LIBRARIAN’S CONTRIBUTION IN THE FIGHT AGAINST HIV/AIDS

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Abstract
HIV/AIDS epidemic is one of the most crucial public health problems currently affecting the world, more especially the sub Sahara Africa which Nigeria is included. It is an unprecedented threat to the country’s development as it affects mostly the people at the working age, while women and children even at the embryonic stage of pregnancy, the unborn child may be infected with these virus which does not have any pertinent cure yet. Hence, the stigma and discrimination which follow the victims affected them and their families. Therefore, the government, international agencies, civil society organisations and the non-governmental organisations are fighting tirelessly to create awareness to the people as a means of preventing the spread of the virus. Thus, the librarian as an information scientist did not want to live any stone unturned on the fight against the disease.

Keywords: Immuno, virus, epidemic, stigma, prevention, remedy.

Introduction
HIV means Human Immune Virus while AIDS means Acquired Immuno Deficiency Syndrome. According to Adams (1999) AIDS came into this world’s attention in 1981 when Dr. Michael GoHlich of the University of California noticed an unusual disease PNEUMOCYSTIS CARINII PNEUMONIA in five patients that were homosexuals and all below 40years of age. Thereafter similar reports started coming out from different parts of the world. There were claims as where the disease came from. It is known that the most reliable evidence currently available is that the disease may have originated to Haiti by migrant workers from where they believe Haitians transported the disease to the United States of America. People with this school of thought believe that some features that are almost uniquely characteristics of aids example; Kaposi’s sax-coma and sudden unexplained emaciated structure have been described by many people in many parts of Africa before the discovery of aids. It is believed that it is generally accepted that HIV was introduced into human primates. HIV 1 is very similar to Simian Immunodeficiency Virus (SIV) in chimpanzee and HIV 2 in sooty mangabeys, it is most likely that the virus caused from primate bites, analysed human plasma sample providing evidence of HIV 1 infection dates from
1959 from Kinshasa, democratic republic of Congo. The genetic differences between sub types of HIV 1 suggest that the virus has probably been present in human since the early part of the twentieth century. The virus has spread rapidly during the last twenty years. In the same vein, college (2010) reported that Acquired Immuno Deficiency Syndrome (AIDS) was first recognised in 1981, although the earliest documented case has been traced to a blood sample from 1959, it is caused by the Human Immuno Deficiency virus which has evolved a number of mechanism to elude immune control and thereby, prevented effective control of the epidemic. He further stated that hiv2 causes a similar illness to hiv1 but is less aggressive and restricted mainly to western Africa. He further affirmed that the origin of HIV is a non human primate simian virus which probably passed from chimpanzees to human via bush hunters, while Buckley (1984) attested that the human immune deficiency has increasing frequency. Thus Isselbacher (1994) opined that 1990 marked the second decade of the HIV/AIDS pandemic; he further agreed that the disease was first recognised in the United States in the summer of 1981 when the centre for disease control reported the unexplained occurrence of pneumocystis Carinii Pneumonia in five previously healthy homosexual men in Los Angeles and Kaposi’s sarcoma in twenty six previously healthy homosexual men in New York and Los Angeles. Schroffetel (1981) in Iroka (2006) posits that the cause for the acquired immune deficiency syndrome was not known until 1983 when it was discovered that the cause was as a result of human immune deficiency syndrome virus which was transmitted due to blood transfusion. Thus, AIDS remain the leading cause of disease burden worldwide and the cause of death in Africa.

AIDS IN NIGERIA
Nigeria has the second largest number of people living with HIV/AIDS. The epidemic is complex in Nigeria. An urgent step must be taken by the government to drastically prevent or eradicate the spread in Nigeria. The upsurge of HIV/AIDS motivated the government to work extremely hard without living any stone unturned in the fight against the dreaded disease. The action committee on AIDS was established in1986 in Nigeria by former president Ibrahim Badumasi Babangida. On 9th-13th march 1987 at the request of the ministry of health, a special programme on AIDS was conducted by the world health organisation team which visited Nigeria and deliberated on the planned activities and collaborations. The national expert committee on AIDS was identified before their visit. Later, after their visit, 2000 blood samples were tested and two was positive for antibodies to HIV and discovery prompted federal ministry of health to convey information through press conference mobilization and sensitisation of its populace was done by the government and non-governmental organisation to stage the war against the virus and call all Nigerians to join in the fight, to prevent the disease which is like a time bomb from erasing the society; if something serious is not done urgently. In 1991, the government called all leaders and sundry as he warned the people against the devastation which the virus is capable of doing to avoid the havoc of the pandemic within our country. The national emergency was called on all level of government, all parastatals to unanimously join hands to avert this dreaded disease. The minister of health, Professor Ransome Kuti urge all the well meaning Nigerians not to neglect the fight and he called on the press to use the media to sensitise the general public about the disease and how it could be contacted. He went further to advice people to avoid casual
sex or to use condom which is freely distributed to people. President Olusegun Obasanjo in 1999 made war against HIV/AIDS a national priority; therefore, he created the national action committee on AIDS (NACA) which was directly under the presidency.

