

TRADO-CULTURAL PRACTICES, SITUATION, ANALYSIS AND EPIDEMIOLOGICAL FACTORS IN THE SPREAD OF HIV/AIDS IN NIGERIA

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Abstract

This paper attempted to look at the Trado-cultural practices in the spread of HIV/AIDS in Nigeria. Human Immunodeficiency Virus (HIV) is virus that gradually attack and weaken the body immune system, whose task is to fight off infections and illness. Eventually, the body loses its ability to fight off and defend itself and thereby become vulnerable to infections by bacteria, protozoa, fungi and a number of viruses that are collectively called opportunistic infections. This virus is the pathogen responsible for Acquired Immune Deficiency Syndrome, popularly known as AIDS. AIDS is a disease caused by HIV and it is the end stage of HIV infection. When serious and characteristics illness appear. It has been discovered that people get infected with HIV due to certain behavior that increase the risk of its infections, among such behaviours are traditional practices, which are customs, beliefs and stories handed down from one generation to the other, such as: female genital mutilation, incisions/tattoos, male sex behavioural dominance, polygamy, inherited wives, blood rituals. In conclusion, the traditional practices that put the health of the people in jeopardy are considered to be harmful and such practices are predominant among rural dwellers who are not well informed and it was therefore, recommended among others that the Government at all levels should partner with NGOs to step up awareness in order to further sensitize the people on the danger involved in harmful traditional practices.

Keywords: HIV/AIDS, Trado-cultural practices, female genital mutilation, incision/tattoos.

Introduction

The leading cause of death the world over before the twentieth century were the infectious diseases, death was the end result of exposure to the organisms that produced diseases such as measles, smallpox etc. But by the turn of the mid-century, improved public sanitation, widespread use of antibiotic drugs as treatment regimen and vaccination as means of prevention reduced the death drastically. However, in the recent times, a new respect for infectious diseases surfaced with the emergent of extremely virulent viruses, such as the most dreaded HIV/AIDS. Among the very many mishap the human race have been faced with, the HIV pandemic has stand out as the most threatening. Ogwu (2005) is of the opinion that HIV/AIDS is a challenge to which people all over the world including Nigerians have been struggling to respond, which is depopulating Africa faster than any calamity since the slave trade. HIV has been a source of fear, anxiety and confusion across the globe as a lot of misconception still surrounds its existence.

HIV is the acronym used for Human Immunodeficiency Virus, a virus that gradually attacks and weaken the body immune system, whose task is to fight off infections and illness. A virus is a tiny piece of biological material that attaches to the cells of another creature and uses them to help it reproduce itself. HIV attaches to one of the important types of cells that make up the human immune system (Helper T cells). When this happens, the cells make many copies of HIV and then die releasing those copies to attach to other cells. When enough of those cells are dead, the immune system is weakened and can no longer fight off diseases as well as it could before the attack, it is possible to live with this virus for 10-15 years without developing symptoms. Eventually, the body loses its ability to fight off and defend itself and thereby becomes vulnerable to infections by bacteria, protozoa, fungi and a number of viruses that a collectively called opportunistic infections (Hahn & Payne, 1997).

This virus is the pathogen responsible for Acquired Immune Deficiency Syndrome, popularly known as AIDS (Jenkins, 2002). HIV is described as human because it survives only in human beings (Babatunde, 2004). AIDS is a disease caused by HIV and it is the end stage of HIV infection, when serious and characteristic illness appears. It is a disease in which the body immune system breaks down and the resistance weakens and then makes the body defenseless against infections. The disease is also referred to as 'slim disease', because of the

way the body weights of those affected fall sharply. AIDS is rapidly becoming the most devastating infectious disease to have occurred in modern times (UNAIDS 2000). This assertion is based on the fact that though medication can slow the onset of symptoms and prevent infections, there is still no known cure for AIDS.

