

**“From Liberia with Love”: Officers’ Wives Confronting HIV/AIDS**  
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*“He left here a man, but returned a walking corpse”*

...An officer’s wife comments

### **Introduction**

This paper examines three different but mutually related issues. The first is the initial reactions of wives of ECOMOG[1] soldiers (officers and men) who returned from peacekeeping operations in Liberia, Sierra Leone and Ivory Coast with HIV/AIDS. This section also covers the reactions of the immediate family members, neighbors and the larger society within which these soldiers lived. The second issue is people’s negative perception and misunderstanding of the pandemic within the Nigerian landscape and how these negative perception and misunderstanding have helped the spread of HIV/AIDS in Nigeria. The third issue deals with the various coping measures and strategies adopted by the wives of Nigerian ECOMOG soldiers in the face of their husbands debilitating health and official neglect.

Nigeria has the largest population in Africa with one in every six Africans being Nigerian. Although the HIV prevalence rate is much lower in Nigeria than in other African countries such as South Africa, Malawi and Zambia, by the end of 2005, there were an estimated 2,900,000 people living with HIV/AIDS. This is the largest number in the world after South Africa. The statistics for HIV prevalence in Nigeria are worrisome. Since the first case of AIDS was identified in Nigeria in 1986, the HIV prevalence rate has risen from 1.8 percent in 1988 to 5.8 percent in 2001. The 2003 National HIV/Syphilis sentinel seroprevalence survey estimated that there were 3,300,000 adults living with HIV/AIDS in Nigeria, and that 1,900,000 (57 percent) of these were women. Equally worrisome is the fact that an estimated 240,000 children (ages 0-14) were living with HIV/AIDS by the end of 2005; an estimated 220,000 deaths due to AIDS during 2005; and an estimated 930,000 children under the age of 17 have lost their mother or father or both parents to AIDS in 2005.[2] Undoubtedly, HIV/AIDS has already badly affected the Nigerian society and economy. If the epidemic continues at its current rate, or worsens, there could be knock-on effects across the whole region. As must be noted, of the estimated 3,300,000 people living with HIV/AIDS in Nigeria, 67 percent were said to be female.[3] With a 20 percent prevalence rate in the military, 40 percent were said to be female. These statistics reveal one important thing: HIV/AIDS in Nigeria has a feminine face. As studies in Nigeria have shown, the primary mode of HIV/AIDS transmission is heterosexual transmission. Given the socio-cultural importance attached to female sexuality in Nigeria, as well as in other parts of Africa, it is of utmost importance to examine the place of women in the HIV/AIDS discourse.

In order to consider the three issues the paper seeks to examine the place of women in the HIV/AIDS discourse, the paper uses data collected from oral interviews among members of the Nigeria Army Officer’s Wife Association (NAOWA), especially those whose husbands returned with HIV, as well as written and archival documents. By focusing on the wives and families of these officers, the study brings up the need for a more inclusive and holistic approach to HIV/AIDS interventions. As demonstrated in the various sections, this paper brings up the dynamic coping mechanisms adopted by wives of these officers in their bids to cater for their families, especially in the face of societal rejection, official neglect, and absence of institutional

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support. As the paper argues, it was official neglect coupled with a lack of institutional support that allowed for the burgeoning of the pandemic among soldiers and their families in Nigeria. The paper closes by suggesting that all policies aimed at confronting the spread of the pandemic, especially among soldiers, must be holistic and should not focus exclusively on the soldiers who participated in the peacekeeping operations, but also on their families and other relations who may have chanced on the virus through filial or conjugal relations of one sort or the other with these officers.

Following the introductory section is a brief history of the Liberian civil war and the intervention of ECOMOG (The Economic Community of West African States). The general background to the story of the emergence of the Nigeria Officers' Wives Association to respond HIV/AIDS infections also sheds light on female sexuality in Liberia.

### **The Liberian Civil War**

The Liberian Civil War generally refers to the civil war that erupted in Liberia between 1989 and 1996. As Gus Liebenow, Christopher Clapham[4] and others have argued, when the ECOMOG peacekeeping force entered Liberia in August 1990, it arrived in a country with a challenging geography, exploitable natural resources, and strong ethnic and historical divisions. Although relatively small, the country's pre-war population stood at a little below two million people. Its physical geography comprises a low coastal plain, forested hills, and mountains. Thick jungle, coupled with wet marshy land, made Liberia inaccessible during the rainy season, which lasts from April until December. Internal communication within Liberia is only possible during the dry season. Equally, Liberia is ethnically factionalized into about eighteen distinct ethnic groups. These include the 'Americo-Liberians'[5], the Mano and Gio in the north, the Mandingo in the west, and the Krahn in the northeast. None of these comprises more than 20 percent of the population. In spite of these diversities, Liberia is blessed with considerable amounts of iron ore, timber, some gold and diamonds, and rubber.

Although they made up barely five percent of the total population, the Americo-Liberians had ruled Liberia and controlled its socio-economic life from independence in 1847 until 1980. Important components of its rule included socio-political domination and economic exploitation. Faced with dwindling economic performance occasioned by a major drop in the terms of trade (higher oil prices and lower commodity export prices), and the government's under-budgeting of the Armed Forces of Liberia (AFL), on 12 April 1980, indigenous non-commissioned officers staged a military coup and successfully toppled Americo-Liberian rule.

The coup initially enjoyed widespread support from all Liberians. Samuel Kayon Doe, a Master Sergeant who promoted himself to General and Head of State, began his rule by publicly executing leading officials of the old regime. He also politicized the AFL, by making it essentially a Krahn Presidential Guard. These policies alienated many Liberians (politicians and military alike) and, by 1985, a coup was organized to remove Doe. This failed and incensed Doe all the more, and in 1985, as a result of the failed coup, the AFL killed as many as 3,000 Mano and Gio civilians. Widespread corruption and the flight of Americo-Liberians, which brought more economic problems, followed. This inadvertently drove Liberia into deeper economic ruin and ethnic hostility. It paved the way for what has since been tagged the Liberian Civil War.

At the thick of all this, Doe's Minister of Commerce, Charles Taylor, was accused of diverting about 900,000 US dollars of government money into his personal account and was declared wanted. Taylor was, at this time, in the United States where he had indicted Doe's government in an interview with foreign media. In reaction, Doe demanded the extradition of Taylor to answer charges of financial impropriety and he was consequently arrested and placed in custody in Massachusetts. Taylor was said to have bribed his way out of jail and escaped to Cote d'Ivoire, where he organized and trained a 100-man-strong rebel group called the National Patriotic Front of Liberia (NPFL). Having survived numerous coup attempts, Doe initially paid

little attention to the NPFL, which entered Nimba County from neighboring Cote d'Ivoire on Christmas Eve of 1989. Charles Taylor led the largely Libyan-trained and Burkina Faso-equipped Mano-Gio NPFL into Nimba County.<sup>[6]</sup> His main position was the need for democracy in Liberia and opposition to Doe. He drew significant support from other Liberians, especially from the north and those who had suffered immensely from Doe's highhandedness since the failed coup in 1985.

