensitivity of the client;
2. Convince the client of your sincerity and confidence;
3. Maintain tactful kindness when dealing with the accumulation of strains and stresses of some lives;
4. Show empathic feelings. The atmosphere should be that of acceptance understanding and willingness to listen and help;
5. Face reality with the client, but use judgement as to when and how to bring him or her to face facts;
6. Move slowly through the ramification of conversation and help the client organise confused thinking.

Methodology

Research Design

With regard to the measurement and analysis of the variables under consideration and in the generation of our primary data, the study employed a descriptive type of survey research. A sample survey, according to Burton (2000), is the only practical way to get an answer whenever the investigator is interested in assessing or estimating the present state of affairs with regard to some variables that change over time for a large group of subjects.

The independent variables under investigation are awareness/knowledge about HIV/AIDS, gender and role of school counsellor, while the dependent variable is precautions against the transmission of HIV/AIDS.

Population and Sample

The study population for this study consisted of all public secondary schools in Osun State. According to the Guideline for Admission into Junior Secondary School and Technical colleges 2005/2006 Session issued by the Curriculum Development and Evaluation Department of the Ministry of Education, Osogbo, there are 326 public secondary schools in 31 Local Government Areas (LGAs) including an Area Office, in Osun State. Six secondary schools were purposively selected from the ten randomly selected LGAs

(See Table 3.1 below). Two different samples were used for the study. The first sample consists of One thousand, two hundred (1200) secondary senior secondary school students made up of twenty (20) students in SSII and SSIII from each of the sixty selected secondary schools. The students were selected using stratified random sampling. The second sampling type comprised thirty (30) School Counselors drawn purposively from thirty (30) secondary schools with counselors in the State.

Socio-Demographic Data

The first set of information gathered on the students from the sixty secondary schools was their socio-demographic characteristics. This was to serve the purpose of fitting the students personality characteristics with their responses to issues explored in the study. Some of the socio-demographic characteristics covered in the survey included sex, age, class, religion, parents' educational status.

Respondents by Sex

The study was carried out in senior secondary classes two and three from sixty public secondary schools in Osun State. One thousand, two thousand students responded to the research instrument. The sample consists of five hundred and eighty six (586) male and six hundred and fourteen (614) female by the distribution of the students sample by sex is presented in the Table 1 below.

Table 1: The Distribution of Students' Sample by Sex

| Sex | Number | Percentage |
|--------------|---------------|-------------------|
| Male | 586 | 48.8 |
| Female | 614 | 51.2 |
| Total | 1200 | 100 |

N=1200

Respondents by Age

Considering the total sample, the ages with the highest number of respondent were 16, 17, 18. While two hundred and thirty – four (19.5%) of the one thousand, two hundred (1200) respondents were 16 years old, two hundred and eighty (23.3%) were 17years old, three hundred and forty- eighty (29.0) were 18 years old. The least age represented was 23 years (0.2%).

The distribution of the students sample by age is presented in Table 2 below.

Table 2: The Distribution of Students' Sample by Age

| Age | Number | Percentage |
|--------------|-------------|------------|
| 10 | 4 | 0.4 |
| 15 | 60 | 5.0 |
| 16 | 234 | 19.5 |
| 17 | 280 | 23.3 |
| 18 | 348 | 29.0 |
| 19 | 136 | 11.3 |
| 20 | 96 | 8.0 |
| 21 | 22 | 1.8 |
| 22 | 18 | 1.5 |
| 23 | 2 | 0.2 |
| TOTAL | 1200 | 100 |

N=1200*Respondents by Class*

Respondent were selected from senior secondary classes two and three. While six hundred and twenty (620) respondents were in SSII, five hundred and eighty were in SSIII. The distribution of the students sample by class is presented in Table 3 below.

