



Information needs of Benue women on cultural practices and the spread of HIV/AIDS in Benue State

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Abstract

This study investigated the information needs of Benue women on cultural practices and the spread of HIV/AIDS in Benue state. A total of 4500 participants (2250 male and 2250 female) took part in the study. They were drawn from three senatorial zones of the state in equal number (1500 each) using the survey design, a 14-item structured questionnaire entitled the cultural practices and the spread of HIV/AIDS questionnaire (CPSHAQ) was used for data collection. Two hypotheses were postulated and tested. The result revealed that (i), male participants differed significantly from females on the view that female genital mutilation as a cultural practice leads to the spread of HIV/AIDS, (ii) male participant did not differ significantly from their female counterparts on the view that the cultural practice of body scarification has impact on the spread of HIV/AIDS. It was discussed that women need more information on the cultural practices that act as routes for the spread of HIV/AIDS. It was recommended that the libraries make concerted effort to make such information readily accessible to women as their contribution to the fight against HIV/AIDS in Benue state.

Keywords: Four to eight keywords come here. Divide the keywords by semicolon.

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1. Introduction

The HIV/AIDS infection has become a global pandemic that has ravaged the health and social networks, slowed down national development across nations and created a large number of orphans that no war or disaster has ever equaled. The disease is not just a public health problem; it has become a development challenge affecting all sectors. It has taken a toll on the world's human resources, especially those in the most productive stage of life aged 15-49 years (UNDP, 2001). The UNAIDS (2004) report on the global AIDS epidemic estimated that some 37.8 million people were living with HIV, and that death toll from the epidemic was 2.9 million in 2003 alone worldwide, and over 20 million since the first case of AIDS were identified in 1981. Reports (UNAIDS 2004) have revealed that the sub-Saharan Africa has borne a disproportionately high burden of the disease compared to other regions of the continent. For instance, it has been estimated that some 25 million people are living with the infection in this region. Studies have shown that women are being infected more than men where heterosexual mode of transmission is dominant. Stover (2004) reports that on average, there are 13 infected women for every 10 infected men and that the difference is more pronounced in urban areas, with 14 women for every 10 men than in rural areas, where 12 women are infected for every 10 men.

In sub-Saharan Africa where Nigeria is a part of heterosexual transmission is still by far the predominant mode of HIV transmission in this region, UNAIDS (2004) asserts that women are 30% more likely to be HIV-positive than men and that the risk factors include marriage relationships, long-term lovers, early marriage of adolescent girls to older men. In Nigeria the national prevalence ratio of HIV since the first case was diagnosed in 1986 has risen from 1.8% in 1991 to 5.8% in 2001, dropped to 4.4% in 2005 and rose to 4.6% in 2008 (ANC Survey, 2008). Benue state has contributed significantly to the high prevalence of HIV in Nigeria. The state prevalence rose from 1.8% in 1991, 5.8% in 2001, and 16.8% in 1999, then dropped to 10% in 2005, but rose to 10.6% in 2008. From then, the epidemic has grown from concentrated epidemic experienced amongst high risk groups to a generalized epidemic. These estimates suggest that Benue state contributes about 6.7% of the burden of HIV infection of the country (BENSACA, 2008).

Response to the HIV infection in the state has focused disproportionately on the modes of transmission such as heterosexual injecting drug users (IDU) and men who sleep with men (MSM). Although studies have shown that sharing of sharp unsterilized objects (apart from injection needles) (ANC Survey, 2005) contribute significantly to HIV transmission. This mode of transmission is mediated by traditional and cultural practices which are generally accepted, upheld and even cherished by some communities in the state can be an important mode of transmission on that can add synergy to heterosexual transmission. Two of these practices female circumcision or female genital mutilation (FGM) and scarification as mode of HIV transmission in Benue state shall be investigated in this study. Specifically the purpose of this study was to,

- (i) Ascertain the views of men and women regarding female genital mutilation as a cultural practice acting as a mode of HIV transmission,
- (ii) Find out the perception of men and women regarding scarification as a significant mode of HIV transmission.

