

Theory of Practice: A Conceptual Framework for Livelihoods of Households with People Living With HIV/AIDS in Kaduna, Nigeria

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Abstract

The continuing in frequency of effective interventions to ease the impact of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) epidemic is disturbing given the stress and shock of the endemic on the livelihoods of households with People Living With HIV/AIDS (PLWHA). Ineffective HIV/AIDS interventions are products of limited conceptual frameworks and methodological tools to address the brunt of HIV/AIDS on the livelihoods of households with PLWHA in Kaduna, Nigeria. It is worth noting that there is no particular or unified theory of practice but, rather, there are interrelated long-established practice of applying and building on the previous scholarly work of the earlier and modern-day theorists by constituting a more inclusive framework to the study of the livelihoods of households with PLWHA. Therefore, this study suggest the theory of practice as a possible complementary conceptual base for livelihoods of households with PLWHA in Kaduna, Nigeria.

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INTRODUCTION

The impact of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) cannot be underscored since it was first recorded publicly in the year 1981 in USA. According to National HIV/AIDS Strategic Framework [NHASF], 2017-2021; The Joint United Nations Programme on HIV/AIDS [UNAIDS], 2017; World Health Organization [WHO], (2016) the population of PLWHA globally has levelled off at 37 million. Nigeria as the most heavily populated nation in Africa continent remains a burdened nation with about 3.6 million people living with the epidemic with

the most threatened groups comprising commercial sex workers together with their customers, intravenous drug addicts, homosexuals and mobile population groups like long-distance drivers along with uniformed services personnel. It is pertinent to state that going by inference Nigeria is the second foremost nation with the encumber of HIV disease in the globe with contributions of 9% of the people living with HIV presently, another 10% of new infections while having 14% of HIV related deaths in the world.

To this end, it is pertinent to observe that from the time when the first case of the pandemic was diagnosed in the year 1986 in Nigeria, the

prevalence rate has unobstructed increases from 1.8 million in 1992 to 3.6 million in 2017, which by implication HIV/AIDS is no more a health issue but a multifaceted disaster affecting every section of our daily endeavour. Thus, in the effort to respond to the epidemic, the government put in place a national response policy working document and adopted a multi-sectoral approach to the battle against HIV/AIDS which makes its formation involving far-reaching stakeholders across the public and private sectors as well as international development partners.

Empirical evidence has shown that when large expenditure goes in the direction of treatment and funeral, care giving tasks increases, as well as income, depreciates due to precipitate mortality and morbidity in the midst of the younger adult wage earners, households may be incapable to cope with the financial shock as well as stress (Fatusi, Bamidele, Sowande & Pearson, 2016; Levien, 2015). By implication, the social and economic impacts of HIV/AIDS in Nigeria are still a grave concern because People Living with HIV/AIDS (PLWHA) endemic along with their households are affected by the epidemic and may have to adjust their undertaking a bit from profits earning to care giving activities.

In the intervening time, preceding studies have shown that, to effectively adjust to living with the epidemic, PLWHA and their households require to have secured livelihoods in regard to both material resources such as food and capitals in order to take hold of a number of the additional basic needs (Selman et al, 2013). Similarly, literature has revealed that, in order to ameliorate the shock and stress of households with PLWHA, tackling HIV/AIDS epidemic and the associated socio-economic challenges can overturn the descending spiral of livelihood deprivation and boost the affected households towards higher earnings as well as contributing to the sustainable development of the affected communities (Frantz & Murenzi, 2014; UNAIDS, 2016; WHO, 2015).

Therefore, in order to accomplish this aim, there is the need to improve the perspective of the

interactions linking HIV/AIDS, institutions, households as well as livelihoods due to their being essential and by comprehending the situation you can clearly divulge the dynamics that can be threat to the sustainability of the household system as well as help to discover the most excellent intervention activities that are most likely to be effective to bring to an end or reverse downward spiral of livelihood deprivation. Similarly, it is highly imperative to state that the conditions that facilitate the adaptive coping situation of households with PLWHA such as the intensity of social acceptance and the lowly echelon of stigma and discrimination (Holmes, Akinrimisi, Morgan & Buck, 2012). Thus, this paper suggests the theory of practice as a possible complementary conceptual base for intervention design for livelihoods of households with PLWHA in Kaduna, Nigeria.

