

RELATIONSHIP BETWEEN CULTURAL PRACTICES AND HIV/AIDS TRANSMISSION IN RIVERS STATE, NIGERIA

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ABSTRACT

The focus of the study is to investigate the relationship between cultural practices and HIV/AIDS transmission in Rivers State, Nigeria. Three hypotheses are generated to guide the study. Survey design is adopted for the study. The population covers all indigenes of Rivers State. A sample of 600 respondents is randomly selected for the study. The selection is done through the use of simple random sampling and purposive sampling techniques. Questionnaire is the instrument used for data collection. The instrument is face-validated by professionals in the Department of Sociology, Faculty of Social Sciences, University of Port Harcourt, Port Harcourt. Furthermore, the reliability value of 0.72 Correlation Co-efficient is established for the study. Biographic data of the respondents are analysed using percentage and frequency tables while the hypotheses for the study are tested at .05 level of significance using Pearson Product Moment Correlation. The results of the analysis reveal that female genital mutilation and tattoo practices did not relate to HIV/AIDS transmission significantly while extramarital sexual practice relates to it. Based on the findings, the study recommends, among others that the State and Local Governments should make laws that will help discourage harmful cultural practices that lead to HIV/AIDS contraction and transmission; and as well they should use the media to provide adequate information about the dangers of cultural practices (female genital mutilation, tattooing and extramarital sex) on HIV/AIDS contraction and transmission among cultural specific people in Rivers State.

Keywords: Cultural Practices, HIV/AIDS, Transmission, Rivers State, Nigeria.

INTRODUCTION

No two cultural practices could be said to be perfectly the same. Some may share similarities while others may not be identical. Besides, some cultural practices may also be good and others harmful. In the Western part of Nigeria, it is common practice to use cow-dung to clear the umbilical cord (Onyeabochukwu, 2007). Also, in the West and North of Nigeria, tribal marks *in situ* are used to identify individual tribal origin. These cultural practices may affect the health of people who practiced them. In consonance with this stance, Ojua, Ishor and

Ndum (2013) explain that the cultural practices of a people do not only affect their health but also affect all aspects of life including social relationships, contribution to societal functioning and disease condition. In consideration of the aforementioned views and attendant staggered increase in HIV/AIDS in Nigeria, and indeed in Rivers State, it became expedient for the researcher to carry out this study. In doing so, the study reviewed certain related literature on female genital mutilation, tattooing and extramarital sexual practices and HIV/AIDS transmission, the world over.

Relationship between female genital mutilation practice and HIV/AIDS transmission

Female circumcision is a euphemism for female genital mutilation (Hrdy, 2014). Beyond this, Hrdy (2014:2) posits:

Three types of female circumcision occur in Africa. The most extreme, termed infibulations or pharaonic circumcision, involves partial closure of the vaginal orifice after excision of varying amount of tissue from the vulva. In its extreme form, all of the mons veneris, labia majora and minora, and clitoris are removed and the involved areas closed by means of sutures or thorns. After the operation the thighs are strapped together for 4-8 weeks, with complete occlusion of the insertion of a matchstick or other wooden object. A more moderate form of female circumcision is excision, which involves removal of the clitoris and part of the labia minora. The mildest form, sunna circumcision is circumferential excision of the clitoral prepuce.

Again, another practice that involves female genital mutilation is making “gishiri cuts”, which are incisions on the vaginal wall which presumably serve the same purpose as female circumcision (Hosken, 1983). Indeed, most of these cuts are done with tools or instruments that are not sterilized, more so, when those involved in this cultural practice are not informed about HIV and its transmission. In line with these facts, these instruments are used repeatedly on numerous girls, thus increasing the risk of blood –transmitted diseases, including HIV/AIDS (United Nations (UN), 1995). Thus, in a society where information and education on the use of sterilized tools or instruments seem inadequate, the resultant effect is usually increase in transmission of diseases such as tetanus, HIV and ebola virus. This is so because female circumcision has been postulated to increase the likelihood of AIDS transmission via increased exposure to blood in the vaginal canal (Mannes, 1985). In this regard, the presumed explanation is that the small introitus, the presence of scar tissue (which may cause tissue friability), and the abnormal anatomy of a mutilated vagina would predispose to numerous small (or large) tears in the mucosa during intercourse (Hrdy, 2014).

