

Exploring the Cultural Context of HIV/AIDS Pandemic in a Nigerian Community: Implication for Culture Specific Prevention Programmes

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ABSTRACT The new face of Human Immune Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS) has earned it recognition as a social problem due to the associated devastating social and cultural consequences on the individual and the society at large. As such, the pandemic needs to be given adequate social and cultural explication and exploration for the purpose of designing effective prevention programmes. This becomes important, as there may be cultural variations that need be understood before an effective programme could be designed. What works for a particular society in terms of HIV/AIDS prevention programming may not work out in another due to the cultural and human differences. The need to know the extent of the interrelationship between cultural practices/ beliefs and HIV/AIDS for an effective programme design led to this rapid assessment in a culturally diverse state in Nigeria, which this paper presents. The assessment was carried out in Taraba state of Nigeria, adopting combined anthropological research techniques, namely key informant interview, written records and non-participant observations. The study among other things discovers the major HIV "hot spots" in the state and some behavioural risk factors sustaining the spread of HIV/AIDS. The observation shows that these risk factors and the major hot spots are interconnected with some specific cultural practices, which militate against effective and speedy prevention programmes in the state. The study therefore recommends a thorough understanding of people's cultural practices before HIV/AIDS prevention programme.

INTRODUCTION

HIV/AIDS is a life-threatening but preventable disease affecting millions of women and men in our society. It is a health and social catastrophe of genocidal proportion that has the capacity to roll back the gains of our democracy and to make our democratic rights meaningless. HIV/AIDS has emerged as one of the most serious diseases facing the developing world especially the countries of Africa with consequences that reach far beyond the health sector. Almost 2.5 million Africans died of AIDS in the year 2000 (UNAIDS, 2001) and has caused a cumulative total of about 20 million deaths since the start of the epidemic (Ajakaiye, 2002). UNAIDS reported an estimated 3.4 million new infections in 2001, and estimated that some 28 million Africans are currently living with HIV. Some 50 million people would have died on HIV/AIDS before the end of the present decade. Assuming that about five people within each immediate family are affected for every person who dies, some 250 million Africans will be closely affected by HI/AIDS within 10 years (Ajakaiye, 2002)

The spread of HIV/AIDS in the continent has prompted many governments of member countries in Africa, and other international organizations towards designing effective means of combating the scourge. Unfortunately, based on the empirical observations, HIV/AIDS problem has continued to increase by the day instead of decreasing in the number of cases. This is evident that perhaps the governments in Africa including that of Nigeria are not doing enough in combating the epidemic. It seems that there are some fundamental errors in the design and execution of various HIV/AIDS programmes, which from observation has not considered the culture context and the environmental contours of specific community before extending the programme to them. At this present time in Nigeria for instance, one of the major issues that bothers us is the high rate of HIV among the various and specific culture areas, which also need some culture tailored examination. The assumption then is that some aspects of culture of particular areas are more conducive for the spread of HIV/AIDS when compared to some others. The focus of the government and other non-governmental

agencies should then be on how to develop a culture specific focused HIV/AIDS preventive and control programme in Nigeria. Against this background of need, this paper articulates the environmental nexus of the sustenance of the spread of HIV/AIDS pandemic in a community in Nigeria, which may act as a precursor for any meaningful HIV/AIDS prevention programme.

Research Objectives

The main objective of this study is to investigate the environment and culture nexus of HIV/AIDS pandemic in the Taraba Communities of Nigeria.

Specific objectives include

- 1) Highlight the HIV/AIDS trend in Nigeria , with an emphasis on Taraba state,
- 2) Highlight the political environment¹ of the community
- 3) To examine the cultural environment and common practices of the people that exacerbate the spread of HIV/AIDS
- 4) To articulate way forward on the integration of culture specific variables in future HIV/AIDS programming

Location of Study

Taraba state is one of the thirty-six states that make up the federation of Nigeria. The state came into existence on August 27, 1991. It was carved out of the defunct Gongola state in the North Eastern axis of Nigeria, north of River Benue. Geographically, Taraba is bounded on the North East by Adamawa State and on the west and southwest by Plateau and Benue states. On the eastern border lies the Republic of Cameroon. With an estimated land area of about 60,000 square kilometers, the state has a population of about 2.37 million people(Nigeria 2006 Census).