Households with PLWHA in Kaduna, Nigeria

The brunt of HIV/AIDS on the households with PLWHA cannot be undermined due to evidence that HIV/AIDS affects the households and has enlarged the number of orphans. It is obvious that households with PLWHA in Nigeria have experienced declining levels of income agricultural production and family assets with other impacts such as increasing numbers of widows, orphans, elderly and child-headed households (Hardee, Gay, Croce-Galis & Peltz, 2014; Olley, Ogunde, Oso & Ishola, 2016; Tsai & Weiser, 2014). Literature equally revealed that among Nigerian households when large expenditure goes towards treatment and funeral, care giving responsibilities increases and income is lost due to precipitate mortality and morbidity among the younger adult wage earners, households may be not capable to cope with the financial shock and stress (Fatusi, Bamidele, Sowande & Pearson, 2016; Sirotin, Hoover, Shi, Anasto & Weiser, 2014). Consequently, it is observed that households are subjected to numeral of social, economic, political and demographic difficulties and also indicated that in the latest years, the HIV/AIDS epidemic has add up to the difficulties of already underprivileged or weak households due to its wide-ranging social,

economic and health consequences as affirmed by Alam and Mahal (2014) that health shocks whether an event of death or disease such as HIV/AIDS can have significantly adverse economic outcomes for households with low and middle income.

The literature also emphasizes that HIV/AIDS have effects on the welfare of households in the course of illness and death of the family members, which in turn leads to the diversion of capitals from saving and investment. Dewing, Tomlison, Le Roux, Chopra and Tsai (2013) state that as soon as a household member is infected with HIV/AIDS, medical and other expenses increase like transport to access health services and perhaps reduced capacity to work leading a dual economic weigh down. Thus, the implication is obvious that household with HIV/AIDS victim often trying to keep up with medical expenses by selling their livestock and other resources as well as lands. In addition, Masquillier et.al (2016) puts forward that the household has the possibility to provide the needed HIV/AIDS competent environments where PLWHA can be maintained in a sustainable manner.

In addition, empirical evidence has shown that deprived households in Nigeria are repeatedly most horribly hit and added up to the long drawn out of consequences and imperceptible weigh down of HIV/AIDS with socio-economic shock on the households with PLWHA (Nmom, 2013). In addition, previous studies equally reveal that HIV/AIDS in Nigerian households is a predicament with unfathomable economic implications and substantial losses to households as well as the government in terms of earnings and direct medical care expenditure are seen, children are forced out of school and household expenses are reduced in general (Adeyemo & Oni, 2013; Muoghalu & Jegede, 2013). In addition, literature has also shown that HIV/AIDS strains households to use their investments; take a loan leading to debt crises while it is also indicated that households with PLWHA in Nigeria reduced their spending in order to look after the sick members

of the households (Nord, 2014; Okonronkwo et.al.2015; Samson-Akpan, Ojong, Ella & Edet, 2013). Hence, it is observed in Nigeria that it is a cultural practice to take care of any sick member or members of the households due to its communal nature. It is also observed that when industrious members of the household happen to be sick and are forced out of their occupations due their illness status, their earnings will reduce while children may be dropped out of school in order to help out in providing care for the sick or engage in work to generate additional source of earnings to the household. Women are also given the tasks of care giving in Nigerian households according to the socio-cultural practices. In addition, it is also noted that there are reductions in the incomes and diversion of the resources owing to HIV/AIDS epidemic status of members of households in Nigeria in order to cover medical expenses and mostly resulted to burden especially among the poor households. For this reason, it is pertinent for this research work to investigate the socio-economic shock and stress of the HIV/AIDS threat on the welfare of households with members living with HIV/AIDS epidemic and their survival practices as social and cultural units.

To this end, at the individual level, the endemic is growing and in circumstances where all forms of mitigation are missing, it can lead to thrashing of physical power and capability to carry out basic everyday tasks. Therefore, impeding the commitment of PLWHA in industrious activities, the contagion with HIV/AIDS can subsequently lead to thrashing of household earnings and livelihoods because when one loses a job or is not able to engage in income generating activities and leading to the increase in the livelihood dependency, poverty as well as loss of livelihood assets. When these resources are fatigued, relatives and community members are frequently required to come into help out and, for this reason, intensifying levels of dependency (McCracken & Phillips, 2012).

While at the household level, HIV/AIDS affects the households and leads to a rise in the figure of orphans. Households with PLWHA

epidemic have experienced declining levels of income agricultural production and family assets with other impacts such as increasing numbers of widows, orphans, elderly and child-headed households (Olley, Ogunde, Oso&Ishola, 2016). While previous studies have shown that when large expenditure goes in the direction of treatment and funeral, care giving tasks increase and earnings are lost due to precipitate mortality and morbidity among the younger adult wage earners, households may be unable to cope with the financial shock and stress (Fatusi, Bamidele, Sowande& Pearson, 2016). At the societal level, HIV/AIDS has an unfavourable brunt on the economic system, the workforce, the health care system, and all other sectors. It has a damaging impact on the education, political and the agricultural sectors while in some nations in Africa, HIV/AIDS-related epidemic has reported decimation the workforce leading to socio-economic decay (Pennap, Chaanda&Ezirike, 2011;Rawat, Faust, Maluccio&Kadiyala, 2014; Zhao et.al. 2011).