The recent scourge of HIV/AIDS in our society today reflects many factors. Prominent among these factors is the harmful traditional practices that have received global condemnation like (genital mutilation, tribal marks, early marriages, wife inheritance) and through scrutiny as they have more than ever put the girl child and woman at high risk of getting infected with the dreaded world enemy (HIV/AIDS).

Some of these cultural practices include: scarification (tattooing, tribal marks, ear & nose piercing) is a practice that is carried out in over 28 countries in Africa and some few countries from Asia, America and Europe (General Assembly Resolution, 1979).

1.1. Existing cultural practices in Benue State

- Scarification (tattooing, tribal marks, ear/nose piercing)

These traditional practices have no significant contribution to the physical, mental or moral development of a human being. They are either fashion or identity inclined and are highly respected by ethnic groups that practice them.

Closely linked with scarification is the preference of male sons in many of our societies. This is a powerful tradition cherished by even the educated persons. This is made known through conscious and unconscious negligence, deprivation, discriminatory treatment of daughters to the detriment of their physical and mental health. It's in no small measure affects females through inequitable allocation of food, education, and health care, a disparity that is often reinforced through life.

- Male circumcision

This is practiced in every part of Nigeria and indeed most African countries. It is a rite of passage into manhood just as the case with female genital mutilation and is accompanied by elaborate celebration. Sharp crude locally made knives are used on all those taking part in the initiation. The risk of getting infected with HIV/AIDS is very high as those instruments are not sterilized.

- Tonsillectomy:

Under this practice, ones two glands at the side of the throat near the base of the tongue are removed, when they are swollen or sore. The instruments used are non-sterilized and therefore place the patient at a very high risk of contracting HIV/AIDS. Though this practice is not restricted to traditional medicine however, modern medicine makes use of sterilized equipments and managed by qualified medical practitioners.

Traditional Birth Attendants

These are women who are well versed in the area of birth attendant. They are good in delivery women but the problem is that most of them are illiterates as such have little or no idea of hygiene. The instrument they use for example in cutting off the umbilical cord of the baby may not be sterilised. This can give way to other infections. In the case of a mother living with HIV/AIDS, the baby may easily contract the virus at birth as they know nothing about HIV/AIDS prevention.

All Fruits Days

This is the public declaration of sex galore at cultural festivals and events in some communities during burials and chieftaincy titles conferment on local champions or even prominent sons of the land and beyond. The men and women of such a community on such festive periods freely indulge in sexual relationship with the men as a mark of celebration and enjoyment of the said occasion. Most recently even at wake keeps people freely indulge in se. Ceremonies like the Kwagh-hir, Ivom-unden, Igede-agba, marriage ceremonies, etc.

- Barbings/Hair Needles/Waxing

Also form part of these traditional practices. The same dirty crude instrument is used on all persons without knowing their HIV/AIDS status. This practice puts people at risk of HIV/AIDS and other fungal diseases that take a lot of time and money to manage.

Another traditional practice which is socially based but creates the chance of spreading HIV/AIDS is sending the women away from her matrimonial home after the burial rites of her husband. This follows after she had been accused of killing her husband and she is also denied of inheriting her husband's property.

Traditionally, a woman is seen as a "property", that is belonging to the father at birth and to the husband after marriage and so, properties are not allowed to inherit properties. Or on the contrary, a relation of the deceased husband will inherit the women (leviration). This is where the issue of transmission of HIV/AIDS comes in because ignorant to the widow might have contacted as well or the relation who is to inherit her may be infected. Therefore, the traditional practice of inheriting a widow after the death of her husband poses a lot of danger in the spread of HIV/AIDS.

Another related traditional practice is the issue of early marriage where girls have no power and sense of self-determination. These young girls are usually forced into marriage by parents/guardians to very old polygamous men, in most cases because of the financial assistance they may gain from them. These young girls may not know anything about their sexual or reproductive health and cannot only contact but also harbours STDs infections or HIV/AIDS passed to them. Developing countries are beginning to focus on reforms that can stop early marriage. Some have enacted laws outlining specific minimum age for marriage but these laws fail to prevent forced marriage of the very young. The consequences are many – the girl remains miserable because of this marriage puts an end to her education and happiness. This results into early child bearing with severe consequences for the union. The health of the young mother and the baby is threatened by infant mortality.