Relationship between tattoo practice and HIV/AIDS transmission

Among those who have heard about HIV/AIDS, most (62.7% of the men and 37.3% of the women) believe that HIV/AIDS could be transmitted through tattooing (Bukar, Olasoji, Adeleke, Danfillo, Taiwo and Jalo, 2006). Despite the fact that among the men and women, there are those who believe that HIV/AIDS can be transmitted through tattooing,

Most are still willing to allow their daughters to be tattooed; one reason that can be extrapolated from this may be that the perceived risk is a possibility but not a probability, and therefore it is not driving force in behaviour change in this population subset. This is an illustration of the complexity of modelling

human behaviour and a case thus be made for further culture-specific HIV-behavioural research. On the other hand, it may also be part of the natural or traditional norm that leaves women with little choice over their exposure to HIV infection. Perhaps these people do not believe they could be at any risk of HIV through such practices (Bukar, Olasoji, Adeleke, Danfillo, Taiwo and Jalo, 2006:39).

In tandem with the foregoing facts, Daniel (1987) explains that practices involving the use of shared instruments (injection of medicines, ritual scarification, group circumcision, genital tattooing, oral tattooing, other body tattooing, tribal markings and shaving of body hair with unsterilized blades) lead to HIV/AIDS transmission. Furthermore, Bukar, *et al* (2006:38) in the study of knowledge and perception of HIV/AIDS among the Kanuri and Shuwa people of Northern Nigeria in relation to their traditional practices found that:

Except for marital status, all other demographic variables are significantly associated with knowledge of HIV/AIDS transmission through tattooing. It is rather disturbing that among those who believe that HIV/AIDS can be transmitted through tattooing, 61.2% males and 38.8% females would still allow their daughters to be tattooed. Age group and location are positively associated with tattooing. The majority (88.6%) of the males who believe HIV/AIDS can be transmitted through tattooing, still prefer women with lip tattoos. Similarly almost all (97.8%) of the women said they like their tattoos.

Relationship between extramarital sexual practice and HIV/AIDS transmission

Extramarital sex is one having sexual intercourse with someone (man or woman) outside one's marriage. When this is practiced overtime by a people, it becomes a cultural practice for them. Thus, it is this desire for sexual pleasure that drives men to seek sexual liaison from prostitutes, with little awareness of the risk of their indiscretion to their regular sexual partners (Isiugo Abanihe and Odiagbe, 1998). Apart from the fact that older men, by virtue of their age, have been exposed to higher risk of extramarital sex relative to their younger brothers, they may have more need for extramarital sexual partners because of various aspects of their lifestyle (such as estrangement, migration, search for sexual pleasure with other partners after many years of marriage, etc); age has been found to be significantly associated with extramarital sex in Zambia (Koruna and Djamba, 2005).

Furthermore, it was also found that many people acknowledge that there are cultural practices and beliefs that predispose people to HIV/AIDS in Malawi (Bisika, 2008). Indeed, these practices and beliefs include *Chokolo* (wife inheritance), *Fisi* (a man who is brought to have sex with young women during an initiation ceremony) and *Chinamwali* (initiation ceremonies) and *Kuchotsa fumbi* (forced sex) (Bisika, 2008).

Also, a research in Anambra State by Turshen in 1991 noted that cultural practices that promote the system of keeping concubines, indulgence in multiple sexual liaisons and the double standard of morality (which condones males but not female promiscuity) contribute to the spread of STDs and enhance the heterosexual transmission of HIV/AIDS among men and women in this relationship (Ezuma, 2003; Ebisi, 2012).

Besides, this is worsened in a region where infidelity is prominent among men, and their wives hide the act, in order to protect the “family name”. For instance, women have good reasons to remain silent and keep secret their husband’s extramarital affairs, apparently due to intense social pressure to stay married, reinforced to various degrees by women’s economic and social dependence on men (including, for example, Igbo’s patrilineal system of kinship, which assigns “ownership” of children to the father) and by the knowledge that men’s extramarital affairs do not, in fact threaten marriage (Ebisi, 2012). Surprisingly today, the cultural practices such as gynagemy, polygamy and men having concubines play crucial roles in increasing the vulnerability of people to STIs such as HIV/AIDS (Ebisi, 2012).

Statement of the problem

In the 1960s and 1970s, there was no case of HIV/AIDS in Nigeria. The first case of HIV/AIDS was established in United States of America (USA) in the early 1980s, and later found its way to Nigeria in the late 1980s. Since then, the virus has been on the increase in Nigeria, threatening the lives of adolescents, infants and mothers. This is not in doubt, since Nigeria is said to be the 3rd country with the largest number of orphans due to HIV/AIDS (Ojua, Ishor and Ndom, 2013). In view of the fact, HIV infection and even full-blow AIDS have been reported in virtually all the states of the country (Isiugo-Abanihe, 1994). In the same vein, Isiugo-Abanihe (1994) explains that the WHO AIDS surveillance report reveals that Lagos, Enugu, Plateau, Bornu and Kaduna states are leading (in that order) in the number of reported AIDS cases. Today in another study, it is claimed that Rivers State is leading other states of the country with prevalence rate of 15.2 percent (Olorok, 2013). In the circumstances of the foregoing findings, the researcher deems it necessary to investigate *the relationship between cultural practices and HIV/AIDS transmission in Rivers State, Nigeria*.