Realizing belatedly that Taylor and his NPFL meant business, Doe rushed a battalion of the AFL to Nimba County, but the troops created more hostility against the already unpopular Doe by further brutalizing the Gio and Mano ethnic groups. Taylor took advantage of this anti-Doe backlash to increase his men through much of Liberia. By July 1990, Taylor's men had reached about 10,000. Although a ragtag group, 30 percent of whom were children under the age of 17 and lacking substantial military training, the NPFL reached the outskirts of Monrovia by July 1990. On 2<sup>nd</sup> July, Taylor's men attacked Monrovia. The NPFL forces singled out Krahn and Mandingo civilians for terminal retribution. The AFL also committed atrocities, such as a massacre in St. Peter's Lutheran Church on 29 July.<sup>[7]</sup> The savagery from both sides was unqualifiable. By August, Doe's government had clearly lost control of Liberia and Doe and his men were confined to government buildings. Mediation efforts by religious and other organizations (Liberian and non-Liberian) failed, as Doe refused widespread demands that he should resign. A new faction, the Independent National Patriotic Front of Liberia (INPFL), led by Prince Yourmie Johnson, broke off from Taylor's NPFL and began fighting Doe's AFL and Taylor's NPFL. Combatants from the three groups were destroying Liberia's socio-economic infrastructure. They killed more civilians than soldiers, and refugees were fleeing in different directions. The fighting became so intense that after 2<sup>nd</sup> July, no relief ships could enter Monrovia. Although the United States had more ties to Liberia than did any African country, neither the US nor any other major powers expressed any desire to intervene in the Liberian conflict. Of all Liberia's allies, only Nigeria came to its rescue when it mattered most. Nigeria has a great deal of influence in the West African sub-region and it is an important member of ECOWAS. Nigeria established and has played a central role in ECOMOG's peacekeeping operation.

### **ECOMOG's birth and organizational imperatives**

In the face of the international community's official inattention to the Liberian war, in April 1990 Nigeria, under General Ibrahim Babangida, led a group of five ECOWAS member states to establish a Standing Mediation Committee (SMC) to resolve Liberia's conflict peacefully<sup>[8]</sup>. By August, peace was still non-existent, and seeing no alternative and believing that any further delay could result in a final bloodbath in Monrovia, the SMC, on August 7, created the ECOWAS Ceasefire Monitoring Group, ECOMOG.

ECOMOG's mission in Liberia encompassed both peacekeeping and peace enforcement.<sup>[9]</sup> Traditionally, peacekeeping operations are conducted with the consent of the previously warring parties in order to promote security. A peacekeeping force is therefore essentially impartial and neutral. Its mandate does not extend beyond immediate self-defence. On the other hand, peace enforcement operations are acts aimed at restoring peace between currently hostile parties, at least some of whom do not consent to the presence of the peacekeepers. A peace-enforcing unit goes beyond self-defence: it would pursue, and perhaps destroy, the violators of a commonly agreed settlement.

ECOMOG's mandate was "to conduct military operations for the purpose of monitoring the ceasefire, restoring law and order [so as] to create the necessary conditions for free and fair elections to be held in Liberia," and to aid the "release of all political prisoners and prisoners of war."<sup>[10]</sup> Looking at its operations now, one wonders if ECOMOG was indeed a peacekeeping force. ECOMOG's immediate problems include absolute ignorance of Liberia's geography,

political disunity, military incapability, and paucity of funds. These problems were exacerbated by the fact that ECOWAS itself was badly divided into English and French-speaking states. On the one hand, France had close political, economic and military links with its former colonies, most of whom feared Nigerian dominance of the region. On the other hand, most French-speaking member states of ECOWAS were not only wary of Nigeria's domination, especially as Nigeria's gross national product and population matched that of the combined fifteen other ECOWAS members. Hence, while Nigeria was the strongest Anglophone power in the region, Cote d'Ivoire was the leading proponent of Francophone Africa. The two nations have worked at each other's disservice since independence, occasioned by their different colonial legacies.

Expectedly, Nigeria and Cote d'Ivoire toed different lines on Liberian war. Most of the ECOMOG contributors came from Anglophone states: Nigeria, Ghana, Sierra Leone, and Gambia (Guinea initially was the only Francophone state) while other French-speaking states openly rejected and opposed any military intervention in Liberia. Besides regional troubles bedeviling ECOMOG, contributing members to the force also disagreed about ECOMOG's goals and methods of operation: Should ECOMOG act only as a peacekeeper or, if necessary, also as a peace enforcer against Taylor's NPFL? Along with ECOMOG's unclear mandate, lack of acceptance within the region, and mediocre military capabilities; its absolute lack of funding created a complex misfortune for the regional force. Looting and smuggling, which have provided the factions with some independent financing, soon became an irresistible lure to ECOMOG men and they fiercely contested control of Liberian resources with other factions, sometimes setting the various factions against one another.

Undoubtedly, a weak sub-regional organization cannot create a strong military force. Faced by pressing domestic concerns and generally moribund economies, West African states could not support ECOMOG sufficiently, at least financially. Divisions within ECOWAS only served to ruin what could have been a benchmark for future operations. Even when the deplorable situation in Liberia compelled all ECOWAS states to endorse SMC's peace plan, ECOWAS took no disciplinary action against Burkina Faso and Cote d'Ivoire, who still continued to aid Taylor against ECOMOG.

### **Sex and sexuality in Liberia**

In most African societies, women and girls, irrespective of age and status, are regarded as subordinate to men. In Liberia, women are a major support for the family, as they provide all basic amenities. Nevertheless, the Liberian Family Code requires that women obey their husbands, who are recognized as the head of the family. Women are regarded as second-class citizens and a woman's status depends on her being married.

Pre- and post-war literacy statistics for Liberia show gender-imbalances in socio-economic, political and educational opportunities. A higher percentage of boys had formal education. In most cases, customs and practices ensure the subordination of women and girls. Although treated in this way, women and girls are valued in another sense. They are regarded as common property not only of their parents, but of the community at large. Hence, any attack or insult on them is regarded as an attack or insult on their community.

In Africa, women, not minding their age and social status, have no say in sexual matters. They were subordinated to their male counterparts in different ways. Culturally, a woman is forbidden from refusing her husband sexual advances. They risk been rejected if they refused their husband or require him to use a condom or any other form of prevention before sexual intercourse. Men may have extra-marital affairs, but it is forbidden for women. In fact, the society considers the man 'powerful' when he owns a harem.

