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A Survey on the Perceived Socio-Cultural Risk Factors Influencing the Spread of HIV/AIDS in the Rural Communities of Benue State, Nigeria.

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Abstract

The aim of this study was to investigate the perceived socio-cultural risk factors influencing the spread of HIV/AIDS in the rural areas of Benue State, Nigeria. The general objective was to identify the social factors affecting the spread of HIV/AIDS in the rural areas. The study was hinged on AIDS Risk Reduction Model (ARRM). In furtherance of this, a survey research approach using cluster and purposive sampling techniques were employed between June and December 2015. Two hundred and twenty five (225) respondents were purposively sampled at random from rural communities to respond to a structured questionnaire which contains both open and close ended questions. The findings showed that 54% of the respondents were female and 46% males. On how they view HIV/AIDS, findings showed that 76.4% viewed it as been fearful and dangerous disease. A significant 89% claimed they were not aware of their HIV status. On how it can be transmitted, 98.6% were of the view that, it is through sexual intercourse. The traditional practices influencing the spread of HIV/AIDS in the study area include; polygamy/widow inheritance, scarification /tattooing, circumcision / female genital mutilation and dry sex /vaginal douching. Majority of the respondents (80%) believed that, alcohol and drug usage were the major social factors influencing the spread. Among the respondents, 43% and 53% were of the view that violence against women and poverty amongst women respectively were the cause of the high HIV/AIDS prevalence amongst women. A significant 95% of respondents agreed that stigmatization of HIV patients was the main reason why HIV-infected individuals do not freely or openly discuss their status. Most respondents (89%) perceived the impact of HIV/AIDS as increasing individual and family expenses. On prevention of HIV transmission, 44.8% advocated for protected sex/uses of condom. The study recommends that the rural populace should be enlightened on the

different means of HIV transmission and how to avoid contracting the disease. There should be access to HIV testing facilities and the rural women should also be economically empowered to avoid exposure as a result of poverty.

Keywords: HIV/AIDS, Socio-Cultural Factors, Spread, Rural Communities.

Introduction

One of the greatest health problems in the World today is the HIV/AIDS pandemic. The disease affects every continent of the globe with the largest concentration of patients in the sub-Saharan Africa and predominantly in the rural areas. AIDS is a disease that has left the medical community overwhelmed due to its epidemic nature. HIV/AIDS facts reveal that millions of deaths were recorded across the globe in the last 30years due to this syndrome (Kemboi, 2011). It is indeed a global epidemic that has been taken up as a challenge by world community. It is so disturbing that by 2011 Benue State raked first with the highest rate of HIV infection in Nigeria and predominantly in the rural areas. Recent studies reveals that 3.4 million Nigerians are now living with HIV/AIDS compared to the 3.6 million in 2007. A significant 58% of these are women. Out of the 388,864 estimated newly infected cases in 2011, 217,148 people died from AIDS related causes with a significant 62% of cases from rural areas (NACA, 2003).

Certain socio-cultural and religious practices such as polygamy and given a daughter away in marriage without considering the social life of the man are likely contributory factors to the high prevalence of HIV/AIDS in rural populace in most parts of the world (Dada-Adegbola, 2004). Polygamy,

circumcision, poverty, famine, low status of women in society, corruption, naïve risk taking perception, resistance to sexual behavioral change, high prevalence of sexually transmitted infections, internal conflicts and refugee status, antiquated beliefs, lack of recreational facilities, ignorance of individual's HIV status, child and adult prostitution, uncertainty of safety of blood intended for transfusion, widow inheritance, circumcision, illiteracy and female genital cutting are some of the socio-cultural practices influencing the spread of HIV/AIDS in sub-Saharan Africa (Nyindo, 2005). Network of concurrent sexual partnership may be the primary cause of both the early (epidemic) and late (endemic) phase of HIV-1 transmission (Hudson, 1996). Alcohol usage, video shows of pornographic contents, cultic practices and blood swearing covenants, culturally practices such as rite of passage, contraceptive, strings and early marriages were found to be making rural adolescents more susceptible to HIV (Abdulai *et al.*, 2011).