Objectives of the study

The objectives of the study are:

1. To examine the relationship between female genital mutilation practice and HIV/AIDS transmission.
2. To investigate the relationship between tattoo practice and HIV/AIDS transmission.
3. To determine the relationship between extramarital sexual practice and HIV/AIDS transmission.

Statement of Hypotheses

The following null hypotheses are stated for the study:

1. There is no significant relationship between female genital mutilation practice and HIV/AIDS transmission.
2. There is no significant relationship between tattoo practice and HIV/AIDS transmission.
3. There is no significant relationship between extramarital sexual practice and HIV/AIDS transmission.

Methodology

Survey design is used for the study. The population of the study is Rivers State. Specifically, this covers all the indigenes of Rivers State. A sample size of 600 respondents is randomly selected for the study. The selection is done through the use of simple random sampling and purposive sampling techniques. Thus, simple random sampling technique is used to select one Local Government Area (LGA) in Rivers State. In doing so, the 23 LGAs of Rivers State were written on papers and wrapped by the researcher. These were then put in a basket for picking. Someone was called to mix-up the wrapped papers of the 23 LGAs for the purpose of picking one LGA. Through this process, the person called upon picked Bonny LGA of Rivers State for the study. Furthermore, respondents were independently selected using purposive sampling technique. In achieving this, 600 respondents were selected in Bonny LGA. The instrument used for data collection is the questionnaire. It is structured into Section A: biographic data with multiple questions (items) based on marital status, educational status, socio-economic status, HIV/AIDS status and level of cultural beliefs of respondents. Section B is based on field responses on the relationship between cultural practices and HIV/AIDS transmission in Rivers State, using the modified four-point Likert attitude scale of strongly agreed (SA) rated 4, Agreed (A) rated 3, Disagreed (D) rated 2 and Strongly Disagreed (SD) rated 1.

Face validity of the instrument is established by professionals in Department of Sociology, Faculty of Social Sciences, University of Port Harcourt, Port Harcourt. Beyond this, test-retest method of reliability is used to determine the reliability value of 0.72 Correlation Coefficient for the study. The researcher administered the copies of the questionnaire with the help of his paid personnel; and they collected same immediately the responses were completed by respondents. The statistical methods used for the study are percentage and frequency table, as well as Pearson Product Moment Correlation. Percentage and frequency tables are used to analyse biographic data of respondents while Pearson Product Moment Correlation is used to analyse the tested hypotheses for the study.

Results

The results of the study are presented in Tables 1, 2, 3 and 4. Table 1 results deal with biographic data of respondents while Tables 2, 3 and 4 results deal with tested hypotheses for the study.

Table 1: Biographic data of respondents

Biographic characteristics	No. of Respondents	Percentages
Marital status		
Single	36	6
Married	312	52
Divorced	120	20
Separated	132	22
Educational status		
No formal education	300	50
First School Leaving Certificate (FSLC)	168	28
West African Senior School Certificates (WASSC)	96	16
Degree Certificates	36	6
Socio-economic status		
Low class	444	74
Middle class	120	20
High class	36	6
HIV/AIDS status		
Infected	60	10
Not infected	540	90
Level of cultural beliefs		
High cultural beliefs	492	82
Low cultural beliefs	108	18

The results of marital status show that 36 respondents, representing 6% were single men and women, 312 (52%) were married, 120 (20%) were divorced, while 132 (22%) were separated people who were married. For educational status, the results indicate that 300 respondents, representing 50% had no formal education, but had informal education on different trades, 168 (28%) had FSLCs, 96 (16%) had WASSCs, while 36 (6%) of them had degree certificates. Furthermore, the results of socio-economic status depict that 444 respondents, representing 74% were people of low socio-economic status, 120 (20%) were middle class, while 36 (6%) were high class, who are the opulent few of the society at the time of the study. Also, for HIV/AIDS status, the results delineate that 60 respondents, representing 10% were HIV/AIDS infected people, while 540 (90%) were not infected people, but know about the danger of the virus in the study area. Finally, for level of cultural beliefs, the results show that 492 respondents, representing 82% had high cultural beliefs in their cultural practices, while 108 (18%) had low cultural beliefs in their cultural practices as a result of cultural influence from the West.

Table 2: Analysis of the relationship between female genital mutilation practice and HIV/AIDS transmission

Variables	ΣX ΣY	ΣX^2 ΣY^2	ΣXY	r
Female genital mutilation	10938	26894	208975	*0.05
HIV/AIDS transmission	10998	54654		*0.05

Significant at 0.05 level, critical $r = .062$, degree of freedom (df) = 598.