While several decades have passed since HIV was first identified, the pandemic's complexities persist in challenging communities and countries. The challenges associated with HIV and AIDS have proven to be especially difficult because they differ from culture to culture. The ways in which the pandemic is regarded as well as the ways in which responses are conceived and implemented are intimately linked to factors such as traditional practices and beliefs. According to the World Conference on Cultural Policies in Mexico (1982), and the UNESCO Universal Declaration on Cultural Diversity (2001) culture in its anthropological approach, is a set of distinctive spiritual, material, intellectual and emotional features of a society or social groups, which encompasses lifestyles, ways of living together, value systems, traditions and beliefs.

Brief Historical Background of HIV/AIDS in Nigeria

Before 1981, Human Immunodeficiency Virus (HIV) and Acquired immune Deficiency Symptom (AIDS) were unknown in the medical history. When it was first discovered in New York, United States of America (USA) way back in 1981, experts referred to it as a rare type of pneumonia with clusters. The first two cases of HIV and AIDS in Nigeria were identified in 1985 and were reported at an international AIDS conference in 1986 (Adeyi et. Al. 2006). In 1987, the Nigerian health sector established the National AIDS Advisory Committee, which was shortly followed by the establishment of the National Expert Advisory Committee on AIDS (NEACA).

Once the HIV enters the body, it begins to weaken the body immune system thereby making the body defense system less efficient. It does this slowly and steadily and it takes a long time for the manifestation of the signs and symptoms in the infected person. The presence of the virus in a person's body stimulates the immune system to produce HIV antibodies to destroy the virus. The discovery of HIV antibodies in a person's body is an indication that such a person is HIV positive (Seropositive). The test according to Ekwasi and Iwuh (2005) does not tell you have AIDS, it only tells if you have been infected by the virus (HIV). Akorede (2004) reported that being HIV positive is not the same as having AIDS because HIV is a virus – an endoparasite that lives in the cells of the host for years before resulting in full blown AIDS, which is the actual disease.

HIV is found in the body fluids such as blood, vaginal secretion, semen, sweat and breast milk of an infected person (Babatunde, 2004). He further explained that a large quantity of the virus is found in the blood, vaginal secretion and semen. The virus could be transmitted from one person to another through the following means: sexual intercourse, Artificial insemination and transmission through HIV infected blood or blood products which could be in form of blood transfusion, organ transplant and use of unsterilized skin-piercing instruments.

At first, the Nigerian Government was slow to respond to the increasing rates of HIV transmission (Kanki & Adeyi, 2006), and it was only in 1991 that the Federal Ministry of Health made their first attempt to assess Nigerian's AIDS situation. The results showed that around 1.8% of the population of Nigeria was infected with HIV. Subsequent surveillance reports revealed that during the 1990's, the HIV prevalence rose from 3.0% in 1993 to 4.5% in 1998 (Sofu, Ali-Akpajiak & Pyke, 2003).

When Olusegun Obasanjo became the president of Nigeria in 1999, HIV prevention, treatment and care became one of the government's primary concerns. The President's Committee on AIDS and the National Action Committee on AIDS (NACA) were created, and in 2001, the government set up a three-year HIV/AIDS Emergency Action Plan (HEAP). In the same year, Obasanjo hosted the Organisation of African Unity's first African Summit on HIV/AIDS, Tuberculosis and other Related Infectious Diseases (Adeyi et.al 2006). Despite these positive intentions for tackling the epidemic, in 2006, it was estimated that just 10% of HIV infected women and men were receiving antiretroviral therapy and only 7% of pregnant women were receiving treatment to reduce the risk of mother to child transmission of HIV (UNAIDS, 2008).

Factors Contributing to the Spread of HIV in Nigeria

Lack of Sexual health information and education

Sex is traditionally a very private subject in Nigeria and the discussion of sex with teenagers is often seen as inappropriate. Sex is held so sacred that it is rarely talked off. Until recently, there was little or no

sexual health education for young people and this has been a major barrier to reducing rates of HIV and other STDs. Lack of accurate information about sexual health has meant there are many misconceptions about sex and HIV, contributing to increasing transmission rates as well as stigma and discrimination towards people living with the virus.