- Blood Letting

Here the native doctor treats individuals with "plenty of Blood" and try to let out the blood not knowing that this causes shock and anaemia. The septicaemia incision made on the chest and then small pointed horns are placed on the incision to collect blood and water that flows out. The act is certainly risky because of the cruel approach and non-sterilized nature as highlighted by Ozioko (2007) barbings/hair needles, waxing, polygamous families, preference of son and sending the woman away from her matrimonial home after the burial rites of her husband. The researcher added that these harmful practices, which may be encountered throughout the life span of the women or girl child contribute to reproductive ill health and constitute a violation of reproductive right. FMOH (2001) enumerated other harmful practices as: forced early marriage,

traumatic puberty initiation rites, labour and delivery practices, Violence against women, including beating by husbands, wife inheritance, sexual hospitality, and group circumcision could facilitate the spread of HIV/AIDS and most women indulge in these practice without knowledge of the implications.

It was hypothesized that

- (i) men and women do not differ significantly in their views regarding female genital mutilation as a cultural practice acting as a mode of HIV transmission,
- (ii) Men and women do not differ significantly in their perception that scarification is an important mode of HIV transmission.

2. Statement of the problem

Man has managed to survive several natural and human related hazards over the years. in terms of health problems, man has discovered and made available solutions to several complicated medical issues such as malaria, fever cancer sexually transmitted infections such as Gonorrhoea, syphilis genital herpes, etc. however the discovery of HIV/AIDS in the early 1980's has come to stay without cure despite the several employed scientific research works put in place (Sudha Salhan 2003). The mortality rate resulting from aids infection and its related global implication have attracted the attention of the international community. Though the deaths rate recorded covers the entire world that of Africa is at an alarming rate. Nigeria as a developing nation is equally hard hit by this pandemic and her human resources which form a strong pillar of her economy is the main target. Benue state, the food basket of the nation is deeply enveloped by this predicament. the majority of the people still do not believe that aids is real and would rather attribute it to witch-craft manipulation by either their enemies, the wicked or envious family relations. Such victims of HIV/aids still have unprotected sex, and men and women who do not believe in the reality of HIV/aids come to them for sex even though they have symptoms suspected to be typical of HIV/aids. There is therefore an urgent need to unravel some of the dangers linked with traditional practices. This state of desperation and ignorance therefore constitute the basis for which this study is undertaking.

3. Significance of the study

Essentially, this study intends to establish the extent to which cultural practices can increase the spread of HIV/aids. Issues will be briefly examined. at the end of the study the researcher feels, parents ,teachers, students, counselors, non-governmental organizations involved in providing public awareness on HIV/aids and the general public would be provided with relevant information on HIV/AIDS, precisely on the following major issues:

- i. The impact of cultural practices on the spread of HIV/AIDS.
- ii. Other modes of HIV/aids transmission.
- iii. Selected methods of HIV/AIDS prevention/cure.
- iv. The general implication of these cultural practices on the nation/world or the individual.

4. Scope of the study

The research is an expository work centered on cultural practices and the spread of HIV/aids in Benue state. The work is however restricted to the existing cultural practices within Benue state. The researcher has brought to light the existing cultural practices that expose the people to HIV/aids infections.

5. Method

The research adopted the survey design approach for its economy in data collection in a relatively large population. Since opinions of a large number of samples were needed this design was considered appropriate.

6. Population and sampling technique

The population of the study was entire Benue State with a population of about 4.5 million (National population census, 2006). For the sample size, 10% of the entire population was used which was sampled from the entire population. These were sampled from the three (3) senatorial zones of the state. Cluster sampling was used to select three LGA each from zones A, B and C. Then, random sample technique was employed to select 1500 people per zone. This was 500 people from each LGA, 250male and 250 female. Details are presented in table I.