Some socio-cultural practices in some communities are incriminated as influencing the spread of HIV/AIDS. In Nigeria, the HIV/AIDS is devastating. Being the most populous country in Africa, Nigeria accounts for about 8 percent of the global burden of HIV/AIDS (Abdullahi, 2006). Since the first case of AIDS was reported in Nigeria in 1986, it has spread to become a generalized epidemic affecting populations and sparing no geographical area in the country. Nigeria has the third largest number of people living with HIV after South Africa and India and predominantly in the rural populace (NACA, 2010).

The rural areas appear to be most affected than the urban areas. Among the more risky groups are women and divorced men. Data in Nigeria also show that less educated women are at higher risk than their counterparts. Such disparities denote that there are cultural, economic, behavioral, social factors that are associated with HIV/AIDS spread (Federal Ministry of Health (FMH), 2012).

A better knowledge of the risk factors is important. Hence addressing the determining factors of the epidemic is the best strategy for preventing its spread. Records have shown that social cultural factors are the primary agents for the spread of HIV amongst the rural populace. This study was therefore designed to examine the perception of the rural populace of Benue State on the socio-cultural risk factors associated with the spread, impact and mitigation of HIV/AIDS. A better knowledge of these socio-cultural risk factors among the rural

communities is important. Hence addressing the determining factors of the epidemic is currently the best strategy for fighting against HIV spread, with a view to preventing it spread.

Methodology

Study area

Benue State lies within the lower river Benue trough in the middle belt region of Nigeria. Its geographical co-ordinates are located between longitude 7.47⁰ and 10⁰ East, Latitude 6.25⁰ and 8.8⁰ North of the equator. It shares boundaries with five other states namely: Nassarawa to the North, Taraba to the East, Cross River to the South, Enugu to the South-West and Kogi to the West. The State also shares a common boundary with the Republic of Cameroon on the South-East. Benue has a population of 4,780,389 (2006 census) and occupies a land mass of 32,518 square kilometers.

Questionnaire Administration

Two hundred and twenty five consenting (verbal) respondents who were systematically selected were enrolled for the purpose of this study. Two Local Government Areas were selected each from the three Senatorial District and two council wards were selected each from six Local Government Areas. Structured questionnaires were purposefully administered to nineteen concerted respondents in each of the twelve council wards selected. The questions sought information on demographic variables, knowledge, attitude and perception on HIV/AIDS, the socio-cultural factors influencing the spread of HIV/AIDS, perceived impact and mitigation of HIV/AIDS.

Data Analysis

Data gathered from the respondents were tabulated and analyzed statistically using descriptive statistics such as frequencies and percentages. SPSS (Statistical Package for Social Sciences) data package Version 16.0 was used to aid in data analysis. P Value <0.05 was considered significant.

Results

The demographic information of the respondents is presented in table 1. Female were more than males, and 23.6% of respondents were within the age group 40-49 years. Majority of the respondents were married people (49.7%), secondary school leavers (50.2%), farmers (34.2%) and Christians (90.2%). Table 2 shows the knowledge, attitudes and perception of the respondents on HIV/AIDS. A significant 76.4% of the respondents view HIV/AIDS as fearful and dangerous, 89% of the

respondents claimed they were not aware of their HIV status, 98.6% believe that HIV/AIDS is only transmitted sexually, 56% of respondents call the disease Ana'kande (slimming) while 8.4% call it Bo uange (Bad disease). Only 50.2% believe that one can know his or her HIV status through blood test while 18.6% believed that, physical appearance alone is enough to detect HIV/AIDS.

Table 3 reveals that polygamy/widow inheritances (34%) were the major traditional practices that influence the spread of HIV/AIDS amongst others. Other respondents (80%) perceived that alcoholism and drug usage was a major social factor that contributes to the spread of HIV in the study area. Violence against women, low status of women and socio-economic vulnerability of women were itemized by the respondents as gender- based factors

that influence HIV spread. On the socio-economic status and the spread of HIV/AIDS, 53% of the respondents viewed poverty and deprivation as an agent of the spread. All the respondents believed that religion has contributed for the spread of the deadly disease through various means such as, preaching of abstinence and discouraging the use of condoms. A significant 95.1% of the respondents agreed that, HIV/AIDS victims are generally reluctant to discuss their HIV status freely or openly because of stigmatization. Table 4 shows the perceived impact and mitigation of HIV infection. A significant 89% of the respondents were of the view that, HIV increases individual and family expenses. On prevention of HIV transmission, only 14.8% of the respondents believe that avoiding unprotected sex/use of condoms can prevent HIV infection.