Culturally, Taraba is not a homogenous state. The state has a number of ethnic groups among who are the *Fulani, Hausa, Tiv, Bashama, Jukun, etc.* Each of these ethnic nationalities has some distinctive practices that make it different from all other ones. However they have some similarities in their cultural practices, especially with regard to traditional marriage institution, which is predominantly polygamous in composition. Most *Tarabians*² of Hausa/Fulani stock subscribe to Islamic religion, while their counterparts from other ethnic groups are mainly

Christians, with a few who practice African traditional religion. Economically, the people of the state are predominantly agrarian farmers and petty traders; although those near the river banks areas of river Benue and other smaller water bodies and the Fulani herdsmen practice fishing and animal husbandry respectively.

RESEARCH METHODOLOGY

Out of the sixteen local government areas in the state, four were purposively chosen as the specific locations where this study was conducted. These local government areas are Jalingo, Lau, Zing, and Gassol. In each of these areas, some health institutions different busy spots were purposively selected and subsequently investigated.

This study utilised the triangulation³ method in the course of investigation, which comprised of initial dossier/documentary study, and key informant interviews conducted among government officials at the state and local government levels, leaders of non-governmental organisations, educational institutions, and key health care workers in major health facilities in the selected local government areas. The interviews were conducted with the aid of key informant interview guides designed for specific research population samples. In addition, the researchers utilised the observational methods to examine certain issues, especially those that were not clearly stated by the interviewees, but could be observed.

OVER VIEW AND TREND OF HIV/AIDS SITUATION IN AFRICA

Presently, the statistics on the prevalence of HIV/AIDS in the continent of Africa, especially in sub-Saharan Africa is still controversial. In some quarters, it is believed that the given statistics produced by western sponsored projects is “demonizing”, purposely to ridicule Africa, while for some other schools of thought the statistics reflects what obtains in reality. Yet, for others, it is still underestimated and uncertain. For Adomako Ampofo (1999), relative to North America and Europe, estimates of the incidence of AIDS in Africa are still uncertain, due to the methods of the research work undertaken to generate them. The World Health Organisation (WHO) routinely collects statistics on AIDS cases through voluntary reporting by national

authorities. WHO believes that the total number of cases reported in Africa is under reported and estimates the number based on public health surveillance data and the use of an AIDS – estimation model. For instance as at December 1992, WHO estimated a cumulative total of 2.5 million AIDS cases worldwide (compared to 612,000 reported) with a disproportionate 71 percent believed to have occurred in Africa (United Nations, 1994). Many African researchers and physicians, however, believed this to be an over statement and overestimation of African case (Latham, 1993). Certainly, as the scenario suggests, the AIDS situation in Africa calls for concerted action, however, for a continent where ‘diagnosed’ individuals have later been reported as having been ‘cured’, the data must therefore be read with some caution (Adomako Ampofo, 1999).

Whatever is the case and our chosen point of interpretation, the spread of HIV/AIDS is continually in increase, as it is the case in Nigeria, South Africa, Botswana, Lesotho, Swaziland, Kenya, among others. Even though the reading of the magnitude of increase may differ, recent picture and figures on HIV/AIDS epidemic in Africa still point to the fast growing rate of the epidemic. The epidemic is climbing higher than previously believed in the developing countries of the world including Africa. Data in the UNAIDS report on the Global HIV/AIDS epidemic (2001) indicates that theories that the epidemic might “level off” in heavily affected countries, due to a decline in the pool of people at risk, are being disproved as the epidemic continues to expand even in countries that already had extremely higher HIV prevalence, with prevalence rate in adults now exceeding 20 percent in five countries of Africa (Odumosu, 2002).