In this study, it is found that livelihoods of households with PLWHA in Kaduna, Nigeria have been impacted by small and extensive terms shock and stresses owing to economic and health declines, rising poverty, declining living conditions with HIV/AIDS endemic.itis important to investigate how some of the households with PLWHA are capable to adjust and recover from shock and stresses than others while their responses are expected to depend on assets or resources available to them as gaps noticed from previous literature. Nevertheless, despite the challenges facing households with PLWHA in Northern Nigeria, it is expected of them like other members of the society require means of enhancing their abilities and capabilities as well as strengthening their social networks in order to cope and survive from the shock and stress of their new status of the epidemic, thus, they need to actively engage in livelihood practices to survive in society.

Theory of Practice

It is worth noting that there is no sole or cohesive theory of practice as noted by Shove, Pantzar and Watson (2012) but rather there is a vibrant and collegial long-established tradition of applying and building on the hard work of the past and present-day theorists. For instance, Ritzer and Stepnisky (2014) points out that the common element in both Giddens' and Bourdieu's theory is focused on practice despite the fact that the term is not used precisely in the same manner, but, in both cases, the concept of practice is used to bridge the structure-agency gap. Thus, with respect to structure or process, the social structure brings into being in the routine nature of the practice. While it is pertinent to mention that all these theorists generally treated the concept of practices as the main component of inquiry and make the available theoretical framework to elucidate how and why specific practices surface, persist and disappear. Practice theory offers useful expressions and logical tools for comprehending the livelihoods of households with PLWHA.

Bourdieu (1984) argues that capital is a consumption pattern representing practices of the individuals and it contributes to different patterns of their livelihoods. Similarly, Bourdieu (1990) developed the theory of practice through understanding the ways individuals become socialized in a manner related to apprenticeship through institutions such as family, education among others. Thus, Bourdieu's theory of practice facilitates to bridge the link between human consciousness and action, individuals act on what they believe and consequently what individuals' conviction has material significance. While Giddens (1981) asserts that social structures are the medium of human activities as well as the outcomes of those activities while social structures not only restrict behaviour but also create possibilities for human behaviour. Similarly, Sewell (1992) asserts that Giddens sees the structure as dual, meaning that structure is both medium and outcomes of the practices which constitute social systems and structure produces action and action produces the structure.Clearly structures shape people's actions and people's actions, in turn, produce and reproduce structure.

Thus, by implication, it is noted that social structure is instituted in the routine nature of the practice.

To this end, the practice theorists such as Nicolini (2012), Reckwitz (2002), Schatzki (1996), Shove, Pantzar and Watson (2012) have put forward the background, arrangement and elements that condition and silhouette the dynamic nature of a practice like livelihoods of households with PLWHA engaging with HIV/AIDS interventions in the society. While Blue et.al. (2016) argue that these background, arrangements, and elements can be categorized into three components specifically, materialities, competencies, and meanings as well as drawing attention to the composition and link between these elements and other life practices. Thus, it is important to understand the potentiality of what it takes for individuals or households with PLWHA to connect, preserve and defect from a practice and this is pertinent to livelihoods of household with PLWHA in Kaduna, Nigeria, how households with PLWHA are able to construct, reconstruct, cope as well as change the social structures in the society for their survival.

In addition, Blue et.al. (2016) point out that materiality can be described as those things such as money, infrastructure, technologies and other objects that enable a practice to take place. This materiality can be found in the livelihood capitals as consumption patterns that are vital for the survival of the livelihoods of households with PLWHA. As noted by Bourdieu (1984), capital is a consumption pattern representing practices of the individuals and it contributes to different patterns of their livelihoods. Furthermore, competency according to Blue et.al. (2016) depicts the know-how and skills that individuals and organizations require to carry out a practice that can improve outcomes. By implication, this can be referred to as the households' livelihood practices that are imperative to the households with PLWHA livelihood practices for survival from the shock and stress of the epidemic. Blue et.al. (2016) affirm that meaning illustrates the values, norms and social representations that

configure the social significance of a practice. Thus, this can be found in the transforming structure and processes that can produce improved livelihood practices because the livelihood practices are what households with PLWHA require from transforming structure and processes in order to improve their livelihood practices. Hence, structures refer to the organizations that will come up with laws and enforce them and the same organizations provide what is needed to get capital from assets and make sure that other services that are essential to gain access to assets are provided, while the processes are the determinants of how people interact with structures. Structures have to come hand in hand with the right policies for the positive effect on the livelihoods of households with PLWHA in Northern Nigeria.