Table I: Distribution of participants sample from senatorial zones, and LGAs by sex.

Zone	LGA	Male	Female	Total
A	Katsina-Ala	250	250	500
	Ukum	250	250	500
	Kwande	250	250	500
B	Gboko	250	250	500
	Makurdi	250	250	500
	Guma	250	250	500
C	Otukpo	250	250	500
	Agatu	250	250	500
	Ohimini	250	250	500
Total		2250	2250	4500

7. Instrumentation

A structural questionnaire titled “cultural practices and the spread of HIV/AIDS questionnaire (CPSHAQ) were self-developed validated and used to collect data for the study. It was a likert format questionnaire with options indicating respondent’s levels of agreement or disagreement with each statement. The option and their corresponding weights were: Strongly Agree (SA,=5), Agree (A,=4), undecided (U,=3), Disagree (D,=2), and Strongly Disagree (SD,=1). A respondent was expected to choose only 1 option from the 5 options for each statement. A sample item was, “Genital mutilation should be discouraged because of its impact on the spread of HIV/AIDS. The questionnaire was potted into sections A and B. Section A sought information on respondent’s socio-demographic variables. It contains 6 items. Section, comprising 7 items sought information on impacts of female genital mutilation and body scarification on the spread of HIV/AIDS. A pilot study was carried out using 1500 respondents and a test-retest reliability coefficient of 0.75 (Cronbach’s Alpha) was obtained over a 4 weeks interval showing a sufficiently high internal consistency of the instrument suitable for data collection procedure. Questionnaires were administered face to face on respondents. They were approached at market places, churches, College of Education, Katsina-Ala, and at their homes. Informed consents were obtained orally from respondents, they were also told that participation was voluntarily and the confidentiality of the information the volunteered was assured. For respondents who could not read and write, the statements were read out to them and their responses filled in by the researcher or her trained assistants.

8. Method of data analysis

Descriptive statistics such as frequencies, percentages, means, and standard deviation were used for descriptive information. The independent sample t-test was used to test the research hypotheses.

9. Results

In Table 2, the result shows that 66.9% of the male respondents disagreed, 28.8% agreed and 4.3% were undecided that traditional female genital mutilation increases the spread of HIV/AIDS. With the female respondents, 37.2% disagreed with the position, 41.7% were undecided, while only 21.1% agreeing.

The result from Table 3 shows that among the male respondents, 76.1% disagreed that scarification helps to increase the spread of HIV/AIDS while 20.2% agree with this position. Among the female respondents, 32.5% agreed while 53.7% disagreed with this position that scarification practices helps the spread of HIV/AIDS.

9.1. Test of hypotheses

- **Hypothesis 1**

Male do not differ significant from female on the view that female genital mutilation leads to the spread of HIV/AIDS.

The result of the test of this hypothesis is presented in Table 4.

Table 2. distribution responses on extent to which traditional genital mutilation increases spread of HIV/AIDS by sexing Benue state

Male Response	Frequency	Percent
Agree	648	28.8
Disagree	1505	66.9
Undecided	97	4.3
Total	2250	100.0
Female Response	Frequency	Percent
Agree	475	21.1
Disagree	837	37.2
Undecided	938	41.7
Total	2250	2250

Table 3. Distribution of responses by sex on impact of scarification in the spread of HIV/AIDS in Benue state

Male Response	Frequency	Percent
Agree	455	20.2
Disagree	1712	76.1
Undecided	83	3.7
Total	2250	100.0
Female Response	Frequency	Percent
Agree	731	32.5
Disagree	1208	53.7
Undecided	311	13.8
Total	2250	100.0

Table 4. Independent simples T-test result of hypothesis J.

	Variable	N	Mean df	T _(cal)	T _(crit)	Decision
	Sex	2250	2.92	2.142	1.960	reject
(iv)	Female	2250	2.80			HO

The result from table 4 shows that the calculated T value of 2.142 is greater than the table 1 critical T-value of 1.96 both at the degree of freedom (df) of 4498 checked at this significance level of 0.05. Based on this result, the statistical decision is to reject the HO(null hypothesis) and accept the alternate one, This means that males differs significantly from female respondent on this view that traditional female genital mutilation leads to the spread of HIV/AIDS.