Deviant behaviours on the part of women existed, but few and far between. On the part of men however, sexual related offences are settled within the family and, in most cases, in the favour of the men. On a more grievous note, a rapist may be compelled to marry the victim, as rape, although frowned upon, constitutes no grievous fault. In some cases, perpetrators of rape

may be fined. Besides all these, there exists the social-stigma problem, which, among other things, discourages disclosure of rape. As reported by a Liberian Female Peacekeeper on CNN[11], “after all, what has been done can never be undone.” This kind of scenario obscures the facts and makes many women prefer to suffer in silence rather than risk any ‘unnecessary’ and undue social rejection.

The armed rebel groups that participated in the Liberian War included the Armed Forces of Liberia (AFL), the Liberia Peace Council (LPC), the Lofa Defense Force (LDF), the National Patriotic Front of Liberia (NPFL), the Independent National Patriotic Front of Liberia (INPFL), the National Patriotic Front of Liberia-Central Revolutionary Council (NPFL-CRC), the United Liberation Movement of Liberia for Democracy (ULIMO), the United Liberation Movement of Liberia for Democracy-Johnson faction (ULIMO-J) and the United Liberation Movement of Liberia for Democracy-Kromah faction (ULIMO-K). As the war in Liberia intensified among the rebels, between the rebel groups and ECOMOG and other observer missions, another war was carried out by rebel groups – that of sexual violence. The war, as evidenced by the sheer magnitude of post-war HIV/AIDS and other sexually transmitted diseases, created an environment in which thousands of women and girls suffered untold hardships during the war. These hardships include crimes of sexual-abuse and gender-based violence. As the study finds, women as old as eighty years old, and girls and children as young as three years old in Liberia continued to be targeted for crimes of sexual violence by combatants and non-combatants with impunity. Many were gang-raped or abducted by combatants for long periods for sexual slavery. Others were mutilated or severely injured by having objects inserted into their vaginas. Those that defended themselves by fighting back when attacked were maimed, blinded or killed.

In CNN’s “World’s Untold Stories: Liberia’s Women Peacekeepers”, Amanpour reported on Monday 22<sup>nd</sup> October 2007 that 70 percent of Liberian women and girls were raped during the war. Sexual abuse in Liberia, as the study finds, is not an irrational action of emotion-charged combatants (or non-combatants), but a carefully thought-out strategy, an intellectually considered tactic, and carefully planned acts perpetrated by each group against the other in a mutually intelligible cultural milieu. As demonstrated above, members of all the armed forces, militia groups and government forces from neighboring nations perpetrated sexual violence against women and children as part of the war in Liberia. With the degeneration of the Liberia’s socio-political and economic situation, Liberians, especially women and girls, resorted to prostitution. Many traded sex for food, shelter, or money in order to provide for their families.[12] As Aderinto[13] argued, survival sex consequent upon wars and conflicts cannot be called prostitution, as most victims of survival sex are often forced by circumstance. Fatah, [14] a mother of four whose husband had died during the war, explained that she “*dare not refuse men because I do not want to leave the children hungry.*”[15] *In some cases, girls as young as six whose parents could not afford school fees engaged in sex with their teachers in order to stay in school. Others who were in regular or ad hoc employment slept with their employers to keep their jobs.*[16] *Sometimes, they were raped, but they must choose between being sent out of school or employment and accepting the sexual relationship as a means of survival. “The war has pushed the girls to prostitution.”*[17] *An official of the UN puts it in this way: “We have come to the point where families even push their daughters into prostitution for simple survival.”*[18] Women and girls in these situations have had to ‘trade’ sex with men who might leave them a bit of money, “for example \$0.30”, to survive.[19] The risk of contacting sexually transmitted diseases such as HIV/AIDS increases dramatically, as women and girls in this situation cannot insist that men use a condom.

Because of the extenuating circumstances of the war and the frequency of contact with men outside the households, women and girls who engage in survival sex are at high risk of rape. As one woman explained it; “we have to keep doing bad things like sleeping with men to stay alive. We submitted to everything they do. Sometimes, you get paid. Sometimes, you get slapped around. Sometimes, you are raped and not paid. We submitted to everything to keep our lives and

those of our children.”[20] Similar situations are observed in refugee camps, rebel factions’ camps and military camps. In these camps, many women, including widows of soldiers and women whose husbands were missing or were away on duty, were sexually harassment and, sometimes, raped by soldiers and officers. Many more were forced to trade sex to secure their continual stay in the camps. Some also brewed and sold alcoholic beverages to earn a small income. Soldiers, who came to drink, sometimes refused to pay and, sometimes, raped the women. Mrs. Kwabena, a widow who served local beer to five ULIMO soldiers in March 2001, was raped in the presence of her two children.[21] Another reported case was that of a sixteen-year-old orphan who lived with her two younger brothers in a wrecked automobile on the grounds of a military camp. She regularly traded sex with an INPFL lieutenant so as not to be expelled from her shelter and the camp.[22]

Sexual crimes were not just perpetrated by members of armed factions or combatants mentioned above; members of ECOMOG, UN observers and other humanitarian and relief groups have also been accused of sexual violence by Liberian women and girls. Some have also mentioned opportunistic sex by the police and other people in positions of power, as well as common criminals and bandits. Almost all who participated in the war, in one capacity or the other, have been identified as culpable for wartime rape and sexual violence against women and children.[23] They, especially the rebel groups, systematically raped and abused women and girls as part of their effort to win and maintain control over civilians and the territory they inhabited. Reports also abound that soldiers, combatants, and armed robbers raped women in the course of robbing and looting, sometimes after stealing everything the women owned and sometimes to punish them if they had no goods worth stealing.

Wartime sexual abuse has occurred not only in Liberia but also in the DR Congo, Rwanda, Somalia, Darfur, and so on. In all these places, sexual violence against women and children has drawn considerable international attention and condemnation. Combatants and non-combatants alike deployed it as a kind of asymmetric warfare to either gain control of areas where natural resources abound for looting, or to ethnically cleanse the blood of their ‘enemies’ and win the war from another angle.[24] While numerous efforts have been made to examine sexual violence perpetrated by rebel and government forces in conflict situations, this paper shall limit itself to the case of sexual violence among ECOMOG soldiers who participated in the peacekeeping mission in Liberia.