To this end, Blue et.al. (2016) and Schatzki (2010) point out that the consequence of practice dynamic regarding the link and interactions connecting practice such as individuals partake in a numerous interrelated social practices, a number of them coexist in accord whereas others may have to rely on and struggle or collaborate with practice. Thus, by implication, individuals or households with PLWHA in Kaduna take part in a number of interlink social practices and some of these practices can hamper or maintain the livelihood practices that are fundamental to their survival from the shock and stress of the epidemic for improved livelihoods survival.

The justification of practice theory to this study is to give the explanation on the divergence in practice between people and setting as well as examine how dynamically incorporated components shape the patterns and practices of livelihoods of households with PLWHA as well as to comprehend how they negotiate with the culture, policies among others. This study utilizes households as the units of analysis concerning the interaction and activities for livelihoods in improving their survival skills. In using practice theory, this study can understand the changes in the livelihood practices can affect the

households' capitals due to the assumption that the more assets any home has access to, the less they will be vulnerable to the impact of trends and shocks and through a formidable practice, their livelihoods will also be more secure.

While an increase in one capital leads to an increase in another. The more educated people become (human capital), the more likely they are to get a good job with good pay. The good pay means an increase in the financial capital. Increase in financial capital, on the other hand, means that the family will upgrade their home with better facilities (increase in physical capital). While natural capital is the natural resource of the stocks and environmental services and value for the source of livelihoods like farming, livestock among others and since agriculture is a major means of livelihoods in Northern Nigeria, therefore, the natural capital is a useful asset. Human capital is a combination of knowledge, habits, social behaviour and personality that contribute to economic benefits for an individual or community to achieve the practices that can improve their livelihood outcomes. In this study, social capital of the households with PLWHA in Northern Nigeria are having kin network and

group membership, for proper understanding the interaction, participation, and support of social capital mechanism to the management of PLWHA. Therefore, social capital is developed through networks and connectedness tries to improve the efficiency of economic relations

The institutional arrangement is important in the management of households with PLWHA. The transforming structures and processes, policies and the different types of institutions play an essential role when it comes to changing livelihoods. Scoones (1998) is of the opinion that institutions can be elucidated as the traditions legalized and regimented by the custom and regulations of the society encompassing a wide-range use. These institutions are formal or official like national constitutions, laws, and statutes and informal or unofficial like customary laws, values, taboos that brunt in actual conditions when individuals who have admittance to and are competent in utilizing resources to the advantage of people and households and the society entirely. The diagram, figure one below depicts the details of the main assumptions of the theory of practice and integration with livelihoods concept.

Figure 1: Main Assumptions of Theory of Practice and Integration with Livelihoods Concept



Source: Study Literature Synthesis, 2018

Nevertheless, it is worth noting that there is no sole or cohesive theory of practice as noted by Shove, Pantzar and Watson (2012) but rather there is a vibrant and collegial long-established tradition of applying and building on the hard work of the past and present-day theorists. Recent studies showed lack of precision in the conceptualization and measurement of livelihoods of households with PLWHA in Kaduna, Nigeria as an important barrier to HIV/AIDS care, support and management. It is worth noting that household level interventions are fundamental component of HIV/AIDS prevention and management activities, therefore, understanding new HIV/AIDS impacts on households livelihoods outcomes becomes critical.

Conclusion

This study used the households in the livelihoods of households with PLWHA in Kaduna, Nigeria due to the fact that households' mechanisms are basic components to compile the livelihood resources to support the livelihood practices of households with PLWHA. In this study, it is important to understand the potentiality of what it takes for households with PLWHA to

connect, preserve and defect from a practice and this is pertinent to livelihoods of household with PLWHA in Kaduna, Nigeria. In addition, it is pertinent to understand how households with PLWHA in Kaduna, Nigeria are able to construct, reconstruct, cope as well as change the social structures in the society for their survival. Thus, the structure of this study recognizes as the understanding process to have interaction between the human agency while agency according to this study is to know the capacity of the household as the human capacity and this study suggests the theory of practice as a possible complementary conceptual base for livelihoods of households with PLWHA in Kaduna, Nigeria.

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