In 2006, almost two thirds (63%) of all persons infected with HIV are living in sub-Saharan Africa—24.7 million [21.8 million–27.7 million]. An estimated 2.8 million [2.4 million–3.2 million] adults and children became infected with HIV in 2006, more than in all other regions of the world combined. The 2.1 million [1.8 million–2.4 million] AIDS deaths in sub-Saharan Africa represent 72% of global AIDS deaths. Across this region, women bear a disproportionate part of the AIDS burden: not only are they more likely than men to be infected with HIV, but in most countries they are also more likely to be the ones caring for people infected with HIV (2006 AIDS EPIDEMIC UPDATE)

National adult HIV prevalence continues to be much lower in West Africa than in other parts of sub-Saharan Africa. National adult HIV prevalence surpasses 4% only in Côte d’Ivoire, and is 2% or lower in several other countries, especially those of the Sahel. As in most of East Africa, HIV infection trends are generally stable although declining prevalence has been noted among pregnant women in several cities, including Ouagadougou (Burkina Faso), Abidjan (Côte d’Ivoire) and Lomé (Togo) (WHO, 2005).

Trend of HIV/AIDS Situation in Nigeria

Nigeria, the most populous African nation which has a population of over 140 million people (Nigeria 2006 Census), has witnessed rise and fall in the figures with regard to the number of people living with HIV/AIDS in the country. It is obvious that the disease has maintained an inconsistent upsurge in the last two decades. The prevalence rate has continually been on the increase from 1.8 percent in 1992; 3.8 percent in 1994; 4.5 percent in 1996; 5.4 percent in 1999; 5.8 percent in 2001 (FMOH, 2001), with recent decline to 5.0 percent in 2003. Nationally, about 4.4% [4.2%–4.6%] of women attending antenatal clinics were found to be infected with HIV in 2005, but prevalence in pregnant women exceeded 5% in almost a dozen states, while the incidence has lowered to 4.0 percent in 2006. Even with this prevalence rate, only India and South Africa have more people infected with HIV than does Nigeria, where an estimated 2.9 million [1.7 million–4.2 million] people were living with the virus in 2005 (UNAIDS, 2006). Approximately 300 000 adults were newly infected with HIV in 2005. When the improved assumptions used to obtain current estimates of HIV prevalence among pregnant women are applied to previous rounds of sentinel surveillance, the overall trend in HIV infection levels among pregnant women in Nigeria appears to be stable. The epidemic shows considerable variation, with state-wide prevalence ranging from as high as 10% in Benue (in the North Central zone) and 8% in Akwa Ibom (South South zone) to under 2% in Ekiti, Oyo (both in the South West zone), and in Jigawa (North West zone). In some states, HIV prevalence among pregnant women is higher in rural than in urban areas, while in others the reverse is being found (Federal Ministry of Health Nigeria, 2006).

Within other sub-populations in the country, commercial sex workers constitute the most affected among other high-risk groups, with a prevalence of 36 percent. Estimated HIV prevalence in Nigeria by state and zone shows a variation in the trend between 1999 and 2006. However, the general picture of the scenario shows unstable movement in the trend. While there have been tremendous progress in scaling down the rate of HIV/AIDS in some worst hit states and zones, the less hit states and zones are becoming worse (interpreted from the table of estimated HIV prevalence in Nigeria by zones and states in 1999 and 2001, in Odumosu, 2002 and FMOH, 2001). From the above, it shows that the HIV/AIDS prevalence rate in Nigeria is getting better as years go by, indicating a need for an urgent attention irrespective of what the government has done in the past four years.

With particular reference to Taraba state, it has increasing population of HIV positive people. The latest Sero Sentinel surveillance shows that the state has 6.0% infection level, which is the average for the North East Zone of Nigeria, where Taraba state belongs (Fig. 1). However, the state has a location disadvantage with respect to HIV/AIDS. It is bounded by Benue and Plateau states in the north central zones, which has the highest rate of HIV prevalence among other zones in the country.

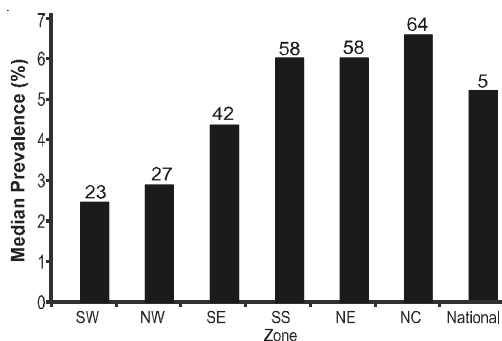


Fig. 1. Median HIV prevalence by Zone, HSS 2003

Political Environment/Political Will for HIV/AIDS Control in Taraba

The political environment essentially includes the political will and other government facilities and that enables the smooth operation of any project or initiative in a state or country. At the national level, Nigeria is responding to the threat