As already noted, ECOMOG was established to monitor the ceasefire in Liberia and to prevent the war from affecting Liberia’s neighbors. Liberian women and girls have, since the end of the war, accused the ECOMOG soldiers, among many others, of perpetrating sexual violence during their intervention in Liberia. The military high command of ECOMOG, especially the Nigerian Army, has denied this on many occasions. But the outbreak of HIV/AIDS amongst officers and men who participated in the mission has been an eloquent testimony to their culpability. It is undoubtedly clear that the West African monitoring and peacekeeping mission over-performed its mandate by engaging in sexual relations with or sexual abuse of Liberian women and girls.

While evidence abounds to support the fact that economic backwardness (exacerbated by the civil war) may have led many Liberians into survival sex, little or no evidence as yet exists to explain why peacekeepers became entangled in sexual relations with Liberian women and girls. As noted by Captain Desiree of the Nigerian army headquarters;

*Survival sex, rape, and even statutory rape are common during war; they are part of the war efforts. But it is unfortunate that nearly all soldiers and men that participated in the ECOMOG mission in Liberia returned home as HIV positive or with full blown AIDS.*[25]

Commenting further on the likely incident in Liberia, the senior officer disclosed further that most women and children were compelled by the need to provide basic amenities for their families to offer sex to soldiers. In some instances, soldiers made sexual relations a prerequisite to discharging their duties, especially towards the non-combatants.

*In some situations; the women themselves offered sex as compensation for their safety. It is common in Africa, irrespective of situations, to give something back, especially in appreciation for any good. In some cases, these women and girls were not raped; they offered themselves in compensation for their safety. To my mind; that is not a criminal sex.*[\[26\]](#)

Colonel Dele Olaegbe, who participated in the mission to Liberia, revealed that sex during war is normal.

*After all, soldiers are also humans. They left their wives and families for many months risking their lives for the safety of others. Little kindnesses like these are common in war situations. In fact, most soldiers indulged in it. Nevertheless, it is condemnable.*[\[27\]](#)

When asked if he ‘indulged’ in sexual relations during the mission to Liberia, Olaegbe also asked: ‘Do you expect me to answer “Yes or No” to that?’  
An HIV positive soldier recounted that;

*It all started in October 1994, ECOMOG was experiencing serious funding crisis. Coincidentally, UNOMIL observers who used to help us with basic necessities were reduced to about 90 thereby making it the more difficult for them to meet our demands. We were forced to devise other means of supporting ourselves. We asked some of the women to perform chores and produce some of our necessities. The more contacts we have with the civilian population; the more complex and entangling the relations became. We must do that if we must survive.*[\[28\]](#)

Agnes, a Liberian refugee in Nigeria, revealed that;

*We did all sorts of things for the soldiers. We fend for their daily needs. Sometimes, you go there to hawk foods and other items, which, most times, were bought on credit, and you ended up been raped or you got a ‘boyfriend’. You cannot say no, because you would not be allowed to hawk in the camp the next day. We have to survive, so we have to agree.*

*In fact, you secretly wished a soldier would ask you out, as this guarantee regular source of income, and a place within the camp. If he is an officer, then you are lucky, as no soldier can molest you again.*[\[29\]](#)

Okiro, a sergeant, revealed that

*We talked about HIV/AIDS in camp. Once we noticed you are getting too close to any of the girls, we jokingly asked the soldier to ‘wear raincoat’. But, you know the way with our people, they won’t listen. Some contacted gonorrhoea, some syphilis. Some of the girls are dirty. But they would always tell you: ‘soja work na dirty work’.*[\[30\]](#)

Rape, especially statutory rape[\[31\]](#), by soldiers, combatants and non-combatants was also common. Some children’s vaginas had been ruptured or mutilated in the course of rape. Some

have had objects inserted into theirs. Identifying perpetrators of these heinous crimes has proved most difficult, as most of the victims were either too young to remember any worthwhile descriptions of the culprits or were still traumatized or terrified by the experience. Some were still fearful for their lives. While some ECOMOG soldiers admitted knowledge of such practices during the war, none has admitted to guilt of any kind.

Captain Boniface of the Nigerian army testified that cases of girls in such condition abound. He maintained that some were even raped to death. He however maintained that intelligence reports available to them while in Liberia revealed that “none of our officers and men would do such bestial things.”<sup>[32]</sup> Colonel Nathaniel differed somewhat: “We cannot say that none of our men did anything of such. Let us just say ‘it is part of the war effort, although condemnable.’”<sup>[33]</sup>

Mark, who served as a garrison officer, had this to say:

*War allows for all sorts of things. No one of us who went to Liberia can claim ignorance of all these. We encountered it everyday. Parents, sometimes, sent these minors to sell odds and bits in Camp or to farms to fetch firewood. Some were raped in the Camp. Some were raped on the streets or on their ways to the farms or while returning. Denying it is not different from perpetrating the crime. It is also bad.*<sup>[34]</sup>

Many of the men also claimed that they were given condoms even at the airports before leaving for Liberia. One of the men asked: “To do what?”<sup>[35]</sup> As Human Rights Watch have maintained, women and girls in this condition have little or no choice in the matter. They could not insist that rapists – whether soldiers, rebels or peacekeepers – use condoms, as they needed the soldiers for survival from the war or for the provision of their daily needs.<sup>[36]</sup> As most ECOMOG soldiers claimed, paucity of funding and the dire circumstances of war necessitated this unwholesome phenomenon.

### **NAOWA: Organizational origin and responses to HIV/AIDS**

Cooperative bodies burgeoned in Nigeria following the introduction of Structural Adjustment Programmes (SAP) in 1986. SAP describes the policy changes implemented by the Breton Woods Institutions (International Monetary Fund (IMF) and the World Bank) in developing countries. These policy changes were conditions or pre-conditions for getting new loans or lower interest rates on existing loans. Hence, SAP were implemented with the goal of reducing a country’s borrowing and fiscal imbalances. In other words, the policies are designed to promote economic growth, generate income, and pay off accumulated debt. To achieve these, free market programmes and policies, which include internal changes (especially privatization and deregulation) and external ones, (especially the reduction of trade barriers) were implemented.

Among other things, the implementation of SAP led to job-losses, redundancy, and extreme poverty. To cope with the situation, cooperatives were formed to channel soft-term loans for small-scale informal groups. One such cooperative body that developed as a coping strategy to ward off the adverse effects of SAP is the Nigeria Army Officers’ Wife Association (NAOWA). NAOWA originated as a cooperative, self-help society granting soft-term loans, mostly without collateral, to officers’ wives. In the main, NAOWA took advantage of existing loose organizations of army wives resident in all barracks and police commands, which aimed at creating an environment within which issues of welfare, sanitation and sundry other community-based issues were focused on. Today, NAOWA has developed from the modest background of serving as cooperative, self-help society into becoming a focus of agitation for a better life, not only for their husbands but also for the families who have had to cope with the shifting nature of a soldier’s career.