Table 1: Demographic Variables of Respondents.

Name	Respondents Frequency (%)	
Gender		
Male	103	(46.0)
Female	122	(54.2)
Age Group (Years)		
<20	20	(8.8)
20-29	36	(16)
30-39	72	(32)
40-49	53	(23.6)
> 50	44	(20.0)
Marital Status		
Married	112	(49.7)
Single	96	(42.6)
Others	17	(7.6)
Educational Attainment		
Primary School and below	33	(14.6)
Secondary School	113	(50.2)
Tertiary Education	79	(35.1)
Occupational Group		
Farming	125	(55.6)
Public service	19	(8.4)
Students	42	(18.6)
Unemployed	18	(8)
Traders	21	(9.3)
Religion		
Christianity	203	(90.2)
Islam	8	(3.6)
Others	14	(6.2)

Table 2: Knowledge, Attitude and Perception of Rural Populace on HIV/AIDS.

Question	Frequency (%)	
How do you view HIV/AIDS?		
Death Sentence	42	(18.6)
Fear & perceived danger	172	(76.4)
As normal	11	(4.8)
Do you know your HIV status?		
Yes	25	(11)
No	200	(89)
How is HIV Transmitted		
Sexual intercourse	222	(98.6)
Mother to child transmission	3	(1.3)
Unscreened blood transfusion	0	(0)
Contaminated needle	0	(0)
How do you refer to the disease HIV?		
Ana' kande (slimming)	126	(56.0)
Edwuru-inyewe (new disease)	80	(35.6)
Bou anger (bad disease)	19	(8.4)
How do you ascertain your HIV status?		
Physical appearance	42	(18.6)
Speaking to a Doctor	70	(31.1)
Running a blood test	113	(50.2)

Table 3: The Perceived Socio-Cultural factors affecting the Spread of HIV/AIDS amongst the Rural people of Benue State.

Question	Frequency (%)	
What do you think are the traditional practices that influence the spread of HIV?		
Polygamy/Widow inheritance	77	(34)
Scarification/Tattooing	51	(23)
Circumcision/Female Genital Mutilation (FGM)	36	(16)
Practices of traditional healers	23	(10)
Backyard/Home delivery	20	(9)
Dry Sex/Vaginal douching	18	(8)
What do you think are the social factors that influence the spread of HIV?		
Alcohol and drug usage	180	(80)
Video show of pornographic contents	5	(2)
Blood swearing covenants	40	(17.7)
What are the genders based factors that influence the spread of HIV?		
Violence against women	97	(43)
Low status of women	67	(30)
Socio-economic vulnerability of women	61	(27)
What socio-economic status influences the spread of HIV?		
Poverty and deprivation	120	(53)
Commercial sex work	88	(39)
Migration/unemployment	17	(8)
What roles does religion play that influence the spread of HIV?		
Discouraging the use of condoms	14	(6)
HIV cure claims	8	(4)
Preaching for abstinence	117	(52)
Preaching against polygamy	86	(38)
HIV victims do not openly or freely discuss their HIV status		
Agree	214	(95.1)
Disagree	11	(4.8)

Table 4: The Perceived Impact and Mitigation of HIV/AIDS.