Lack of HIV Testing

Another contributing factor to the spread of HIV in Nigeria is the distinct lack of voluntary and routine HIV Testing. According to WHO, UNAIDS & UNICEF (2008), just 3% of health facilities had HIV testing and counseling services and only 8.6% of women and men aged 15-49 had received an HIV test and found out the results. In 2006, president Obasanjo publicly received an HIV test and counseling on World AIDS Day in order to promote the services and information available to people in Nigeria. In view of this however, the statistics show that the Nigerian Government desperately need to scale up HIV testing rates in order to bring the epidemic under control.

Cultural Practices

UNAIDS (2008) in their epidemiological fact sheet on HIV and AIDS discovered that women are particularly affected by the epidemic in Nigeria. In 2007, women accounted for 58% of all adults aged 15 and above living with HIV. Traditionally, women in Nigeria marry young, although the average age at which they marry varies between states. The population council in 2007 conducted a study and revealed that 54% of girls from the North West were married by age 15, while 81% were married by age 18. This study also revealed that the younger married girls lacked knowledge on reproductive health, which included HIV/AIDS. There is every probability that their husbands will be significantly older than them, and therefore, they are likely to have more sexual partners, and the young girls tend to lack the power and education needed to insist upon using preventive measures during sexual intercourse.

Poor Health Care System

In recent times, Nigeria's healthcare system has deteriorated as a result of political instability, corruption and a mismanaged economy. Many parts of the country lack even basic healthcare provision, making it difficult to establish HIV testing and prevention services. Lack of sexual health clinics in most parts of the country makes it particularly difficult to keep the spread of the epidemic under control.

Harmful Trado-cultural Practices

It has been discovered variously that people get infected with HIV due to certain behaviours that increase the risk of its infection. Among such behaviours according to Arogundade (2004) are traditional practices. Rennie (1999) defined traditional as the handing down of customs, beliefs, stories and son on from generation to generation. Traditional practices could therefore be referred to as customs, beliefs, stories and other human activities which are done habitually and that are passed on from one generation to another. Traditional practices are governed by societal norms based on age, gender, religion, social class etc. These traditional practices could also be referred to as cultural practices.

Olumba, (2005) in his own findings asserted that all societies have norms of care and behaviour based on age, life stage, gender and social class and that these norms, often referred to as cultural practices, may be beneficial or harmful. We will therefore, look into some of these traditional practices that are favourable to HIV spread:

Female Genital Mutilation:

Circumcision is an age long practice in Africa. Both male and female children are circumcised but that of the female otherwise known as female genital mutilation according to Olumba (2005) is mostly being referred to as a harmful traditional practice because of the multifarious problems associated with it. WHO (1997) as reported by Akinwusi & Ogundele (2004) asserted that the practice of female genital mutilation involves the cutting off of part or whole of a girl's clitoris and some other parts of her sex organs whether for cultural or any other non-therapeutic reasons. This practice is done among rural women and in a crude manner, in the light of this, Ogunmola and Uzu, (2005)opined that this practice should be viewed as a dangerous aspect of our rich culture and as such should be checked as there is every likelihood of infecting babies and grown up ladies with dreaded diseases. The use of same instrument on many females without sterilization can cause the spread of HIV/AIDS.

Incisions/Tattoos

In some cultures, incisions are used for therapeutic purposes. Sharp objects such as blades are used to cut a diseased part of the skin open by making tiny marks upon the skin through which bad blood could be sucked and or local herb applied. Incisions are also made in some parts of the country to ward off evil spirits or made on people that are referred to as ogbanje's or abiku, in order to preserve their lives. In some parts of Yoruba land, tattoos are made on designated parts of the body such as the stomach by people from the royal families as a mark of identification. Many people now make tattoos on the upper part of the chest, at the arm, at the upper part of the back, at the waist, etc. because of fashion. Any form of unsterilized skin piercing instruments used for incisions or tattoos on more than one person could lead to the transmission of HIV from one person to another.

Male Sex Behavioural Dominance

Within the context of the African culture, the man is regarded as the head of the family and he takes control in all aspect of the family affairs including sexual relationship between him and the wife. Journalists against AIDS Nigeria (2000) discovered that men takes dominance over the woman as regards matters of sex, he takes vital decisions and such decisions in most cases are imposed on the woman. In the event of marital infidelity on the part of the man, suggestions by the woman on the use of protective sheath (condom) or other attempts made by her to curb the act are in most cases jettisoned by the man who invariably imposes his will on her. Many husbands do not allow their wives to go on family planning due to lack of trust, religious or cultural beliefs and such women lack the encouragement to ask their partners to use such protective measured, thereby, exposing such women to the risk of being infected by HIV husbands with multiple partners.

Male sex behavioural dominance transcends matrimonial boundary. In the event of a woman being at the mercy of a man, such a woman could be sexually exploited. Such act would enhance the spread of HIV if the man happens to have contracted the virus. In the findings of Moronkola (2003), he stated that women exposed to sexual exploitation fall within HIV/AIDS high risk groups of people.

Polygamy

Rennie (1999) described polygamy as the fact of having more than one wife at the same time. The Nigerian tradition favours a man to have more than one wife at a time. Polygamy encourages multiple sex partners which increases the risk of being infested with HIV, since the virus is mostly contracted through unprotected sexual intercourse.

Inherited Wives

The practice of wife inheritance is common in some Nigerian Communities and families. In this wise, if a man dies his next of kin is required by tradition to inherit the wife. In the opinion of Ogunmola and Uzu, (2005), this practice is a two edged sword, they further explained that the deceased man could have died of AIDS and invariably passed the virus on to the wife, likewise, the woman might be free of the virus but the man who is inheriting the woman might be an infested person.

Inability of Youth to Freely Discuss Sex

Lack of sex and family life education in our schools and taboos predispose youths to HIV infection, because there is inability of the youth to freely discuss sexual matters with parents and teachers. This could be attributed to traditional beliefs, because in the traditional African culture, sex was viewed as being sacred and meant to be discussed only among the elderly ones. Youths are forbidden to publicly mention the subject or discuss sex related matters, which is still in practice in some parts of Nigeria. This could increase the risk of HIV infection due to the fact that these youths would be deprived of necessary information as regards HIV spread which could have been gotten from the elderly ones. Health information according Moronkola (2002) can only improve the health status of the individuals and the acquired health information will empower them to bring about modification or change in behavior.

Blood Rituals

During the cause of oath taken in the traditional African Religion, most times, exchange of blood between both parties involved do occur, an individual could be required to pierce the thumb of the other person

in order to let out small quantity of blood which is sucked by the individual and the other person does likewise. This signifies a cord or tie which binds both of them to the oath. Exchange of blood or drinking of blood is also practiced by occultist during initiation rites. Such practices could enhance the spread of HIV from one person to another since the virus is contained in the body fluids such as blood. According to Moronkola (2003), in his study found out that the people involved in blood rituals are included among HIV/AIDS high risk group

Conclusion and Recommendations

Conclusively, some traditional practices a beneficial while others is harmful to the recipients. Traditional practices that put the health of the people in jeopardy are considered to be harmful and such practices are predominant among the rural dwellers that have little or no education and such health information do not get to them. These harmful traditional practices discussed increases the chances of HIV infection among the people thereby endangering their health. In view of the health implication associated with harmful traditional practices, most importantly, its favourability to HIV spread, the following recommendations were given:

1. Government at all levels in partnership with NGOs should step up the level of awareness in order to further sensitize the people on the dangers involved in harmful traditional practices.
2. The school should complement the effort of the government and the NGOs by health educating students about the health implications of harmful traditional practices. Sex education at school is an important aspect of HIV prevention
3. As Nigeria is such a large and diverse country, media campaigns to raise awareness of HIV are a practical way of reaching many people in different regions. Radio campaigns like the one created by the Society for Family Health are thought to have been successful in increasing knowledge and changing behavior.
4. Another high media campaign is the appearance on bill boards alongside reads throughout Nigeria with the slogan 'AIDS no dey show for face', which means you can't tell someone has AIDS by looking at them.
5. The elites as a service to humanity should endeavour to inform the less informed about the nature of HIV as well as factors that could enhance its spread.

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