In order to examine the reactions of NAOWA members to the HIV status of their husband thoroughly, the issue is examined at three different levels: the individual, society and official levels.

### ***Individual level***

Most officers and men returned home ignorant of their HIV status and ignorantly passed the virus on to their wives. As in most cases, sex is regarded as a show of love and affection. A soldier who has left home, sometimes for as long as two or six years, and who managed to return home, even with half of his limbs gone, has reasons to thank his God. They returned home to the waiting arms of their loved ones and within weeks of return, most had passed on the virus unsuspectingly to their spouses and girlfriends. “We all anxiously awaited their arrival. We longed to see our husbands. Not only because of the fact they have gone for months, but because many had died in the war. We wanted to know, if we had become widows or not,”<sup>[37]</sup> Pauline revealed in an interview. She echoed the general expectations of not only the wives but also the children, mothers, and friends of these soldiers. Newspapers’ reports of the mysterious deaths of some of the officers who had just returned from Liberia became the first means for NAOWA members to learn of the true situation in Liberia. “Even after that, the headquarters continue to deny the facts,” NAOWA members claimed.

*“When I saw it in the papers, I bought one and took it to my husband. He laughed and asked if he has fallen ill since his arrival. I suspected nothing, as he was healthy, at least physically. I was confounded when, ten months after, I was diagnosed as HIV positive.*

*“He was angry at me and claimed that I had been unfaithful to him while he was away. But that is past now, as no sooner than I was diagnosed that he took ill and was confirmed to have had full blown AIDS. His sins found him. He committed suicide leaving us to cope with his unfaithfulness.”<sup>[38]</sup>*

Uloma, a member of People Living with AIDS (PLWA), an organization of HIV/AIDS victims in Nigeria, revealed how she knew about her husband’s status thus:

*When my husband first fell sick, we thought it was fatigue associated with been away in active service for months. But instead of improving, his situation began to deteriorate. I was worried, but what can we do.*

*We went to the military hospital and he was given treatment. Yet the problem persisted. Nobody suspected anything until he died four months later. When I learnt he died of AIDS, I knew immediately that I am HIV positive too and may die soon.*

*I am sure he did not know of his status when he returned. If he had known, he would not have touched me.*

When asked how she felt initially; she remonstrated with herself:

*At first, I felt let down. I asked him on his sick bed: How could you have done this to me. He did not say a word. He was too weak, but I could read his feelings. He did not know. I knew he was going to die, so I could not but brace myself up.*

*I hated him at first, and wished he had died in the war. But, he was a soldier. I knew this before marrying him. Why then should I complain? I cannot as yet forgive myself that initial moment. It was like a ball of fire passing through my veins.*

Agnes, earlier mentioned, reacted differently. She abandoned her husband in the house and was raving at him.

*I hated him immediately. I told him my God had caught him and revealed him. How can.....did this to me. He met me a virgin and I have since remained faithful to him. How can he touch another woman? I was mad. I left him in the house and would not go in for days.*

*Somebody must have told his mother. She came and was taking care of him. I simply looked on.*

*Two days after her arrival; my son said to me: how can you teach us to forgive others when you are as unforgiving as this? I was perturbed at his words. I went into the house. But for days, I would not say a word to him.*

*I cannot believe it yet, but the doctor said I am HIV negative.*

Not many women were this lucky. She revealed that they engaged in sex many times, especially within the first week of his arrival, but that he always used a condom. “Why he did that, I did not know. I have missed him long to raise petty issues as that.” Could he have known? “I do not know”. She answered. Obviously, the man may have known that he had contracted the virus and wanted to, at least, ensure he did not spread it to his wife.

As a female activist in Ibadan argued, soldiers’ wives are familiar with transfers at short notice and the long absence of their husbands; hence, they are aware of the fact that most soldiers are a little loose when it comes to sex and that many soldiers often keep concubines and visit brothels. As research revealed in Ibadan, brothels are situated near barracks, police and army headquarters as well as rail stations and major motor parks. In two of such brothels in Ojoo area[39], call girls revealed that many of the returnee soldiers went to visit the brothels when they first arrived. But when news of death resulting from HIV/AIDS filled the air, “we warned our girls not to attend to them”[40].

Commenting on how to recognise the soldiers, one of the ‘girls’ said:

*“We know them. They usually wear their vests and other items to reflect that they went on peacekeeping operations. Some talked about it and even offer us dollars. We, I must confess, longed for them, as they have more money to give than other customers.*

*When madam warned us not to attend to them; we were unhappy, especially as they gave us dollars and were more regular than others. I know quite a lot of girls that did not heed madam’s order. I also know that some girls allow them do skin-to-skin.[41] Some of the girls are no longer here.*

Faced with a dying husband, a soldier’s wife has little institutional support, as none exists to cater for the officers’ wives. Prior to the official admission of the fact, most wives had to cater solely for their husbands. Those of them who received pay after the Liberia mission spent it on taking care of a husband whose fate was unknown.

*We spent the money he brought from Liberia and the loan I got from cooperative prior to his arrival on his care. All these monies went with his hospital and drug money. The hospital here in the barrack hardly has all the drugs. We had to buy most of them. Even*

*when it has become known that he was having AIDS, many would not even loan us money.*

*Some of my friends warned me not to borrow money again, as when he finally dies, I would be faced with the problems of not only taking care and providing for the entire family but also paying the debts. Much as what they said was true, I cannot just leave him alone. I am still paying the debts.[42]*

The most excruciating problem facing officers' wives was their absolute dependency. Most of them have been forced to quit regular employment and consider hawking odds and ends. "Whatever job you have, you have to resign from it when your husband is transferred", a local branch secretary said in Ibadan. In most cases, the majority hawk items such as sachet water or cigarettes, a few learnt and practiced tailoring or hairdressing and a few took to farming. The majority is barely literate. This considerably reduces the options available to soldiers' wives.

### **Society level**

While most spouses initially rejected their husbands after being confronted with the fact of their HIV/AIDS status, relatives and friends were no better, as most viewed the plights of their HIV-positive kin as just retribution for their low morals and dishonesty.