of the HIV/AIDS pandemic with a plan of action that, when followed through, will put Nigeria on a recovery path to social and economic development. In 1997, the Government of the Federal Republic of Nigeria, through the Federal Ministry of Health, adopted the National Policy on HIV/AIDS and STI. This was designed to limit the spread of HIV/AIDS in the country. However, this was at a time when the magnitude and wide spread nature and impact of the disease was not completely recognized. For this reason, some essential components that are now known to be necessary to control the spread and the impact of the epidemic were not adequately addressed. The resultant effect is that the HIV prevalence rate continued to rise; the number of AIDS-related deaths increased and its impact on the country worsened.

The country has developed a new approach to the epidemic, ensuring that all sectors of the economy relevant to the control of the epidemic are involved in the planning, implementation and evaluation of the country's response to the epidemic. Similarly, all sectors of the economy that are affected by the epidemic are to jointly develop plans and processes to mitigate its impact. This approach will include strategies to prevent further HIV/AIDS transmission, provide care and support for the people living with HIV/AIDS and mitigate the social and economic impact of HIV/AIDS on the country. Nigeria, in revisiting the HIV/AIDS policy, recognizes the importance of a multi-sectoral effort to control the epidemic and its effects; accepts that all Nigerians must together accept responsibility for prevention of HIV transmission and the care and support of those infected and affected by the virus. Our policy identifies the importance of upholding and protecting the rights of all Nigerians including people living with or affected by HIV/AIDS; addresses the vulnerability of certain social groups including women and children to the HIV/AIDS epidemic; and develops appropriate measures to ensure that all these relevant issues are addressed. It is expected that the successful implementation of this policy will bring about the control of the spread of HIV/AIDS in Nigeria. It is hoped this will mitigate its impact to the point where it is no longer of public health, social and economic concern, such that all Nigerians will be able to achieve socially and economically productive lives free of the disease and its effects. (Source: National Action Committee on AIDS)

In Taraba State, the political will with regard to HIV/AIDS prevention and care for PLWAS could be examined by exploring to understand what various government agencies are doing, and what other government agencies are doing, and what other government policies exist to combat the disease – both at the state and selected local government areas. The Department of Primary Health care and disease control in the state Ministry of Health is charged with HIV/AIDS issues. Presently, efforts at the state level on HIV/AIDS include carrying out awareness and public enlightenment programmes. The government through the Ministry of health provides reagents for HIV screening in eight general hospitals and four cottage hospitals in the state. As at the time of this study, we discovered that only one year budgetary allocation for HIV/AIDS existed since the inception of the state in 1991. Apart from the ministry of health, other government agencies are also involved in the prevention process.

The Ministry of Information is charged with supervision and control of all state government owned media agencies. In collaboration with international donor agencies, there is an ongoing communication programme on HIV/AIDS in the state electronic media channels. The Ministry also carries out advocacy meetings with traditional and religious leaders in the state. However, the situation on ground shows that the state government is not involved or do allocate any money for dissemination of information through the media channels. It only allows the state media outlets to carry out sponsored programme on HIV/AIDS through their state Television and radio stations.

From our interaction with other Ministries and government agencies, there is no specific programme on HIV/AIDS control that has been made part of their routine duty, but there are collaborative efforts. For instance, we found that in the Ministry of Education, there is a collaborative effort with Fellowship of Christian Students (FCS) in creating awareness in the schools. Primary and secondary school curricula include health education within which HIV/AIDS issues are taught. Other state Ministries and agencies, which have the potentials of contributing to the fight against the spread of HIV/AIDS, include Bureau of Local Government Affairs, Ministry of Women Affairs and Social Development among others.

Concluding on the relevance of political will in HIV/AIDS prevention, the Federal Government's central machinery for the control of HIV/AIDS, NACA is known in the state, but there was no awareness of the National Policy Guidelines on HIV/AIDS. The state government had not established its local governments level control agency, SACA; however, the state's AIDS committee has been in existence since 1992, with a coordinator at the state level and a desk officer at each local government area. The HIV/AIDS control programme is not yet established as a vertical programme in the state, rather it is integrated into the existing structures of government agencies.