The statistical result of analysis as presented in Table 2 reveals that the calculated r -value is .05 less than the critical value of .062 at the significant level of .05 with 598 df. With this result, the null hypothesis that there is no significant relationship between female genital mutilation practice and HIV/AIDS transmission is retained. This result therefore means that there is no significant relationship between the female genital mutilation and HIV/AIDS transmission in Rivers State, Nigeria.

Table 3: Analysis of the relationship between tattoo practice and HIV/AIDS transmission

Variables	ΣX ΣY	ΣX^2 ΣY^2	ΣXY	r
Tattoo practice	10705	25452	276452	*0.02
HIV/AIDS transmission	109888	53654		

* Significant at 0.05 level, critical $r = .062$, $df = 598$.

The statistical result of analysis as presented in Table 3 indicates that the calculated r -value of .02 is less than the critical value of .062 at the significant level of .05 with 598 df. With this result, the null hypothesis that there is no significant relationship between tattoo practice and HIV/AIDS transmission is retained. This result therefore means that there is no significant relationship between tattoo practice and HIV/AIDS transmission in Rivers State, Nigeria.

Table 4: Analysis of the relationship between extramarital sexual practice and HIV/AIDS transmission

Variables	ΣX ΣY	ΣX^2 ΣY^2	ΣXY	r
Extramarital sexual practice	10704	24856	285834	*0.55
HIV/AIDS transmission	10998	54654		

* Significant at .05 level, critical $r = .062$, $df = 598$.

The statistical result of analysis as presented in Table 4 depicts that the calculated r -value of 0.55 is higher than the critical value of .062 at significant level of .05 with 598 df. Based on the foregoing result, the null hypothesis that there is no significant relationship between extramarital sexual practice and HIV/AIDS transmission is rejected. This result therefore

implies that there is a relationship between the extramarital sexual practice and HIV/AIDS transmission in Rivers State, Nigeria.

DISCUSSION OF FINDINGS

The results of the first hypothesis reveal that there is no significant relationship between female genital mutilation and HIV/AIDS transmission in the study area. This result is contrary to Mannes's (1985) view that female circumcision has been postulated to increase the likelihood of AIDS transmission via increased exposure to blood in the vaginal canal. Also, the result of the first hypothesis is by-polar to Mannes's (1985) view; he studied a different culture area with variables that are not culture specific to the study area of the present research. In addition, the result of the second hypothesis delineates that there is no significant relationship between tattoo practice and HIV/AIDS transmission in the study area. The result is also contrary to Bukar, *et al* (2006) findings in a study of knowledge and perception on HIV/AIDS among the Kanuri and Shuwa people of Northern Nigeria, in relation to their traditional practices, which depict that among those who have heard about HIV/AIDS, most (62.7%) of the men and 37.3% of the women believe that HIV/AIDS could be transmitted through tattooing. The result of the present study disagrees with Bukar, *et al* (2006) generalization as their study did not cover the entire states in Nigeria. Thus, their findings cannot be applicable to Rivers State, where there are different cultural practices.

Beyond this, the result of the third hypothesis shows that there is a significant relationship between extramarital sexual practice and HIV/AIDS transmission in the study area. In tandem with the result of the third hypothesis, surprisingly today, the cultural practices such as gynagemy, polygamy and men having concubines play crucial roles in increasing the vulnerability of people to STIs such as HIV/AIDS (Ebisi, 2012).

CONCLUSION

With regard to the findings of this study, it is crystal clear that female genital mutilation and tattoo practices do not relate to HIV/AIDS transmission in the study area. Rather it is the extramarital sexual practice that has significant relationship with HIV/AIDS in Rivers State, Nigeria. Thus, for the purpose of protecting the people from cultural practices that lead to HIV/AIDS, the study suggests a precise research on *roles of the media in changing cultural practices that lead to HIV/AIDS transmission in Rivers State, and indeed in Nigeria.*

RECOMMENDATIONS

In tandem with the findings of the study, the following recommendations are made:

1. The State and Local Governments should make laws that will help discourage harmful cultural practices that lead to HIV/AIDS contraction and transmission;
2. The State and Local Governments should use the media to provide adequate information about the dangers of cultural practices (female genital mutilation, tattooing and extramarital sex) on HIV/AIDS contraction and transmission among cultural specific people;
3. The State and Local Governments should establish centres for cultural studies that will help harness negative cultural practices of the people into positive health practices for the benefit of humanity;

4. The State and Local Governments should employ qualified healthcare personnel, who should also be deployed to teach the rural people positive cultural practices that will protect them from contraction of HIV/AIDS in the study area.

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