*When I read it in the chapters, I asked my brother but he did not say a thing. I sensed trouble when he fell sick and, for days, he was not getting any better. I asked him again, but he would not say a thing.*

*I told his wife my fear and asked that she talked with him. He refused to talk to any of us. When the doctors told us, I was not surprised. He has brought shame to us all.[43]*

Mrs. Agboluaje, a 65-year-old widow with four grown-up children, lamented thus when asked about her son:

*He is my only son. When he wanted to join the army, I warned against it, but the father was obstinate. See how it has all ended.*

*I was told he was sick and I asked them to bring him home but they would not listen. I also asked them to take me to him, no one would listen. Eventually, they told me his disease would not heal and that he would die. That he had sex with another woman in Liberia. I do not know what kind of sickness that would not heal. But I asked them to take me to him. Whatever curses the man or the woman or the family may have placed on him, at least, if they see me, they would have been merciful. I would have begged. They would not let me see him. Later they told me he was dead.*

*I refused to see him body because he had committed an abomination.[44]*

In most cases, friends and neighbours avoided even the children of these unfortunate soldiers. Many did so to avoid any contact and possible infection, as many believed that contact, no matter how small, is dangerous. This has nothing to do with ignorance, as many revealed that "NACA and other health agencies said that body contacts like touching, kissing, etc are incapable of infecting people"[45], but many are wary of the fact that unhygienic living, especially in barracks, has exposed most children to wounds and this may, in the course of playing together, serve as a contact point for possible infection. Even if the chances of father-to-child infection is remote, as in the cases of children born before the Liberia mission, the possibility of husband-wife infection has reduced the number of friends available to officers' wives.

*Friends have deserted us. They said our mother is infected and she might have infected us. No doctor has said we have HIV or AIDS, but people avoided us all the same. In fact, our friends in school and other public places made the pain of our father's death more severe,*[\[46\]](#) a seventeen-year-old girl said.

In most cases, NAOWA advised many such families to “relocate to a new environment and to keep their identities as discreet as possible”.[\[47\]](#) A local leader had this to say:

*It is sad. To watch a fellow woman suffer the way these people are suffering is unacceptable. But we can do just little. We, in most cases, asked some of these people to change environment. To that have relatives that they can go to; have relocated to live with their relatives. Others lived in other parts of the city where they were barely known.*

*The army has not established anything, in spite of promises and statements on radios, televisions and newspapers. All we have to show for the Liberian war is a group of women forced to bear the brunt of a war that affected Nigeria in no way.*[\[48\]](#)

Many Lagos-based newspapers reported cases of soldiers' wards and children being rejected by schools and other public places on account of their fathers or mothers' HIV/AIDS status. At the height of this, numerous civil society organizations took it upon themselves to challenge these schools. NAOWA was one of those groups.[\[49\]](#) Oyinlola, who was turned back from school by the proprietress after her father's confession of his HIV/AIDS status in 2000, recounted her experiences that morning and ever since.

*As the driver dropped me and left, I was summoned by the Principal. When I got to her office, she told me I have been expelled. That my father has HIV and since they would not want other children to leave the school, I have to go.*

*I went home in tears. I told my parents what had happened and they informed some of their friends. In the evening, reporters came to our house to ask me questions. I could not go to school the next day, as my mother feared I may be turned back again. I stayed at home for one week.*

*Ever since my readmission into the school, others have been avoiding me. Many who did not get to hear the news of my father's HIV status got to know it in school that week.*

*In class, most students would not want to share anything with me. Some would not talk to me. Even when doctors confirmed that apart from my father, no other person in our family is HIV positive, they still avoided me. Every morning that I had to go to school, I feel a sense of shame following me. They would not allow me change school, but I am managing to cope.*[\[50\]](#)

Civil society organizations had insisted that Oyinlola remain in the school, although she and her family would have preferred she leaves. Many unreported cases of discrimination abound in different cities in Nigeria today.

### **Official level**

After the initial denial to stave-off embarrassment, the military in Nigeria came out to admit that some of its men “went beyond the rules of engagement” in Liberia and returned home with HIV/AIDS. The military shied from explaining why it had not initially conducted tests on these men before releasing them into society. It also did not explain why it took the military

months to admit to the fact despite the weight of evidence. Despite the official policy, not much was done to take care of the officers and their families. In fact, the military simply demanded that infected officers be treated at clinics and hospitals in their barracks and cantonments. It was considered a national embarrassment, and as such the ‘erring’ officers were left to their own devices. Hence, HIV/AIDS spread with reckless abandon in Nigeria immediately after the ECOMOG debacle in Liberia.

Although governments paid lip service to treating soldiers, little in terms of actual intervention was experienced. In most cases, hospitals and clinics where these soldiers were asked to seek treatment hardly had the needed drugs. More often than not, most soldiers depended on the goodwill of their friends, extended families, and community-based organizations for vital drugs. It was not until the restoration of democracy in 1999 that a serious national effort was made in Nigeria to tackle HIV/AIDS. The Olusegun Obasanjo administration placed a high priority on prevention, treatment, care, and support activities, and therefore established two key institutions – the Presidential Committee on AIDS and the National AIDS Action Committee on AIDS (NACA) to coordinate the various HIV/AIDS prevention, treatment, and care activities in Nigeria. NACA’s main responsibility was the execution and implementation of activities under the HIV/AIDS Emergency Action Plan (HEAP), introduced in 1996 as a bridge to a long-term strategic plan. HEAP had two main components: first, to break down barriers to HIV prevention, and support community-based responses; and second, to provide prevention, care and support interventions directly. HEAP has now been replaced by the National HIV/AIDS Strategic Framework, which will run until 2009.

Even with this, little came the way of the military in real terms. For instance, in 2002, the Nigerian government started an ambitious antiretroviral (ARV) treatment programme to get 10,000 adults and 5,000 children onto ARVs within one year. An initial \$3.5 million-worth of ARVs were imported from India and delivered at a subsidized monthly cost of \$7 per person. But in 2004, the programme suffered a major setback when it was hit by a shortage of drugs. This meant that most people did not receive treatment for up to three months. Eventually, another \$3.8 million-worth of drugs were then ordered and the programme resumed. However, it took a long time to achieve the 2002 goal because of poor infrastructure and management. At the end of 2006, around 550,000 people were estimated to require antiretroviral therapy, of whom 81,000 (15 percent) were receiving the drugs. Although this is twice as many as were on treatment at the end of 2005, Nigeria’s coverage rate is still only half of the average for sub-Saharan Africa.[\[51\]](#) Generally, there has been some progress towards the goals of HEAP but there are still huge gaps in HIV prevention, treatment, and care services, particularly at community level in Nigeria.