Among all the local government areas visited, there were deliberate budgetary allocations for the control of HIV/AIDS only in Zinig Local Government area. In other LGAs, there were plans to include the control of HIV/AIDS in their government's budget. In Jalingo, there is no budgetary allocation for AIDS programme but there is a plan to allocate N2.5 million for the project for 2001 – 2003 in the rolling plan basically for the provision of IEC materials. Other local government leaders also have unspecified amount of money they planned to commit in the fight against HIV/AIDS in their respective local government areas.

In terms of structures of the political will, there are no existing structures of AIDS control committee, but there are AIDS action managers in the whole LGA where this study was conducted; except in Lau and Gassol. However, in Gassol, the Chairman and Director of Primary Health Care are coordinating activities on the control of HIV/AIDS in the local government area. Information across various local government areas indicated that they are not yet integrated in any HIV/AIDS control network, neither are they part of any HIV/AIDS Control activity at the state level.

Risk Environment and Culture Specific Practices Prone to HIV/AIDS in Taraba

Risk environment include risk settings and groups, and other things around the neighbourhood that exist as predisposing factor to HIV/AIDS. It also includes a calculation of population types and distribution that are most vulnerable to HIV/AIDS that are also referred to as risk groups.

From the statewide responses, all the informants agreed that the state has some “hot spots⁴” for HIV/AIDS and risk behaviours for the infection to grow very rapidly. Local government and specific areas identified include Zing, (Sabon Layi area), Gassol (Mutum Bui, Tella, Dan-Anicha area); Jalingo (Sabon Layi, Gidan – Dorowa and City Centre), Wukari and Saraduan (Gembu area). Summary of risk behaviours include permissive sex, lack of commitment to marriage institution by many, polygamy, unscreened blood transfusion and quack medical practice, especially in Gassol LGA. Risk settings include market places, truck stops, hospitals and schools. Diverse categories of risk groups identified are the CSWS, truck drivers, youths and traders.

Beyond the general picture and over view of the risk environment from the state wide notion, different local government areas studied reveal some peculiarities even though there are so many similarities discovered. In Jalingo Local Government area, there are some risk features discovered. In this area, there is a big market in the city centre (central market), which is a great risk setting for HIV/AIDS in that area. Specific geographic areas that can be regarded as “hot spots” include Sabon Layi, Gidan Mangoro, Jarka dafiri and Gidan Dorowa. The researchers found that early marriage, pre-marital and extra-marital sex, child labour, widowhood marriage and incision of tribal marks are still rampant in the area. These behaviours and cultural practices (ways of life) are highly interconnected with rapid spread of HIV/AIDS in many societies. Similar to the risk behaviours are the human carriers of the behaviour or risk groups who are perceived as the most potential vehicles of transmission of the disease, as well as most vulnerable groups. Groups found in Jalingo area that fit well into this description are commercial sex workers, truck and long distance drivers, and migrant traders who do spend as much as two – three weeks out of their homes and spouses.

Lau area, which is a relatively rural, compared with Jalingo presents a different picture of risk settings and environments. In this place, the key informants revealed that markets, particularly on market days present risk settings in Lau. Fish, which is in abundance in the market, presents special attraction to people from within and outside the state. Informants disclosed that there

are “free women⁵” in the locality, even though there was no specific brothel in the community. The area records a very high rate of immigrants, especially during the periods of religious restiveness in some parts of Northern States of Nigeria.

In Zing, a semi-rural area in Taraba State, important factors mentioned in the rapid spread of HIV/AIDS include the multiplicity of sexual partners, and the frequency of partner change. Specific factors that contribute to the multiplicity of partner change are various types of polygamy that are discovered to be very common practice in Zing. The sexual activity among adolescent and young adults is high, especially when most of them leave their parents’ homes to attend school in distant places elsewhere. The multiplicity of sex partners and high rate of promiscuity as revealed by the informants are functions of the harsh economic situation in Nigeria in general and Zing in particular. Some of the research key informants revealed that money plays a very strong role in the immoral behaviour of promiscuity and change of partners by women in Zing. This conclusion is drawn from a verbal statement of one of the key informants who responded

“If a man has money, he can just snatch any woman from her husband in this area.”