**SYMPTOMS OF HIV/AIDS**

Aids affect people differently and may cause a wide variety of symptoms depending on which disease the person develops as the immune system breaks down. Having one or more of these symptoms within a week or month of being infected with the aids virus, some people develop symptoms within a few weeks or months of being infected with the virus. Isselbacher (1994) emphasized that the clinical consequences of HIV/AIDS infection encompass a spectrum ranging from an acute syndrome associated with primary infection to a prolonged asymptomatic state to advance disease. Hence, Rothman (1999) suggested that once the infection with AIDS occurs, the human body may take six weeks to a year or more to produce antibodies. This appears in response to the virus invasion of the blood streams. Once this happens, the patient starts to notice the presence of the opportunistic infections; some of them appear as follows;

- **FUNGAL INFECTION**: Candida albican, such infection are the most common fungal infection occurring in patients with HIV infection, it is seen as oral thrust or oesophagi. Virtually, all the patients experience some Candida infection over the cause of their illness as infections are often seen early in the course of HIV infection.

- **SEXUALLY TRANSMITTED DISEASES**: Sexually transmitted diseases may be associated with HIV infection e.g. gonorrhoea, chlamydiiae, herpes, syphilis. Marx (2007) suggested that patients with these infections should be evaluated for the presence of neurophilis which has an increasing incidence among HIV infected individuals. Therefore, Tihtinali (1999) confirmed that individuals with STD are likely to acquire human immune deficiency virus (HIV) infection than others.

- **FEVER**: if it occurs at all, is often accompanied by other usually odd symptoms such as fatigue, swollen lymph gland and sore throat. In this regard, Malvestutto (2014) bluntly suggested that the virus is moving into the blood streams and starting to replicate in large numbers. As that happens, there is an inflammatory reaction by the immune system.

- **SKIN RASH**: skin rashes can occur early or late in the course of HIV/AIDS. They appear like boils, itchy pink areas on the arm. The rashes can also appear on the trunk of the body.

- **Diarrhoea**: when this condition is not responding to treatment might be a serious indication or sign of the infection which is related to weak immune system. Eneh (2000) maintains persistent or intermittent diarrhoea, lasting for more than one month is an indication of the presence of the virus infection especially when it includes nausea vomiting.

- **WEIGHT LOSS**: Losing weight is a serious symptom of the disease. This sign is noticed more in advanced stage of the illness. It may be as a result of severe diarrhoea. Medical experts suggests that if a person loss more than 10% of their body weight and have had diarrhoea or weakness and fever for more than 30days, is an indication of the present of the virus in the human body.

- **DRY COUGH**: this was one of the first sign that manifested in the body of the victim that shows that something was wrong with the patient. Though, the person might over look it or regard it as a bad allergy, then, this sign might continue for a year or more and keep on
getting worse. Wikipe (2004) in general terms explained that T.B is often noticed at the advanced stage of HIV infection.

- **NIGHT SWEAT**: some victims of the disease experience night sweats as an indication of the early sign of the virus, even in the later stage of the disease, it still manifest, though the sweat is not as a result of the temperature of a room or as a result of exercise. They are hard to dismiss, since it soak the bed cloth and sheets.

- **PNEUMONIA**: posit that is the most common opportunistic infection associated with AIDS in the United States. It shows a high incidence of death which was as a result of a parasite that infects the lungs causing death to the victim. Iroka (2006) also emphasized that pneumonia which is caused by pneumocystis is common among HIV infected individuals.

Other symptoms are fatigue, achy muscles, joint pain, swollen lymph nodes etc.

**MODE OF TRANSMISSION OF HIV/AIDS**

HIV is transmitted primarily through unprotected sexual intercourse. Agha (2006) affirmed that sexual contact with an infected person is predominately mode of transmission worldwide. Ask.com April 2014 confirmed that the most frequently mode of transmission is through sexual contact with an infected person. The majority of all transmission occurs through heterosexual contacts (i.e. sexual contact between people of the opposite sex). However the pattern of transmission varies significantly among countries. Hoban (2003); notes that in USA, most HIV/AIDS transmission took place in men who had sex with men (homosexuals).