### **NAOWA’s Coping Mechanisms**

In spite of NACA and other civil society groups’ attempts at public education regarding the pandemic, low literacy and malignant cultural practices affected many Nigerians’ understanding of the dynamics of HIV/AIDS. While stigmatization has reduced considerably, many still regarded HIV-positive people as “living on borrowed time.” They reasoned; “whatever you do for them, they would die and your investments would amount to a waste. Why wasting scarce resources then?”[\[52\]](#). Faced with public rejection, official neglect, and loss of loved ones who have spent their lives serving the nation, officers’ wives – under the aegis of the NAOWA – have evolved coping measures geared towards catering for their less fortunate members. In branches and cell-groups in Lagos, as in some other parts of Nigeria, members have developed cooperative arms aimed specifically at helping members in distress and those needing soft-term loans to meet incidental costs like the procurement of AVRs, paying school fees, and other basic necessities. Levies, donations and fundraising constitute the core of the source of this money. “We have to resort to this measure to assist our members, especially those whose husbands or themselves have tested positive to the virus. There are promises here and there, but it is sad that

government, over the years, have not been able to make good their promises,” [53] a female leader in Abati Barrack, Lagos lamented.

In some hospitals in Lagos, Abuja and Ibadan, NAOWA succeeded in obtaining free medical care for their ailing members. It must be noted that only consultation is free in any of these hospitals. The cost of drugs and other incidentals is borne either by NAOWA or by the affected person. In most cases, NAOWA stands surety for the families of the victims so as to prevent situations in which a lack of money to procure drugs or pay a hospital bill would prevent victims from seeking medical care. In Ibadan, NAOWA has a counseling unit that offers free counseling services to victims and their families on the best practices capable of sustaining the lives the victim, ensuring zero infection and dealing with stigmatization.

How have these measures helped the plight of these women and their families? With increasing economic tension in Nigeria, this measure has proved ineffective, as available resources cannot meet the demand. Nevertheless, it is a step in the right direction. The cost of procuring antiretroviral drugs is beyond the common man in Nigeria. The plight of victims is beyond the reach of the common man. The present stance of the Nigerian government leaves no one in doubt of the fact that Nigeria has not come to grips with the full impact of HIV/AIDS. As NAOWA members testified, NACA has tried immensely to create awareness, but much still needs to be done. Frustration over unpaid pensions and salaries is capable of creating an unanticipated backlash. Most victims claimed that their lives would have been more meaningful if their salaries, or gratuities and/ or pensions were paid on time.

Obviously, people living with HIV/AIDS are a vulnerable group. Are efforts really squaring up to the needs of this group? Evidence abounds everywhere in Nigeria that measures like these, as commendable as they may be, cannot meet the needs of the group. Victims and their families have had to either beg on the streets or resort to clandestine means to make a living. Many victims roam the streets of Lagos and other principal towns begging alms. Some even carry their medical records around to demonstrate to any doubting alms-givers that their cases are genuine and deserve assistance. In the course of this study, more than twenty such victims were interviewed in different part of Lagos alone.

What official reaction have these efforts elicited over the years? Government reaction to the plight of HIV/AIDS victims, especially ECOMOG soldiers, is felt only on the pages of the newspapers. Intermittently, government officials have made promises without keeping them.

*We were asked to report at the Hospital in Lagos. We did so. We waited for hours; no one attended to us or says anything. Five hours later, we were told to report back the next day, as the officials from the Ministry were yet to arrive.*

*The next day was not different from the previous. We were told to go away and await further instructions. A victim's wife reported.*

Officials of NACA in Lagos put it this way:

*The problems with the army are many and multidimensional. It is the responsibility of the army to take charge of them. We deal directly with civilians, but we have had reasons to attend to some of these soldiers.*

*The major challenge facing the army is on data analysis. No one can say, for certain, how many people are involved. Experiences in Nigeria have shown that ghost workers, or soldiers sprang up, in occasions like these and many of the genuine and deserving men would go home without any assistance.*

*The second problem deals with procurement. There have been problems of funding and this affects procurement. We educate the public, but it is the duty of the military hospitals to take care of their victims.*[\[54\]](#)

## Conclusions

Civil society groups like NAOWA have demonstrated the way forward by taking charge when the government is tardy. From evidence presented, it is incontrovertible that denial by the Nigerian Army helped in fostering HIV/AIDS not only among the soldiers but also those of their families who have been infected. The argument in military circles that disclosing the HIV status of its men was against the personal rights of these officers and men calls for closer scrutiny. The fact of the matter is that neither the Nigerian Army nor its officers and men knew their HIV status before and after the mission in Liberia. As research has revealed, the Nigerian Army had no capability to test for HIV/AIDS at the time. Even if the capabilities existed in Nigeria to test for HIV/AIDS then, the military was not prepared for such testing before and after the operations in Liberia or elsewhere. Someone needs to take responsibility for unleashing these officers and men on the society after the war without any health-related testing. This has shown how ill-prepared Nigeria was for the peacekeeping operation in Liberia. It also reflects the deficiencies inherent in the health considerations by the Nigerian Army prior to and after any military engagement. The price of this was inflicted on innocent wives, girlfriends, children and family members: the virus itself, as well as the burden associated with living with HIV/AIDS.

While the Nigerian Army cannot undo what has been done, it must however put into its policy decisions not only the care or needs of the soldiers but also of their immediate families. Only a holistic, rather than ad hoc, approach to intervention can help Nigeria stave off HIV/AIDS. Equally, official denial of HIV/AIDS among Nigerian soldiers and an absence of institutional support for the infected soldiers and their family members who may have chanced on the pandemic are security problems that must be addressed urgently should Nigeria aim at surviving the likely problems that may result. The impact on families of official denial and absence of institutional support has been devastating. As recent trends in Nigeria have shown, it is not divorce alone that creates single-parenthood and stepfamilies; parental death and orphanhood due to HIV/AIDS have led many ECOMOG soldiers' families to the brink of disintegration. New family forms are emerging, such as 'skip-generation' families, where the parental generation has succumbed to AIDS and AIDS-related illnesses and the families are made up of grandparents and orphaned grandchildren; and child-headed families, in which grandparents are not available to care for orphaned grandchildren. The so-called 'generation of orphans' encountered everywhere in Lagos and other urban centres suffers particular vulnerabilities and desperately needs special attention. This generation of orphans and the new family forms that accompany it are, and will continue to be, a formidable challenge to policy-making on child and family issues at the national level and in international development cooperation.

## NOTES

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[\[1\]](#) ECOMOG refers to the Economic Community of West African States Cease-fire Monitoring Group. As the name implies, it was an intervention force established by Nigeria to monitor the cease-fire in Liberia.

[\[2\]](#) UNAIDS 2006 "Report on the Global AIDS Epidemic", May 2006. See also CIA "World Factbook", 2005.

[\[3\]](#) Note that 57% figure given for women does not incorporate girls and female infants. The estimated figure for all females affected with HIV/AIDS in Nigeria is put at 65 and 67%.

[\[4\]](#) J. Gus Liebenow, *Liberia: The Evolution Of Privilege* (Ithaca, N.Y.: Cornell University Press, 1969); and Liebenow, *Liberia: The Quest For Democracy* (Bloomington: Indiana University Press, 1987); Christopher Clapham, *Liberia and Sierra Leone: An Essay in Comparative Politics* (Cambridge: Cambridge University Press, 1976).