Table 3: The Distribution of Students Sample by class

| Class | Number | Percentage |
|-------|--------|------------|
| SSII | 620 | 51.7 |
| SSIII | 580 | 48.3 |
| Total | 1200 | 100 |

N= 1200*Respondents by Religion*

Majority of the respondents (79.0%) were Christians, while two hundred and thirty-six (19.7%) were Muslims. The distribution of the students' sample by religion is presented in table 4 below.

Table 4: The Distribution of Student's Sample by religion

| Religion | Number | Percentage |
|--------------|-------------|------------|
| Christian | 948 | 79.0 |
| Muslim | 236 | 19.7 |
| Traditional | 16 | 1.3 |
| Total | 1200 | 100 |

N = 1200

Respondents Parent's Educational Status

The distribution of respondents by their parents' educational status shows that the parents of four hundred and forty-eight respondents (37.3) had secondary school/Teachers grade II certificate while the parents of four hundred and fifty-two respondents (37.7%) were graduates. Parents of fifty-four respondents (4.5%) were illiterates. Table 5 below shows the distribution of the students' sample by their parent's educational status.

Table 5: The Distribution of Students' Sample by their Parent's Educational Status.

| Parent's Educational Status | Number | Percentage |
|---|-------------|------------|
| No education (illiterate) | 54 | 4.5 |
| Primary School certificate | 246 | 20.5 |
| Secondary School / Teachers' Grade II Certificate | 448 | 37.3 |
| Graduate | 452 | 37.7 |
| Total | 1200 | 100 |

N =1200*Research Instruments*

Two sets of paper and pencil self-designed questionnaires were used to collect quantitative data directly from the selected students and school counselors. The questionnaires were used to measure both the dependent and independent variables for the study. The questionnaires comprised mostly structured close-ended items. The questionnaire for students contained five sections. The first section (Section A) sought information on respondents' socio-demographic background. In this section, there were items on

Name of School and class of the student, sex, age, religion, parent's educational status and whether the school has a counselor or not.

The second section (Section B) measured students' awareness/knowledge of the transmission of HIV/AIDS. The section has two parts. The first part asked whether the respondent had ever heard about AIDS, whether respondents believe that there is AIDS, whether the respondents have ever seen an AIDS patient and how did the respondent know whether the person was an AIDS patient or not. The last item in the first part of section B of the student questionnaire asked from respondents the medium through which AIDS can be contacted. The response category for this part was Yes/ No / Don't know. Each respondent was left with the option of picking one of the options.

The second part of Section B has ten (10) close-ended items which measure respondents' awareness of HIV/AIDS. The response category for the items are Strongly Agree= 5, Agree= 4, Don't know =3, Disagree = 2, and strongly Disagree = 1.

The third section (Section C) has two parts. the first part contained a number of statements on precautions against the transmission of HIV/AIDS with five possible responses ranging from strongly Agree = 5, Agree = 4, Don't know =3 ,Disagree = 2, and strongly Disagree = 1.the second part of the section contained five statements on the practice of the precautionary measures against the transmission of HIV/AIDS with five possible responses ranging from very often = 5, often = 4, not at all = 3 , Rarely = 2 ,Never = 1.

The fourth section (Section D) sought information on the role of school counselors. There were ten (10) items in the section. Each of the items was measured by a five point possible responses ranging from strongly Agree = 5, Agree = 4, Don't know =3, Disagree = 2, and strongly Disagree = 1.

The questionnaire for School Counselor contained four sections. Section A sought information on counselors' socio-demographic background. The other three sections contained close-ended items which focused on Counselling activities, Counselling facilities and counselors' training programmes. Each of the items in Sections B and D was measured by a Yes = 1 /No = 0 response while items in Section C were measured by adequate = 2, inadequate = 1, not available = 0

Validity of the Research Instruments

Two methods of validation measurement that is face and content validities were used for ascertaining the validity of the research instruments. To ensure its face validity the research instruments were given to experts in the subject- matter area to judge the appropriateness of each item of the instrument by mere look. Their comments with those of the supervisors were used to obtain final items which were further

subjected to content validity by the same experts who were asked to ascertain the relevance of each item to traits measured.

