

Sociology of HIV/AIDS Pandemic in Nigeria

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Abstract

This paper examines the complex nexuses that exist between sociological enterprise and knowledge of various intricacies that surround HIV/AIDS pandemic in Nigerian societies, more importantly on how to have deep and clearer understanding of those factors that are responsible for hyper-geometric rate of HIV transmission in the country. Three distinct sociological theories were adopted in the paper and it was demonstrated that HIV/AIDS pandemic is not only a medical problem but also it is a socio-cultural, economic and developmental problem in Nigeria. On the basis of this revelation, it has been recommended that government at different levels, policy makers, programme designers and Non-Governmental Organisations (NGOs) working on how to stem the spread of HIV/AIDS pandemic in Nigeria should work within the socio-cultural, economic and development context of the country. This is one major way on how to achieve success in battle against HIV/AIDS pandemic in the country.

Keywords: Sociology, Socio-cultural, Economics, Development, Sexuality, HIV/AIDS, Nigeria.

1. Introduction

Social scientists all over the world, most importantly sociologists, have developed special interest on how to gain deep knowledge and proffer appropriate and permanent solutions to the problems of HIV/AIDS pandemic since the emergence of this silent epidemic on earth planet in 1981. This unique and special interest is based on a strong and major reason that has to do with the nature of profession of social sciences, which focus on human behaviours. Sociology in particular can be defined as the scientific study of human behaviours primarily with respect to their social relations, interactions and group dynamics. The discipline also examines different social institutions within the society in order to understand their contributions to the maintenance and survival of human society. HIV/AIDS pandemic penetrates through human relationships and threatens the existence of human race-the basis of social sciences and sociology enterprise.

Historically, the first cases of HIV/AIDS were diagnosed among some homosexual in 1981 at the United States of America (FMHSS, 1992; Daini, 2002). Barely 20 years after, the disease has permeated the nine continents of the world with over 60 million people being infected with HIV infection (Kiragu, 2001). The hyper-geometric rate of spread and transmission of HIV/AIDS pandemic raises some fundamental questions about the nature and major routes of contracting HIV/AIDS infection/disease in general form. The questions are: What is the major route of contracting HIV infection that makes every human being in the world vulnerable to the disease? Are there socio-cultural, economic and demographic factors that make some set of people in a particular region, section and community more susceptible to the pandemic? Is sociological enterprise useful in identifying these factors? and finally, what can be done to stem the spread of the HIV/AIDS pandemic among every human race, especially in Nigeria? The next sections of this paper will provide answers to these questions.

2. Routes of HIV transmission

HIV is not a communicable or contagious infection therefore it cannot be contracted through casual contacts. Specifically, HIV can be contracted when blood or semen (male seminal fluid) of an infected person comes in contact with the blood, or mucus membrane (inner lining of the vagina, anus etc) of a healthy person. According to ICW (1999), this can happen in the following circumstances: having unprotected (without a condom) vaginal or anal sex with someone who is HIV positive (i.e. heterosexual and homosexual contacts); sharing syringes, infected equipment and any skin-piercing instruments such as needles, razor blades, etc which have not been properly cleaned or sterilized; being given untested blood transfusions or blood products which are infected with HIV; from infected mother to her infant during pregnancy, childbirth or through the breast milk. Also, HIV infection can be contracted through what is known as "Deep kissing", "French kissing" or "Wet kissing".

Deep/French/Wet kissing is a type of kissing in which a sexual partner's tongue is put into the partner's mouth and it is usually accompanied by greater feelings of excitement and desire to explore other areas of the body (Tabifor, 2002). HIV may be transmitted through Deep/French/Wet kissing because, copious amount of saliva is exchanged during this process, and it has been proved that saliva contains certain level of HIV virus. Thus the presence of

sores (injuries) in the mouth increases the risk of transmission of HIV during Deep/French/wet kissing.

Results of studies from different parts of the world reveal that sexual intercourse is the major route of HIV transmission globally (UNAIDS/WHO, 1998). In Nigeria, heterosexual contact is the major route of HIV transmission in the country (FMHSS, 1992). In view of the importance of sexual intercourse in the contraction and transmission of HIV infection globally and more especially in sub-Saharan Africa, the home of 70 percent of the people who are infected with HIV (UNAIDS, 1998), it is imperative and necessary to examine in detail, the different types of sexual intercourse that exist in the contemporary time and the degree or possibility of contracting HIV infection in each of these types of sexual intercourse. Basically, in the present modern days, there are three major types of sexual intercourse. These are:

2.1 Anal Sex

This is when a man puts his penis into the anus of a woman or another man with the aim of having sexual relation. Biological studies have showed that the walls of anus are thinner than the vaginal lining and, therefore, can easily be broken during intercourse (Tabifor, 2002). This will invariably facilitate exchange of fluids (semen and blood), hence HIV contraction and transmission is very high during anal sex.

2.2 Oral Sex

This occurs when a woman sucks or licks a man's penis (fellatio); or when a man licks a woman's vaginal area (cunnilingus) (Tabifor, 2002); or when a man or woman licks another man's or woman's anus – a practice sometimes called “rimming” (Johnson, 1992). Sexual fluids (seminal and vaginal) in the mouth can pose a threat in HIV transmission. Very tiny cracks in the mouth, especially within the gums, can serve as a route for HIV transmission during oral sex.

2.3 Carnal Sex

This is a situation whereby a man put his penis into the vagina of a woman in order to have sexual relation. This is the normal, natural, traditional and popular heterosexual intercourse. It is the major route of HIV transmission in Nigeria (FMHSS, 1992).

The above three types of sexual intercourse can also be sub-divided into two main categories on the basis of nature of the partners. These are: heterosexuality and homosexuality.

2.4 Heterosexuality

This is a type of sexual intercourse which involves two people of opposite sex i.e. male and female. Indiscriminate and unprotected heterosexual sex puts the people involved in the risk of HIV contraction.

2.5 Homosexuality

It is a practice among individuals with strong sexual attraction to members of the same sex. Homosexuality is commonly used to describe men who are sexually attracted to other men, while lesbianism refers to women who are sexually attracted to other women. But from the definition given above, lesbianism is a form of homosexuality. Thus homosexual males are called gays or gay males, while homosexual females are called lesbians. Therefore, Tabifor (2000) give the two types of homosexuals as follows:

2.5.1 Gay Males

These are males who are erotically attracted to and desire to form romantic relationship with other males. Gay males tend to engage in sexual activities such as kissing, hugging, petting, manual masturbation, oral and anal intercourse. HIV can be easily transmitted through most of these methods.

2.5.2 Lesbians

These are females who are erotically attracted to and desire to form romantic relationship with other females. Lesbians' partners practice kissing, manual and oral breast stimulation, manual and oral genital stimulation and

genital apposition. It should be noted that lesbians are also at greater risk of contracting HIV infection like gay males. This is because, some lesbians are commercial sex workers, some of them use injectable drugs, some could be raped, some seek donor insemination in order to become pregnant, some of them also use risky practices like sharing of sex toys with other women partners or penetrating each other's vagina or anus manually with fingers that have cuts or bleeding hand nails (Tabifor, 2002). These practices present a great risk of contracting HIV infection among lesbian partners.

3. Prevalence rates of HIV/AIDS pandemic in Nigeria

In Nigeria, the first case of AIDS involving a sexually active 13 years old girl was officially reported in 1984 (FMHSS, 1992). Since then, the number of people infected with HIV and those who have developed AIDS and died of the pandemic has been increasing hyper-geometrically. For instance, in 1992, 367 new AIDS cases were reported in the country; the number rose to 917 by September 1993 (WHO, 1993) and 1,490 at the end of 1994 (FMHSS, 1995). In fact, Federal Ministry of Health and Social Services estimated that between one to three million adults Nigerians would probably be infected with HIV infected by 1996 (FMHSS, 1995).

Data from other independent sources in the literature also corroborate the rapid increase of HIV/AIDS pandemic in Nigeria. The existing current information shows that every individual, within the country is vulnerable to HIV infection since the few data from the national HIV sentinel surveys indicated a rapid transition from the near zero prevalence in 1990 to a 5.4 percent prevalence rate amongst the adult population by 1999 (FMH, 1999). In the year 2002, national estimates show that 3.47 million Nigerians are HIV positive, the infection decreased life expectancy in the country in the year 2002 by 4.5 years, cumulative number of deaths due to AIDS as 1.4 million, and number of AIDS orphan as 847 thousand in the year 2002 alone (NACP/NAC/FUTURE/USAIDS, 2002). These pieces of data suggest the need for pragmatic solutions to the problems of HIV/AIDS pandemic in Nigeria. The result of the 2008 HIV sentinel surveillance using pregnant women attending antenatal clinics has further confirmed the magnitude of the problem in Nigeria. The epidemic has affected all the geopolitical zones, states and locations of the country with wide disparities. The National HIV prevalence among women attending antenatal clinics in Nigeria in 2008 was found to be 4.6%. The prevalence ranged from 1.0% in Ekiti State to 10.6% in Benue State. All the States of the Federation and FCT were affected by the epidemic with none recording less than 1.0% prevalence (FMH, 2008). The most recent 2010 national HIV sero-prevalence sentinel survey revealed a national prevalence of 4.1% with Benue State with highest prevalence rate of 12.7% and Kebbi State with the lowest prevalence rate of 1.0% (FMH, 2010:18).

4. Determinants of the rate of HIV transmission in Nigeria

It is imperative as sociologists to examine the socio-cultural, economics and developmental correlates of HIV/AIDS in Nigeria. This will invariably help the policy makers, programme designers and implementers in their advocacy strategies and prevention of HIV transmission in the country.

4.1 *Socio-cultural determinants of HIV infection in Nigeria*

The "Voluntaristic Theory of Action" by Talcott Parson (1937) is more appropriate as background theory of this section. The theory emphasis the importance of societal factor (social norms and culture), which constrains the ends which an individual can pursue and the means that can be used in pursuing them. This theory is normally referred to as theory of "cultural determinism" because the societal norms, mores and culture influence the subjective meaning (purpose) which an individual actor attaches to his/her actions and the means for attaining them. Thus the ends which an individual seeks may be set for him/her by the cultural environment. On the basis of this theoretical perspective, it is essential to examine if there are some cultural practices that predispose Nigerian people to the contraction of HIV infection. These cultural practices may be responsible for the identified hyper-geometric rate of HIV transmission in some parts of the country and Nigeria as a whole. Nigeria is a multi-ethnic society with diverse cultural practices and beliefs. But some cultural traits are universal in the country and these cultural practices make many Nigerians to be more vulnerable to the contraction of HIV infection. Some of these cultural practices are: Female Genital Mutilation (FGM), widow inheritance, polygyny, divorce, postpartum sexual abstinence, and the like.

Female Genital Mutilation has been described, in general terms, as a traditional practice in which a person, sometimes unskilled or a health worker cut off parts or whole organs of the female genitalia using the knife or razor blade which for most time is unsterile as cutting instrument (Adebajo, 1992). This practice often involves

using the same instruments for a number of children at the same time within a community. HIV may be transmitted to the girl-child through the use of unsterile instrument which could harbour bacteria and HIV infection. Since it is possible for a baby to acquire HIV from its mother womb through mother-to-child transmission, using a knife that has been used to circumcise HIV positive baby predispose other children that are subsequently circumcised with the knife when it is unsterilized. This cultural practice may be responsible for high rate of HIV infection among both male and female children that are circumcised by traditional health attendants in Nigeria. In addition, Female Genital Mutilation and subsequent scaring could result in vaginal tears during intercourse and the lacerations could create a pathway for the transmission of HIV infection during sexual intercourse with HIV carrier (Ajuwon et al.1995). The cultural practices of widow inheritance, polygyny, divorce and postpartum sexual abstinence encourage intensive and diffused sexual networking in Nigeria society. A contact with HIV infection in this circle of sexual networking will lead to quick and rapid transmission of the infection among the populace. As stated earlier, heterosexual relation is the major route of HIV transmission in Nigeria (FMHSS, 1992). Thus the sexual networking system in Nigeria make majority of people in the country to be vulnerable of contracting HIV infection.

4.2 *Economic determinants of HIV infection in Nigeria*

Marxian theory of economic determinism emphasizes the importance of economic factors as major determinants of human behaviour in every human society. Using capitalist society as an example, Karl Marx beliefs that poverty, social crisis and other social problems are direct effects of a poor organisation of the society. Thus the problems of unemployment, political violence, epidemics, armed robbery, HIV/AIDS pandemic, prostitution and the like are results of imbalance in structure and imbedded exploitation of masses by the few rich people in capitalist society. Nigeria is a capitalist state, therefore there may be some significant link between economic structure of Nigeria and prevalence rate of HIV/AIDS pandemic in the country.

There exist a nexus between Nigeria economic situation and transmission of HIV infection in the country. For example, the Nigerian economic recession since early 1980s and the introduction of Structural Adjustment Programme (SAP) in 1986 have caused a tragic decline in real income and standard of living of many people. The major components of SAP include cuts in public spending, removal of subsidies, trade liberalization, currency devaluation and retrenchment of workers. With the removal of subsidies, for example, inflation got out of control and cost of living in Nigeria doubled between 1986 and 1987 (Alubo, 1990). Since 1986, the Nigerian economy has not been stable. In fact, the current socio-economic indicators in Nigeria show that the country is moving from bad to worse. Faced with harsh economy and minimal economic support from their spouses, some married women in the country are compelled to exchange sex for additional material support for themselves and their children (Ajuwon et al. 1984). In addition, a noticeable proportion of Nigerian women has gone into full time commercial sex work as a means of survival due to the economic crisis in the country (Orubuloye, Caldwell and Caldwell, 1992). Furthermore, because of the economic crisis in the country, many out-of-school youth especially girls have entered occupations in which they are vulnerable to being lured or forced to have risky sexual relationship with men. For example, several studies in Nigeria have shown the incidents of sexual exploitation of female hawkers in the course of their work (Orubuloye, Caldwell and Caldwell, 1993). Thus economic crisis and nature of economic activities make the spread of HIV infection to be very rapid in Nigeria.

4.3 *HIV/AIDS pandemic as developmental problem.*

There are different theories of development in Sociology, but the most relevant one in the analysis of the spread of HIV infection in Nigeria is the modernization theory. The basic principle underlying the idea of modernization theory lies principally on its diffusionism i.e. the belief that for a genuine development to take place, developmental ideas have to be diffused from the centers (developed nations) to the periphery (underdeveloped nations). The theory has both economic and sociological explanations, but for the purpose of this paper, sociological explanation was adopted. The concept of modernization sounds more complex within the premise of sociology. Quite often however, it is a mere extension of the economic model taken to account the social factor. In other words, development suggests that “traditional” and “primitive” values are being displaced by modern ones. This notion predominate the works of classical sociologists. For example, Durkheim sociological analysis centered on “mechanical” and “organic” societies, while Weber made distinction between “traditionalization” and “rationalization”. Ferdinand Tonnies conception was on “Genienin-Schaft” and “Gesell-Schaft. These classical theorists placed most emphasis on the values and norms that operate in these two types of society and their economic system. Durkheim for example, argued that the transition from the limited economic relationship of

tradition society to the innovative, complex economic association of modernity depended on a prior change in the values, attitudes and norms of the people (Webster, 1984). Furthermore, Bauer (1976) argues that, economic achievement and progress depend largely on human aptitudes and attitudes, on social and political institutions and arrangements derive from these, on historical experience, and to a lesser extent on external contacts, market opportunities and on natural resources. Essentially, modernization theorists believed that development can only take place in underdeveloped countries when socio-economic ideas are diffused from developed countries. What the model assumes is that the transition is more or less co-extensive with the disintegration of the traditional, rural role-set and its replacement by the modern, urban system.

Basically, Nigerian society is a transitional society where modern values and economic system are gradually replacing traditional ones. This process of development has made majority of Nigerians vulnerable to the contraction of HIV infection. In particular, the process has distorted sex system of Nigerians, thus scholars had lamented about the negative effect of diffusion of divers culture from western societies to the developing countries. For instance, Caldwell et al. (1991) commented on the “destabilization of the traditional sexual system” in Nigeria, while Frank and McNicoll (1987) discuss the “caribbeanization” of African nuptiality. The traditional pre-marital chastity/virginity has become an old fashion in the modern Nigeria society, while pre-marital sexes with multiple sexual partners and pre-marital cohabitations have become the normal ways of life in the country. This developmental behaviour is inimical to the total well being of Nigerians most especially within the context of HIV/AIDS pandemic. Thus existing recent national data show that HIV prevalence among youths in Nigeria is 6.5 percent which is the highest rate among other age group in the country (NACP/ NAC/ FUTURE/USAID, 2002, FMH, 2010). Therefore, it can be argued that the movement or development from traditional sexual norms to modern ones makes many youngsters in the country to be highly susceptible and vulnerable to the HIV infection.

5. Conclusion and Recommendations

The above pieces of information reveal that HIV/AIDS pandemic in Nigeria is not only a medical problem. The pandemic is also a social, cultural, economic and developmental problem. Thus in order to reduce the current rate of HIV transmission in Nigeria, the following steps should be taken.

1. Socio-cultural practices such as female genital mutilation, widow inheritance and the likes that are inimical to the general wellbeing of Nigerians, most especially that make them to be more vulnerable of contracting HIV infection, should be totally discouraged. Governments, International Agencies, Non-government Organisations (NGOs) and other Community Based Organisations (CBOs) working on the prevention of HIV transmission in Nigeria should have better understanding of these cultural practices within their project sites in the country. This is one of the possible ways to reduce rapid transmission of HIV infection in Nigeria.
2. The present economic situation in Nigeria where majority of people are living below poverty line should be addressed the government of Nigeria. As argued by Karl Marx, it is not consciousness that determines existence but rather existence determines consciousness. