

CULTURE PRACTICES AND PREVALENCE OF HIV/AIDS AMONG NIGERIAN WOMEN: A CASE STUDY OF LAFIA



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Abstract

One of the greatest problems in the world today is the HIV/ AIDS pandemic which has and is ravaging families and communities. Women and children constitute the largest percentage of the number of victims recorded. The objective of the research is set to expose the cultural practices that enhance the prevalence of HIV/ AIDS on Nigerian women. The survey method was employed using questionnaires as data gathering instrument to acquire relevant information related to the research topic. The sampling procedure used was the purposive random sampling, 200 female respondents were selected for the study. Research findings reveals that cultural practices like polygon and the culture of male dominance are indeed the leading cause of HIV/AIDS in Nigeria. Cultural practices such as polygon, levirate marriage, female genital mutilation, child marriage, amongst other practices have made women more susceptible to the HIV infection compared to men. The researchers therefore recommend that women should be empowered through education and also enlightened on their sexual reproductive rights.

Keywords: *HIV, Polygon, Women, Cultural practices, Prevalence*

Background to the Study

The Human Immuno-Deficiency Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS) is evidently now a reality in Nigerian as it has and is still ravaging families and communities. The dreaded infection which has received so much media attention is the most important health problem affecting most parts of sub-Saharan Africa and is deemed one of the most devastating diseases in Nigeria. AIDS is the depression of the immune system of humans which is caused by a special type of virus called retroviruses. The virus invades the body destroying the normal ability of the body to produce antibodies to overcome, thus rendering the immune system 'deficient'. The virus thrives within the host cell until it has completely replicated itself to damage the CD4 or T-helper cells which forms part of the body's defense mechanism. The virus and the infection are usually referred to as HIV, while the last stage of HIV infection is termed AIDS. AIDS is characterized by the development of serious diseases associated with the lungs, digestive and central nervous systems (Mitchell, Baildam, Bull, Clemond, and Marshall, 2003, p.20-22).

The mode of transmission of HIV is predominantly through blood contact (blood transfusion, sharp objects containing infected blood), infected mother to child transmission and especially, sexual intercourse. According to National agency for the control of Aids (NACA, 2011b, p.6), 80% of HIV transmission is through sexual intercourse. The patterns in which some of these transmissions occur, particularly in Africa can be linked to culture and the practices associated with it. Though many cultures in Nigeria are commended as being very relevant to the prevention and control of HIV/AIDS through the promotion of virginity and enhancing chastity in women before, and in marriage; it has also been deemed detrimental as it encourages the spread of the infection. Cultural practices such as polygon (which is the marriage of one man to more than one woman), levirate marriage/wife inheritance, female genital mutilation, child/early marriage and the culture of male dominance are highly detrimental to the prevention and control of HIV and has rendered women more vulnerable to the virus compared to men (United Nations System, 2001).

HIV statistics in Nigeria quickly become outdated as the disease is spreading at a very fast rate more than is expected. In 1999, Nigeria had a prevalence rate of 5.4% (UNICEF, 2001). In more recent times 2015, the prevalence rate has declined to 3.4%. HIV is a major cause of death and disease among women. 1.72 million (About 58%) of Nigerian women are infected and each year, about 55% of women and girls die of AIDS (NACA (2011a, p.1)). Despite increasing efforts made by the government to control the epidemic, statistical findings revealed that, of the 3.1 million Nigerians living with HIV, 215,130 die annually with men representing 96,740 of the cases and women 118,390 (NACA, 2011b, p8).

Statement of Problem

The Nigerian society has a number of cultural practices that are held in high esteem by the members of the society. Unfortunately, some of these practices like polygyny (multiple sexual partners), levirate marriage (wife inheritance), child/early marriage and the culture of male dominance are gender bias and detrimental to women's wellbeing as it enhances the spread of HIV. The patriarchal culture permits men and not women to have more than one sexual partner, does not permit a woman to deny her partner sexual relations and give no room for a women to fully decide on issues concerning their sexual rights even if they stands a risk of contracting diseases. These practices are deeply rooted in the patriarchal culture and pose a major threat to women's sexual rights as they expose women to HIV/AIDS and other sexually transmitted diseases.

Research Questions

The following question are raised to guide this study

1. What are the cultural practices that can expose Nigerian women to HIV?
2. Do Nigerian women have control over their sexual rights?
3. What effects do cultural practices have on Nigerian women?

Objectives of the Study

The study is guided by the following objectives.

1. To expose cultural practices predisposing women to HIV.
2. To determine the extent of women's control/influence over their sexual rights.
3. To examine the effects of cultural practices on Nigerian women

Hypotheses

Two hypotheses are stated to guide the study

1. Cultural practices will predispose Nigerian women to HIV.
2. Nigerian women have minimal control of sexual rights

Literature Review

In the context of this study, related literature are reviewed as shown below:

Factors Responsible for the Prevalence of HIV in Nigerian Women Polygon/Multiple Sexual Partners

Having more than one wife is a very well accepted norm in Nigeria, especially with the Muslims who constitute almost 50% of the population. Polygon is fully supported by Islamic and traditional religions. According to NACA (2011a, p.2), one third of married women in Nigeria are in polygamous unions. Men who subscribe to this practice believe that it would enhance their prestige and offer them the privilege of having as many children as desired. In traditional African societies,

polygynists were often looked at as being prosperous and powerful (Igbo, 2003, p.203).

In such Traditional societies, co-wives were usually housed in huts within the same compound. This is unlike the modern society where in some cases, co-wives live apart and in some instances, some may not even be aware of the existence of the other (UNICEF, 2001). When HIV invades a polygynous marriage, many people stand the chance of becoming infected. The spread of the infection is further enhanced as widows from polygynous marriages may eventually remarry into other monogamous or polygynous homes, thus infecting the new spouse and/or co-wives and most likely get re-infected. In large cities, quite a number of men live apart from their wives as a result of being employed in a different locality from where their nuclear family reside. Being apart from their wives for some time implies that men (or women) in such predicament will not be able to enjoy sexual relations as often as they desire and may eventually resort to having extra-marital affairs which may expose them to HIV or other sexually transmitted diseases. In cases of infidelity, the couples involved rarely or never use a condom and may not undergo HIV testing before intercourse (Garland, 2003, p.133-134).

In African societies, marital unfaithfulness in men is quite common and is rarely frowned at. An unfaithful man is never or hardly interrogated or sanctioned by the society (except if the incidence involves a married woman); This is unlike the case of an adulterous woman, who is condemned, ostracized and sanctioned in some cases;(Isiramen, 2003, para 8), particularly in rural areas. In Nigeria, men often have more than one sexual partner and it is common for men to engage in sexual relationship with younger women. This trend contributes to three time higher infection rate among young women 15-24 years compared to young men of the same age (NACA, 2011a, p.2). In many cases, the promiscuous behaviors of married men are the main risk factor for their wives.

The Culture of Male Dominance Versus Women's Reproductive Rights

Family units in Nigeria are largely patriarchal. This means that men are the primary authority figures and women subordinates. In such cultures, decisions are taken by men and women are often bred to be submissive to their husbands, even in cases where their rights are being challenged. For instance, women lack the power to control key issues regarding their reproductive health as they are not permitted to take decisions concerning the use of contraceptive and safe sex. A woman is expected to engage in sexual relations with her husband whenever he demands for sex. The decision for safe sex is strictly determined by the man and not the woman who can neither insist on the use of either a male or female condom nor suggest for a HIV test; even when it is obvious that the man is promiscuous. Women are often

forced to succumb to their husband's sexual demands against their wishes for fear of violence or dissolution of the marriage (Isiramen, 2003, para 16). It should also be noted that Women who fear or experience violence from men are less likely to negotiate for safe sex. Go for HIV testing, share their HIV status and access treatment. NACA (2011a, p.2)

Female Genital Mutilation (FGM)

Female genital mutilation is a procedure that involves the “partial or total removal of the external genitalia and or injury to the female genital organ whether for cultural or any other non-therapeutic reason” (UNICEF, 2001:196). The practice of female genital mutilation is known to be a common practice in more than forty countries around the world. This practice is not new to Nigeria as it has long been in practice especially in the southern part of the country. The essence of FGM is to reduce sexual desire in women which is believed to make girls less likely to violate sexual norms and thus be more desirable to men. In patriarchal societies (particularly in the past), men demanded and desired virgins as wives and expected sexual faithfulness after marriage. The most common type of FGM practiced in Nigeria is the clitoridectomy which is the surgical removal of the clitoris. It is usually performed by a midwife or tribal practitioner and typically without anesthesia. Another form of FGM is infibulations which is performed in one fifth of all cases of FGM. It is a more severe procedure that involves removal of the entire genital area and stitching together the surfaces leaving only a small hole for urination and menstruation. Before marriage, a husband is permitted to open the wound so he can gain access into the woman during sexual intercourse (Macionis, 2009, p.290).

FGM is dangerous and has devastating health implication. It exposes girls to lifelong risk that could be irreversible and also increase their susceptibility to HIV/AIDS. In some cases, non-sterilized or partially sterilized instruments are used to perform this procedure thus exposing girls to the risk of infected blood. Serious hemorrhaging can also occur immediately after mutilation or in the future during and or after childbirth which can make blood transfusion necessary (UNICEF, 2001). FGM is considered a rite of passage and is usually carried out on several girls who take turns to have the procedure performed.

Early/Child Marriage

A large percentage of adolescent girls particularly in the Northern part of the Nigeria are married off by their parents at a very early age on the assumption that risky sexual behaviours and unwanted pregnancies will be abridged. Even though child marriage is illegal in Nigeria, Traditions are so strong that they overshadow the laws against marriage. In many cases, the girls are married off to older men –

sometimes old enough to be their fathers. Their consent is not usually sought as they are often too young to comprehend the whole concept and implications of early marriage. The 1991 census revealed that 2% of Nigerian married women got married by the age of 10. By 12 years, 8% were already married. 40% were married by the age of 15 years and 64% by the age of 18. The median age of marriage for females was discovered to be 16.5 years (UNICEF, 2003). In more recent times, NACA (2011a, p.2) revealed that at least 40% of girls are married by the age of 15 and 23% of young women begin childbearing between the ages of 15 and 19 years.

Though the practice of early marriage has decreased globally, it is still a common practice in particularly rural areas and among the poor. Child marriage is a health issue as well as a human right violation. Early/child marriage exposes a girl-child to the detriments of limited educational attainment, intense pressure to become pregnant, increased risk of maternal and infant mortality, restricted social mobility and increased vulnerability to HIV and other STIs. Because many married adolescents are withdrawn from school at a very early age, they may be unaware of basic reproductive health issues including the risk of HIV (UNFPA, 2005, para 4-6). Furthermore, NACA (2011a, p.3) reveals that only 23% of Nigerian women have comprehensive knowledge of the mode of HIV transmission and prevention.

Levirate Marriage/Widow Inheritance

This is a form of marriage where the brother of a deceased man is obliged to marry his brother's widow. In this case, the man is expected to inherit the status, estate and responsibilities of his dead elder brother. This implies that, he has to take custody of the widow and children of the deceased. The basis of levirate marriage is that a legal marriage should not be terminated even by death (Igbo, 2003, p.203-204).

In many communities, levirate marriage is not compulsory but relatives who are interested in the widow or in the estate of the deceased tend to threaten the widow to succumb to their proposal or lose her husband's property. Some widows embrace this practice for fear of being thrown into a world of poverty which will have an adverse effect on her and the children. Levirate marriage enhances the spread of HIV because HIV testing is rarely or never carried out before intercourse.

Methodology

The survey method is the research design used for the study. The Questionnaire was the tool used in data collection. The questionnaire was sub-divided into two sections. The first section entailed questions regarding bio-data (characteristics of the respondents like age, sex, occupation, etc) while the second section consists of questions relevant to the topic of research. The questionnaire consisted of 20 close-ended questions. The Sample population was carefully selected from Lafia town

using the purposive sampling technique. A total number of 200 respondents, all women were used. The use of frequency and percentage was applied in data analysis. For testing the hypothesis, the chi-square (X^2) was used. The standard formula for chi-square is: $X^2 = \sum \frac{(O-E)^2}{E}$

Data Analysis

Hypothesis 1

To test the hypothesis, the null (HO) and the alternative (HI) hypothesis were set.

Ho: cultural practices will not predispose Nigerian women to HIV.

Hi: cultural practices will predispose Nigerian women to HIV.

The Table Below Shows the Cross Tabulation of Independent and Dependent Variables

Cultural Practices	Very High	High	Very Low	Low	Not at all	Total
Yes	76(71.44)	68 (63.92)	32 (33.84)	8 (11.28)	4 (7.52)	188
No	0 (4.56)	0 (4.08)	4 (2.16)	4 (0.72)	4 (0.48)	12
Total	76	68	36	12	08	200

Table value of $X^2 = 0.05 (3) = 7.815$: $df = 3$, $N=200$, H_0 is rejected. In the table above, the computed value of chi-square (53.7) is greater than the critical value of chi-square (7.815). Therefore, the alternative hypothesis H_1 which proposes that cultural practices will predispose women to HIV is accepted.

Hypothesis 2

To test the hypothesis, the null (HO) and the alternative (HI) hypothesis were set.

Ho: Nigerian women do not have minimal control of their sexual rights

Hi: Nigerian women have minimal control of sexual rights

The Table Below Shows the Cross Tabulation of Independent and Dependent Variables

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Table value of $X^2 = 0.05 (3) = 7.815$: $df = 3$, $N = 200$, H_0 is rejected. In the table above, the computed value of chi-square (55.9) is greater than the critical value of chi-square (7.815). Therefore, the alternative hypothesis H_1 which proposes that Nigerian women cannot control their sexual right is accepted.

Research Findings

1. Cultural practices exposes women to HIV/AIDS as shown by 94% of the respondents
2. Polygon and multiple sexual practices ranked high among the practices in the prevalence of HIV/AIDS
3. Women have little or no control over their sexual rights and are not aware of their partner's extramarital affairs.
4. The study also found out that women are at the receiving end of their partner's infidelity and unfaithfulness.
5. when asked which cultural practice they were personally exposed to; 20% of the respondents said polygon/multiple sexual partners, 10% pointed at early/child marriage, 12% said the culture of male dominance, 4% wife inheritance, 34% claimed they were affected by all the cultural factors mention and 20% said they were unaffected by any of the mentioned factors.
6. When asked if they could insist on their partners using a condom and if they could insist that their partners go for HIV testing on intermittent basis, 49% of the respondents said yes while 51% said no. For the 49% who said yes, they affirmed that they had to put in some persistence for their partners to comply. Compliance of the partners was often influence as a result of guilt of infidelity or deprivation of some sexual privileges.
7. 66% of the respondent said they did not know if their partners had other sexual partners outside their marriages or relationship. 20% were certain their partners had other sexual partners outside their marriages and 14% were certain that their partners had no sexual relationships outside theirs.

Conclusion

Culture is universal and inevitable to the existence of every society. From the origin of man, culture has been shared and passed down from generation to generation. Over the years, individuals, government, non-governmental organizations have researched, developed policies, sponsored bills, embarked on mass awareness campaigns, organized programmes, created agencies, all in an effort to enlighten and educate people on the menace of HIV/AIDS. But all these attempts have not proven completely successful in halting the spread of the virus.

After intensive research carried out by a number of experts, it is obvious that cultural factors are indeed leading causes of HIV/AIDS. Though some cultural

values are highly beneficial to the HIV prevention and control, some others are detrimental and further enhance the spread of the virus especially among women. Culturally accepted practices like polygon, female genital mutilation, early/child marriage and levirate marriage are highly cherished and valued by tradition even when they pose a threat to the health and rights of women. Eradicating some of these practices will be virtually impossible but endorsing the recommendations as listed below will go a long way in greatly minimizing the spread of the infection through cultural practices.

Recommendations

Having examined the prevalence of HIV/AIDS on women, the researchers recommend the following:

1. Educational empowerment of women should be enforced and encouraged as this will enable them access information and services regarding their reproductive health.
2. Legislation should be enacted against harmful cultural practices.
3. Economic empowerment of women is imperative in order to enhance their sexual rights.
4. Parents should be encouraged to educate the young children on repercussions of pre-marital sex.
5. There should be a continuous and persistent media campaign on HIV/AIDS awareness.
6. There should be intensive social marketing for increased availability and demand for the female condom.
7. The Federal/State governments should be encouraged to limit frequent transfer of civil servants to enhance single residency of nuclear families.

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