Reliability of the Research Instrument

After validating the questionnaire, its reliability was also estimated by the test- result method. According to Ojerinde (1986), test-retest coefficient is a type of reliability co-efficient obtained by administering the same test a second time after a short interval and correlating the two sets of score.

In order to modify the structural design of the questionnaire and to test for vagueness and clarity of items, it was administered twice within one month between pre-test and the post – test on a pilot group of fifty students randomly selected from a secondary school in Osun State. The secondary school (for the pilot study) was specifically selected to be different from those used for the study but of comparable status. The responses of the first administration of the instruments were computed and correlated with values obtained in the second administration using Pearson Product Moment Correlation formula. The result of correlational analysis had a reliability coefficient of 0.78 and the value was considered reasonably high and so the instruments were taken as reliable measure of the variables of interest.

Administration of the Research Instrument

Data were collected from all the selected public secondary school students in SSII and SSIII classes using the prepared paper and pencil, self –reported questionnaires. Principals and school counselor of all the selected sixty (60) secondary schools in Osun State had been contacted through personal letter from the researcher before the administration of the questionnaires for their consent and cooperation. The questionnaires were administered to all the 1200 students in SS II and SS III in all the selected secondary schools with the assistance of school counselor in schools where there are counselors and with the assistance of research assistance in schools where there are no counselor. For ease of administration, the students drawn from each class were pooled together in a classroom.

Instructions on how to complete the questionnaire were read to the students. The questionnaire for school counselors also followed the same pattern. The completed questionnaires were collected at the end of the period specified for the filling of the questionnaire.

Method of Data Analysis

The responses by subjects to the items of the questionnaires were compiled into contingency tables according to the main variables being examined. The data generated were analyzed using both descriptive and inferential statistics. All the four hypotheses generated for the study were subjected to appropriate statistical analysis. While Hypothesis 1, and 3 were analyzed using Pearson Product Moment Correlation, Hypothesis 2 was analyzed using T-test statistic. All the hypotheses were tested at 0.05 level of significance.

Results and Discussion

Hypotheses Testing and Discussion of Findings

Hypothesis 1. 'Awareness of HIV/AIDS will have no significant relationship with the practice of the precautionary measures against HIV.'

This Hypothesis was tested using the Pearson correlation. See Table 6 below.

Table 5
Relationship between Awareness of HIV/AIDS and the Practice of Precautionary Measures

| Variable | N | R | df | p |
|--|------|-------|------|------|
| Awareness of HIV/AIDS and precautionary measures against HIV | 1200 | 0.200 | 1198 | 0.05 |

R-calculated ($r=0.200$) is greater than the r-critical value (0.139). Since the r-calculated is greater than the r-critical value, the null hypothesis which states that there is no significant relationship between awareness of HIV/AIDS and the practice of precautionary measures is rejected. There is therefore a significant positive relationship between awareness of HIV/AIDS and the practice of precautionary measures against the transmission of HIV.

Discussion

The findings of the first hypothesis point out that there is a positive significant relationship between awareness of HIV/AIDS and the practice of precautionary measures against the transmission of the disease ($r = 0.200$). This finding is supported by the findings of Odebiyi and Olowu (1991) in their survey study of attitudinal and behavioural factors in the transmission of the HIV virus. They asserted that the major roles that psychologist/counselors could play in addressing the AIDS epidemic is maintaining vigorous research programme that could construe the cognitive, affective and behavioural aspects of the individual on the HIV/AIDS problems. The result showed that secondary school students being aware of the deadly disease (AIDS), take necessary precautionary measures against its transmission.

Hypothesis 2, 'Gender will have a significant influence on students' practice of the precautionary measures against the transmission of HIV/AIDS'.

In testing this hypothesis, male and female subjects' scores on the practice of precautionary of HIV/AIDS were subjected to independent t-test analysis. See Table 7 below.