- **Hypothesis 2**

Male does not significantly differ from women on the perception that scarification has a significant impact on the spread of HIV/AIDS. The independent samples t-test was used to test this hypothesis, and the result is presented in table 5.

Table 5. Result of Independent samples t-test on the difference in perception between man and woman on impact of scarification on the spread of HIV/AIDS

Variable	N	Means	df	T(cal)	T(crit)	Decision
Male	2250	3.78	4498	1.03	1.96	Accept null hypothesis
Female	2250	2.56				

Scarification (d.v)

The result from table 5 shows that the calculated t-value of 1.03 is less than the critical t-value of 1.96 at the degree of freedom of 4498, both checked at the significance level of 0.05. On the basis of this result, the null hypothesis was upheld. This means that men and women do not differs on the perception that the cultural practice of scarification has no impact on the spread of HIV/AIDS.

10. Discussion

The purpose of this study was to investigate the impact of some cultural practices on the spread of HIV/AIDS in Benue State. Two hypothesis were postulated and tested. The result of the first hypothesis revealed that men different significantly from women on the view that the cultural practice of female genital mutilation has a significant impact on the spread of HIV/AIDS in Benue state. Impact, men, rather than women viewed the practice as impacting more on the spread of the infection. This finding suggest although the practice is a male creation in the society, men are more aware of the danger, it portends in the spreads of HIV/AIDS than the

women who bear the risks, the result further suggest that since the men who encouraged this practice as a way of putting a check on promisenity of the woman have realized it double edge effect on the spread of HIV/AIDS, they might become advocates for its abrogation. On the whole, the finding supports other studies that female genital mutilation as a cultural practices acts as a mode of HIV transmission (ANC Survey, 2005; UNAIDS, 2003, 2004; ASA, 2006). The result of the second hypothesis did not reveal any significant differences in views between men and woman on the impact of the cultural practice of body scarification on the spread of HIV/AIDS in Benue state. This finding suggests that as a cultural practice, both men and women may have been overwhelmed by the cultural values attached to the practice as to have paid much attention to the health implications of the practice, it further suggest that both men and women have attached equal value to the cultural values and have therefore overlooked the danger it has as a viral mode of HIV/AIDS Transmission. It can be decided that cultural practices as a way of life of the people, valued and chanced over a long period of time can become veritable means of disease transmission, especially HIV/AIDS The finding in the present study is in contradistinction to many studies which have established the fact that cultural practices include body scarification when carried out in unhygienic environment without sterilizing the instrument can act as mode of HIV transmission such as studies however did not seek difference of opinions among groups of participants to ascertain their views or levels of knowledge on the cultural practices as modes of HIV/AIDS transmission (see for example UNAIDS, 2004; ASA, 2006; BENSACA, 2008).

11. Summary, conclusion and recommendations

The differing views of men and women on some cultural practices that have been implicated in the spread of HIV/AIDS such as female genital mutilation implies that the danger of such practices portend for the spread of HIV/AIDS in the society are still obscured from especially women. For example, men tended to have higher perception scores than women on the practice as capable of causing the spread of HIV/AIDS even though this pact is usually performed directly on the women. There is therefore the need to provide such information targeting the women of Benue state on the dangers of such cultural practices, performed on them and which act as modes of HIV transmission. It is recommended that the libraries should be the vanguard in making such information available so that women can easily access them. This the library can do by repacking the information materials available in pictorial forms for easy understanding and or in the languages that are easily understood by the majority of the Benue woman. In addition to the above, public libraries should improve on their resources and services. The library should be on the front of development projects and services/interventions that will enhance adequate information of the women- it is for this reason that (Jejeebhoy 1997) on ozioko 2007 emphasized the education of the larger population and especially the secluded, invisible, poor and powerless women above infections of sexually transmitted disease and HIV/AIDS.

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