- [5] This refers to the group of freed slaves (and their descendants) that the American Colonization Society, assisted by the U.S. Navy, resettled on the shores of Liberia in the 1820s.
- [6] Charles Taylor had been Director-General of Liberia's General Services Agency shortly following the 1980 coup. After some two years, Taylor left Liberia for America and began criticizing the Doe government. The Liberian government subsequently accused him of embezzling \$900,000 and requested extradition. Taylor was imprisoned, awaiting extradition hearings, but managed to escape and travel back to West Africa, where he created the NPFL.
- [7] AFL personnel killed about 250 civilians seeking sanctuary in St. Peter's, wounding several hundred others (the bodies rotted on church pews for three months). The AFL pursued survivors to a vacant USAID compound, where it killed several hundred more.
- [8] Three Anglophone states (Nigeria, Gambia, and Ghana) and two Francophone states (Mali and Togo) comprised the SMC. The three Anglophone states would become heavily involved in ECOMOG, whereas the two Francophone states did not.
- [9] A. LeRoy Bennett, *International Organizations: Principles & Issues* (Englewood Cliffs, N.J.: Prentice Hall, 1991), esp. pp. 140-160; Margaret A. Vogt, "The Problems and Challenges of Peace-Making: From Peacekeeping to Peace Enforcement," in Margaret A. Vogt, ed., *The Liberian Crisis and ECOMOG: A Bold Attempt at Regional Peacekeeping* (Lagos, Nigeria: Gabumo Publishing Co., 1992); and A. Munro, "A New World Disorder? Crisis Management Post-Cold War," *RUSI Journal*, Vol. 140, No. 1 (1995).
- [10] "ECOWAS Standing Mediation Committee," Decision A/DEC, August 1, 1990, on the Ceasefire and Establishment of an ECOWAS Cease-fire Monitoring Group for Liberia, Banjul, Republic of the Gambia, August 7, 1990; cited in Mark Weller, ed., *Regional Peace-Keeping and International Enforcement: The Liberian Crisis*, Cambridge International Document Series, Vol. 6 (Cambridge: Cambridge University Press, 1994), p. 68.
- [11] Christiana Amanpour in "World's Untold Stories: Liberia's Women Peacekeepers", Cable News Network, Monday 22<sup>nd</sup> October 2007.
- [12] Human Rights Watch group interview, Monrovia, October 23, 2001.
- [13] Saheed Aderinto, "The Girls in Moral Danger": Child Prostitution and Sexuality in Colonial Lagos, Nigeria, 1930s to 19501, in *Journal of Humanities and Social Sciences*, Vol. 1, Issue 2, 2007.
- [14] All names of victims and witnesses have been changed in order to protect their identity.
- [15] Human Rights Watch interview, Monrovia, October 25, 2001.
- [16] Human Rights Watch interviews, Nimba County October 17, 2001 and Monrovia, October 23, 2001.
- [17] Human Rights Watch interview, Nimba County, October 19, 2001.
- [18] Human Rights Watch interview with Gertrude Mudekereza, Program Assistant, World Food Programme, Nimba County, October 17, 2001.
- [19] Human Rights Watch interview, Monrovia, October 25, 2001.
- [20] Human Rights Watch interview, Nimba County, October 19, 2001.
- [21] Human Rights Watch interview, Monrovia, October 25, 2001.
- [22] Human Rights Watch interview, Monrovia, October 25, 2001.
- [23] In October 2001, a local human rights group in Monrovia found that four women had been raped in Monrovia prison. Human Rights Watch and local human rights groups have also registered cases of rape by police.
- [24] Oyeniyi, Bukola Adeyemi 'Our Bodies...their Battleground: Interrogating Sexual Violence Against Women and Girls in DR Congo' Work-in-Progress.
- [25] All names have been changed for security reasons. Oral Interview in Abuja, July 2007.
- [26] Oral Interview in Abuja, July 2007
- [27] Oral Interview in Enugu, July 2007
- [28] Oral Interview in Enugu, July 2007
- [29] Oral interview in Ogun State, July 2007. Fortunately for Agnes, the officer she met during the war impregnated and married her after the war. She resides today in Sagamu, Ogun State.
- [30] Oral interview in Lagos, September 2007.
- [31] Statutory rape describes raping of minor or children below the age of consent.
- [32] Oral interview in Abuja, October 2007.
- [33] Oral interview in Abuja, October 2007.
- [34] Oral interview at Alamala Barrack, Ogun State, September 2007.
- [35] Oral interview at Alamala Barrack, Ogun State, September 2007.
- [36] Human Right Watch interview, September 2007.
- [37] Pauline, oral interview in Abuja, July 2001.
- [38] 35year old Margaret said this in an interview in Abeokuta in 2002. She died two weeks after the interview.
- [39] Ojoo area is situated at the main entrance to the Odogbo Military Cantonment.
- [40] The 'madams', as the owners of the brothels are called, revealed in oral interview, Ibadan, September 2007.
- [41] Skin-to-skin is another name for unprotected sex. Oral interview, Ibadan, September 2007.
- [42] Interview in Ibadan, September 2007.
- [43] Interview with Obinna, Lagos, September 2007.
- [44] Oral interview in Abeokuta, September 2007.
- [45] National Action Council on AIDS (NACA) is the official agency of government saddled with the responsibilities of public enlightenment and creating awareness about HIV/AIDS in Nigeria.
- [46] Oral interview in Abeokuta, September 2007.
- [47] Oral interview in Yaba, Lagos, September 2007.
- [48] Oral interview in Yaba, Lagos, September 2007.
- [49] The Comet was the first newspaper in Nigeria to publish detailed reports of cases of children been rejected in schools because of their fathers and mothers status as HIV positive. In most parts of Nigeria, discrimination against people living with HIV/AIDS is frowned out, in spite of the fact that most people avoided them like plague.
- [50] Oyinlola is not the real name. Interview in Lagos, September, 2007.
- [51] In 2001, Ranbaxy Nigeria, a subsidiary of Ranbaxy India, India's largest pharmaceutical company, signed an agreement with the Nigerian Government to supply ARVs manufactured at its plant in Lagos. In 2004 Archy Pharmaceuticals, a Nigerian owned pharmaceutical company, also set up a new plant manufacturing ARVs in Lagos. The impact of these two efforts are yet to be felt.

[\[52\]](#) Oral interview, Abati, Lagos, September 2007

[\[53\]](#) Oral interview, Abati, Lagos, September 2007.

[\[54\]](#) Oral interview in Lagos, September 2007.