Table 7
T-test Analysis of Male and female student's practices of the precautionary measures against the transmission of HIV/AIDS.

| Variables | N | \bar{X} | SD | df | t-cal | p |
|-----------|-----|-----------|------|------|-------|------|
| Male | 586 | 14.98 | 3.44 | 1198 | 0.89 | 0.05 |
| Female | 614 | 15.02 | 3.11 | | | |

The t-calculated (0.89) is less than the t-critical value of 1.96. Since the t-calculated is less than t-value, the null hypothesis which states no significant influence between male and female students' practice of the precautionary measures against the transmission of HIV/AIDS is accepted. There is therefore no significant difference between male and female secondary school students in their practice of precautionary measures against the transmission of HIV/AIDS. This shows that both male and female students have the same attitude/ behavior towards the practice of precautionary of measures against the transmission of HIV/AIDS.

Discussion

The findings of the second hypothesis point out that there is no significant difference between male and female secondary school students' practice of precautionary measures against the transmission of HIV/AIDS ($t = 0.89$). This finding agrees with that of Reich and Painter (1994) who revealed that some minority gay men believe that oral intercourse is safe. This perception may be significant determinants of their involvement in the practice of unsafe sex that pose either high risks for HIV infection. The results show that both male and female secondary school students have the same attitude/behaviour towards the practice of precautionary measures against the transmission of HIV/AIDS.

Hypothesis 3: Activities of School Counselors will have no significant relationship with the practice of precautionary measures against the transmission of HIV/AIDS.

Scores on activities of school counsellors and the practice of precautionary measures against the transmission of HIV/AIDS were subjected to Pearson Product Movement Correlation. See Table 8 below.

Table 8
Relationship between Activities of School Counselors and the Practice of Precautionary Measures

| Variable | N | R | Df | P |
|--|------|-------|------|------|
| Activities of School Counselors and The Practice of Precautionary Measures against HIV | 1200 | 0.324 | 1198 | 0.05 |

The r-calculated (0.32) is less than the r-critical values of 0.139. Since the t-calculated is less than t-value, the null hypothesis which states no significant relationship between activities/role of school counselors and the practice of precautionary measures against the transmission of HIV/AIDS is rejected. There is therefore a significant relationship between the activities of school counselors and the practice of precautionary measures against the transmission of HIV/AIDS.

Discussion

The third hypothesis which stated that School Counselor's role will have no significant relationship with the practice of precautionary measures against the transmission of HIV/AIDS was rejected. This shows that school Counsellor's activities have relationship with secondary school students' practice of precautionary measures against the transmission of HIV/AIDS. The result obtained indicates a significantly low, positive relationship between school counselor's activities and students' practice of precautionary measures against the transmission of HIV/AIDS ($r = 0.324$). The reason for this might be due to the fact that school counselor's effectiveness in the performance of their duties as it relates to the provision of information on sex education and health related issues have assisted students in the various steps that they took against the transmission of AIDS.

Implications of the Study for Counselling

The counselor plays an important role in contributing to the students own self-understanding and growth (Wrenn, 1962). The counsellor's task is not to attempt to change the student directly, but to facilitate the student's own efforts toward more productive behaviour. It is generally better to prevent a problem than allow the problem to occur before searching for a solution. This is more so in the management of adolescent and youth problems than any other issues. Many of the adjustment behaviour problems of secondary school students are highly refractory in the sense that once they are learned, they are difficult to change. For example, once a youngster starts engaging in socially undesirable sexual behavior, it may be very difficult to change such habit.

It might be a better counseling strategy therefore, if helpers (counselors) will find ways of preventing those socially undesirable behaviours pattern wherever they are likely to occur. One other technique for preventing the socially undesirable sexual behavior is to counsel the youth in creativity strategies. School counseling and psychological services must be made in such a way that the repercussion of unsafe sexual intercourse might be used as aspect of group counseling, health talk, school social care service and so on. Physicians and other health workers may be brought into schools at regular intervals to increase students' awareness about HIV/AIDS and the possible consequence of unprotected sexual intercourse.

A group counselling sessions might also be arranged so that an inventory of physical ailments associated with unprotected sexual intercourse could be used to increase the awareness of students regarding dangers of HIV/AIDS. The counsellor is expected to apply informational service designed to help students adjust to their environment. In view of the fact that the counsellor cannot handle all the problems of adolescents, there are certain situations which confront the adolescent which the counselor on his own cannot handle; therefore he (the counsellor) needs to refer the counsellee to sources or other centers where his or her (counsellee's) problems could be adequately handled. This means that the counsellor should be knowledgeable about other services close to the locality that could be of use to the client. In referring the client, he should be able to give adequate information about the source to which the client is being referred.

The counselor must possess certain personal qualities and characteristics which will make students gravitate to him. He must have empathic understanding. That is, the ability to transpose oneself imaginatively into the feeling of another. Counsellors should offer rapport in order to establish an open line of communication between them and their clients.. This implies building and maintaining a counsellor – counsellee working relationship. This allows the two of them to function in an association of mutual respect and trust.

Counselling programmes should be intensified in schools and students should be counselled on how to build up a well adjusted personality as this will go a long way to reducing the incidence of behavioural maladjustment. In the area of HIV/AIDS prevention, the counselor is expected to incorporate informational service about what HIV/AIDS is, how HIV/AIDS can be contacted, risk behavior of HIV/AIDS, prevention of HIV/AIDS and the consequences of unprotected sexual intercourse. He (the counselor) has to get himself involved in health education and community mobilization through workshops and seminars. Teachers and parents should be involved. They will be able to teach the students through their own examples.

Students have to be taught the techniques of being able to be aware of and manage effectively their own cooperative interactions with other people. The prevention of HIV/AIDS can only be achieved through

effective health education and HIV/AIDS awareness campaign. The main focus should be on refraining from pre-marital sexual activities. Secondary school students should be counselled on the consequences of unprotected sexual intercourse and to abstain from “engaging in unsafe sexual practices” since he may enjoy the effect of the experiment and try again.

Guidance counselors must be thoroughly aware of and sensitive to the facts of the specific population and the setting they serve. Without detailed knowledge gained through personal concern and constant examination of the best factual data available, counselors have no sure foundation upon which to base their actions. It is within a helping relationship that inappropriate, self destructive attitudes are changed into self-enhancing ones. The counsellor should help in keeping students cumulative records and anecdotal records of significant behaviour for the purpose of counselling. Everything possible should be done by the counsellor to prevent students from contacting HIV/AIDS. Students can only be helped to build on their strengths when the counsellor shows his or her genuine concern and trust for them.

The practical implications of the findings of the present study as it relates to secondary school students, is that they should learn how to reduce the risk of becoming infected with HIV/AIDS.

Conclusion

From the analysis of the data and the interpretation of results, it can be concluded from this study that level of awareness of HIV/AIDS among the students was high. Majority of the respondents (99.0%) indicated that they had heard about AIDS. Also, 98.0% believed that there is AIDS. However, 67.9% indicated that they have never seen an AIDS patient. With regard to how AIDS can be contacted, majority of the respondents (85.7%) indicated through sharing of syringes, blade and shaving kits, sexual intercourse with an infected person (82.0%), transfusion of infected blood (81.3%) and homosexuality (63.8%). Awareness of HIV/AIDS had a positive relationship with the practice of precautionary measures against the transmission of the disease ($r= 0.20$, $p<0.05$). There was also a significant relationship between activities of school counselors and the practice of precautionary measures ($r= 0.32$, $p<0.05$). The results however showed no significant difference between male and female secondary school students in their practice of precautionary measures against the transmission of HIV/AIDS ($t = 0.89$, $p> 0.05$).

The role of the school counsellor in preventing HIV/AIDS cannot be underestimated. They play important role in contributing to the students' own self understanding and growth. Pending the discovery of an effective vaccine or therapy, effective health education is the only antidote for the prevention and spread of the pandemic among secondary school students.

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