**BLOOD**: HIV can be transmitted through blood transfusion. UNAIDS (2004) stated that blood supplies in most parts of the world are now screened for HIV antibodies. Unfortunately, in some parts of the world, blood is not always screened. There can be a risk of exposure to HIV or other blood borne diseases. This is possible when contaminated blood is given to a patient who needs blood. It is known that blood borne transmission can be through needle stick injury, medical injections with unsterilized equipment. World health organisation (1999) explained that unsafe medical injection play a significant role in HIV spread in sub Sahara Africa, such as invasive producers, assisted delivery and dental care in this area of the world. Thus, the United Nations AIDS report (2005) showed that the spread of HIV and the emerging proportion the world over. Ibrahim (2007) rightly stated that shared instruments are potential means of transmitting HIV. Such sharp objects like razor blade which the traditional people use in the course of circumcision is unhealthy as HIV/AIDS can be contacted through these means. The barbing saloons and hair dressers should sterilize their instruments (clippers, needles) as it makes it vulnerable for their clients to contact the dreaded disease.

**MOTHER TO CHILD TRANSMISSION**: this is the third most common way in which HIV is transmitted globally. According to UNAIDS (2000), Mother To Child Transmission (MTCT) account for the vast majority of paediatric HIV 1 infection. In the region of sub Sahara Africa, 4.5 million children are reported to have been infected since the beginning of the HIV 1 pandemic. MTCT probably occurs during pregnancy or at delivery, and about one-third through breastfeeding. Also, if blood contaminates food during pre-chewing which is done in Africa
region, it may pose a risk of transmission. Therefore, bottle feeding is recommended rather than breastfeeding. In the same vein, Eneh (2003) is of the view that all the infants of HIV positive mothers are born with antibodies to the virus in their blood, but unfortunately not always with the virus itself, and always test positive to HIV at birth but later – 2 years, 70% of the infants change to HIV negative and develop no AIDS.

STIGMA AND DISCRIMINATION
AIDS related stigma was defined in encyclopaedia as a pattern of prejudice, discounting, discrediting and discrimination directed at people perceived to have HIV/AIDS. It is an act of treating somebody in a way that makes them feel very bad or unimportant, while discrimination is the practice of treating somebody or a particular group in society less fairly than others. Therefore stigmatization on people living with HIV/AIDS could be traced to originate from health care practitioners. The fear came as a result of lack of knowledge on the mode of transmission of the virus, necessitated fear and tension for the phenomenon in the early days of the emergencies. Other people outside the health profession join in the fear which leads to myths and stereotypes. Fear of contacting the dreaded disease made some of the health workers to wear layers of gloves while treating a patient with HIV/AIDS, others kept minimal contact with victim. Okegbenuro (2006) agreed that some members of the society avoid or limit social interactions with people living with the virus. Brown opined that their children would be discriminated against, if others know the HIV status of the family. Against this backdrop, Otaola (2000): The HIV/AIDS patient does not pose a threat to anybody in the work environment. Colleagues of an HIV antibody positive and/or AIDS infected person have no legitimate reason not to continue working with such person under normal office conditions. There are no constitutional or legal grounds for discriminating against or stigmatizing HIV infected person. Thus, stigma and discrimination threaten all of us. If we are HIV positive, we may decide not to access care treatment or counselling services or other entitlement for fear of being ostracized.

HIV PREVENTION
HIV prevention according to Himachel (2010) refers practices done to prevent the spread of HIV/AIDS. HIV prevention practices may be done by individuals to protect their own health and the health of those in their community, or may be situated by government or other organisation as public health policies. The HIV epidemic is one of the most important public health problem affecting people as an unprecedented threat to development and the impact on life’s expectancy; catastrophe in the world’s history. Most of the ways of contacting the disease is preventable; HIV/AIDS is overcome by prevention rather than by treatment. The only medically proven methods of for preventing the spread of the disease in which adoption of them avoid people from contracting this HIV/AIDS virus are as follows:
1. ABSTINENSE (self control): abstaining from casual sex, both premarital and extramarital is the best way to avoid being infected. If nobody engages in sexual activities, sexually transmitted HIV/AIDS cannot spread.

2. BEING FAITHFUL TO ONE’S PARTNER: Monogamous intimacy with a healthy partner i.e. keeping only one faithful partner whom you are sure is not infected or maintains fidelity in marriage. It has been said, if you cannot hold your body, use condom.

3. USE OF CONDOM: adequate knowledge about condom will help reduce the spread of HIV and STDs. The slogan “play safe, use condom”, how safe is condom? The latex condom is not itself completely safe or satisfactory as it does not guarantee 100% safety. Frequently, it breaks tears (ruptures) and come off during intercourse. Latex condom is often used in combination with spermicides to prevent unwanted pregnancy. Oil based spermicides, petroleum jelly, grease or vegetable oil lubricant weakens latex sheath, wearing off condom just before cottes is bad, since the pre ejaculative experts have asserted that AIDS virus is 0.1 micron in size and every latex condom has naturally intrinsic pores (holes) of about 5.0 micron in diameter which shows that the virus is 50times smaller than the holes in the condom. Experts put the failure rate between 10% and 15%. In view of this fact, Ejebukwa (2003) warned that the massive promotion of condom promote sexual immorality which spread AIDS because people are made to believe they can escape AIDS virus with the use of condom. While maintaining fidelity is the best option to apply in other to safeguard your life and the life of your unsuspected family members and friends.

4. VOLUNTARY TESTING FOR HIV/AIDS: regular voluntary test for HIV/AIDS can really engender behaviour change. Example; a positive HIV/AIDS result seems like a death sentence or has a devastating impact, but a negative result makes one to have a relaxed mind and it encourages a healthy habit.

THE LIBRARIAN’S CONTRIBUTION IN THE FIGHT AGAINST HIV/AIDS

There is no remedy yet to cure the victims of the time bomb. Although the virus is preventable, this is the sure hope for the people. Professor Ransome Kuti, the former minister of health who is the founder of the society for family health worked vigorously to prevent the spread of the disease in Nigeria. In support of this, UNAIDS (2004) emphasized that there should be effort to help countries improve their economic and social circumstances and hence, slow the spread of the epidemic by educating girls, reducing poverty, making health sector reform more gender initiative and strengthening capacity building to address the massive loss of skills and experience that has resulted from the epidemic. The government should expand the resources available for fighting HIV/AIDS through increases funding for prevention, care and treatment. Though the “zip up” campaign carried out by the society for family health was targeted to reach the young boys and girls to stop them from engaging in premarital sex among them, through these agency, the former minister distributed condoms using AIDS enlightenment campaign which was mainly to reach individuals on high risk groups, such as sex workers, truck drivers, soldiers and itinerant traders and anyone hanging around roads and junctions that “AIDS NO DEY SHOW FOR FACE” is organised using the media by the National Action Committee on AIDS (NACA) and the state Action Committee on AIDS (SACA) etc organise awareness campaign on television
and radio to educate the public on the reality of the virus. The librarian being an information scientist cannot fold her hand while the virus evolves the society. As the life wire of the library, the librarian should join in the campaign against the disease since his clients are made up of children, young and old. The librarian should stock books on HIV/AIDS especially the easy to read textbooks on HIV/AIDS should be procured for the users. While the librarian equally make the library’s organisational structure of the reference desk to project the textbooks on the HIV/AIDS or the textbooks should be displayed in the corner of the library where every library user will be attracted to read them. Through the library and information week which the librarian organises, he can invite the medical experts and the staff of NACA and SACA to give talk on HIV/AIDS to their users as an enlightenment programme. Using the billboards and notice boards, this will be mounted at strategic positions in the library environment to educate people on the danger of HIV/AIDS. The librarian can use print media by writing articles on HIV/AIDS which will be circulated nationally or as a newsletter which can be sold at a token fee to organisations, individuals and institutions. The librarian can liaise with the media houses or radio or television coverage on the library quiz or slot on HIV/AIDS issues or announcing what the librarian does to contribute to the fight against HIV/AIDS. Employing the readership campaign organised by the institution can also be used by the librarian as channel to inform people about the spread of HIV/AIDS.

Ideally, the librarian can properly package information on HIV/AIDS on their databases and post it on their website to promote the subject both nationally and internationally, thus, patrons can subscribe to them for a token. Succinctly, the librarian can take the advantage of mobile phone to promote its latest materials on the subject of HIV/AIDS to individuals and organisations. Consequently, seminars, presentations and workshop will offer the librarian the opportunity to invite guest speakers to treat the issue of HIV/AIDS as a societal health problem affecting the society. In such workshop, flyers prepared by the librarian on the HIV/AIDS as it affects the society may be shared freely to participants.

In addendum, literature searches, review of scientific literature for the planners of campaign on HIV/AIDS, current awareness services and selective dissemination of information are employed by the librarian to assist the planners. This service is crucial to the planners of the campaign to enable them to gather enough literature which will facilitate their write up to ease their task of gathering information materials. The task through inter-library loan with other institutions and as a part of co-operating networks source information materials from these libraries and make them available to their users. Also, with the aid of acquisition tools, such as bibliography, book in print, subject index etc. The librarian can gather them to the planners of the campaign to enable them preview and evaluate the information they desire. The librarian can organise a programme on effect of HIV/AIDS where the victims will come and address the people on the reality of the virus and how to manage the disease.

Conclusively, people should not relent in the fight as there is no medical cure for the virus yet. Therefore, the people of our society should not relent, but commit effort to rid the virus of our society.
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