Question	Frequency (%)	
What are the effects of HIV/AIDS?		
Increases individual and family expenses	200	(89)
Poor farm harvest	17	(7)
Reduces school enrolment	8	(4)
What do you do to avoid HIV infection?		
Avoid unprotected sex/use of condoms	101	(44.8)
Medical check-ups	74	(32.8)
Trusting in God	33	(14.6)
Avoiding physical contact	17	(7.6)

Discussion

Findings from this present survey indicated that majority of the respondents view HIV/AIDS as a fearful, dangerous, and devastating illness. This view is the mirror of how the whole World feels about the deadly scourge. Few respondents felt that HIV was a death penalty decree by God to punish adultery and fornication. Unfortunately, a significant number of the respondents did not know their HIV status. This ugly situation is consistent with findings of Nyindo [4] who reported ignorance of individual’s HIV status as a complimentary factor contributing to the rapid spread of HIV -1 in sub-Saharan Africa. Fortunately, a significant number of respondents were aware that HIV/AIDS can be transmitted through sexual intercourse but unfortunately none of the respondents was aware that HIV/AIDS can be transmitted through unscreened blood transfusion and exposure to contaminated needle. Different communities had different local names for the dreaded disease. Some communities refer to the disease as Ana’kande (slimming), Edwuru-Inyewe (New disease) and Bo uange (Bad disease) and do not call it HIV.

Several studies have been conducted on the traditional practices that influence the spread of HIV in Sub-Saharan Africa countries (Hudson, 1996; Dada-Adegbola, 2004; Nyindo, 2005). In this study however, it was found that polygamy/widow inheritance, scarification/tattooing, circumcision/female genital mutilation, practices of traditional healers, backyard/home delivery and dry sex/vaginal douching were the traditional practices influencing the spread of HIV/AIDS in rural communities of Benue State. Further studies showed that drinking of alcohol and alcoholism and drug usage were the major social factors influencing the spread of HIV/AIDS in the study area. These findings are consistent with previous report (Abdulai *et al.*, 2011).

Other social factors identified in the study area were blood swearing covenants and watching of video containing pornographic contents. Violence against women, low status of women and socio-economic vulnerability of women were the observed gender-based factors identified in the study as influencing the spread of HIV/AIDS. These findings is consistent with previous report (Nyindo, 2005). The study also observed that poverty, commercial sex work, migration and unemployment as some of the major socio-economic status influencing the spread of HIV in the rural communities of Benue State. These socio-economic factors have been reported in previous studies as socio-cultural factors that play a significant role in the spread of HIV/AIDS in Africa (Dada-Adegbola, 2004; Nindo, 2005).

Discouraging the use of condoms, HIV cure claims, preaching of abstinence and preaching against polygamy were identified as the religious factors influencing the spread of HIV in the study area. People with high libido who cannot be satisfied by one woman and cannot abstain from sex will have to go outside their marital homes for sexual satisfaction. According to this group of people, they are under religious laws to keep only one wife and abstain from sex which they cannot. Some religious leaders claim they cure HIV. Even when these patients are said to have be cured by these religious leaders, they are not referred to testing facilities to authenticate these claims. These supposedly cured patients may stop their HIV medications and can potentially continue to spread the disease within the community, develop drug resistant strains and can potentially die from opportunistic infection when the diseases progresses to full blown AIDS.

In this study however, it was found that, majority of HIV victims do not freely or openly discuss their HIV status for fear of being stigmatized. These patients may refuse to enroll in HIV treatment programme and thus run the risk of spreading the disease in the community.

Fortunately, majority of the respondents were aware that, increases in individual and family expenses were the major impact of HIV/AIDS. They also believe that HIV could bring about poor farm harvest and reduce school enrolment. Some of the respondents were aware that, avoiding unprotected sex and use of condoms could help reduce the spread of HIV.

Conclusion

It was generally observed that, the rural people of Benue State have some fair knowledge about HIV. It is however disturbing to note that majority of the respondents did not know their HIV status. The rural people of Benue State were only aware that HIV can be transmitted sexually but did not know of any other means of transmission of the virus. Drinking of alcohol and alcoholism and drug usage was identified as the major social factors influencing the spread of HIV in the rural communities of Benue State. Several socio-cultural forces and risk perceptions such as traditional practices, socio-economic factors, and low status of women, stigma and discrimination, poverty among others play a key role in the spread of HIV in the study area.

Recommendations

Continuous health education to the rural communities on the importance of knowing their HIV status, the different other means of HIV transmission, the social effect of alcoholism and drug usage, reductions in the sexual networks and economic empowerment of women will provide hope for the rural people of Benue State and sub Saharan Africa at large.

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