The height of sexual immoralities is perpetrated in some brothels that house commercial sex workers in the area. Another important spot is the Zing market, which holds every Wednesday, which attracts a lot of migrant traders who come to trade. This market is notorious as a meeting place and exchange ground for prospective sex partners. In the words of one of the key informants

“this market holds every Wednesday, when people from different parts of Nigeria and Cameroon meet to trade. The bad side of it is that a lot of sexual immoralities take place here. After each market day, the Police usually know the preceding days in the circle for disputes. For instance, after every market, some women will be missing, while some spouses elope with other people’s spouses.”

This scenario, as described by this informant, supports and sustains the high rate of sexual promiscuity, which is one of the known potent means of transmitting HIV/AIDS in most human society.

Gassol local government area has a high rate of population migration, which leads to constant mix of population characteristics and risks. There is a strong presence of commercial sex workers (CSW) in and around some locations such as *Mutum Biu, Tella* and *Dan-Anicha*. Observation showed that these areas have heavy truck stops, brothels and “*Cycle Markets*.” There are anchorage points for truck drivers who usually sleep overnight on their way from and to Cameroon and other parts of Nigeria who mainly patronize CSWs. The market areas are the major meeting points for sex trade. These markets last between one and four days in the respective towns and villages. The duration of these markets and their nature make migrant traders who are easily available in the area to continually search for places to stay for the designated period of time before going back to their respective base. Apart from the duration of each market, an important observation was the “*structural Cycle*” of the market days. In other words, all the markets in the area do not open at the same days; rather, they take turns after one another.

Implications of the Environment on HIV/AIDS Programming

In the whole social sciences, especially in the sociological and anthropological studies, there is a common assumption, which has to some extent proved to be true that the environment is a strong determinant factor in any thing that happens around it. In this regard, the idea of designing a sustainable preventive programme for HIV/AIDS may not succeed if the totality of the environment is not put into consideration. Having known the cultural background characteristics, practices and the general physical and commercial environment in which the Tarabians of Nigeria live, an effective HIV/AIDS control programme in that area should consider doing the following.

- ◆ Re-orientation of the people towards their specific cultural practices. This could be done through effective public enlightenment campaign in the area in order to highlight the dangers of their practices to them as they relate to the spread of the HIV virus. The framework that is applicable to this society may be totally different from what had been applied elsewhere, considering some cultural particularistic tendencies. Earlier, Anthro-

logists like Franz Boaz had advanced that each society should be looked at from the specific cultural peculiarities of such society in his celebrated maxim of “*historical particularism*”.

- ◆ Secondly, an effective prevention programme should be such that is designed to take into account of all the cultural traits in Taraba society, which is hinged on the popular anthropological method of holistic approach. This approach is opposite to the piece meal or the smorgasbord, where issues that are related to the whole culture are treated in isolation.

CONCLUSIONS

This study examined the cultural and risk environment that make Taraba state prone to the spread of HIV/AIDS. Summary of risk behaviours include permissive sex, lack of commitment to marriage institution by many, polygamy un-screened blood transfusion and quack medical practice, especially in Gassol LGA. Risk settings include market places, truck stops, hospitals and schools. Diverse categories of risk groups identified are the CSWS, truck drivers, youths and traders. From the foregoing it is important to note that any prevention programme design that puts all or some of these into consideration may achieve its considerable target. This study therefore suggests a comparative study between taraba state and any other selected state in the country in order to generate more accurate and nationwide data that may be more applicable and reliable.

NOTES

- 1 The Political environment includes the whole political structure and the relationships, which also include the entire elements of political will.
- 2 People of Taraba origin
- 3 Triangulation is a research process whereby more than one conventional or exceptional method of investigation is employed to conduct a research.
- 4 Hot spots are particular localities where life styles that are susceptible to HIV/AIDS are prominent (e.g. truck stops, border posts, cluster of brothels, motor parks etc)
- 5 Free women from the people’s perspective are those that are promiscuous
- 6 Cycle market is any particular market that is operated daily but at stipulated intervals, which may be weekly, every four days or eight days as the case may be.
- 7 Structural Cycle means taking turn within a specified number or group of markets in alternating form

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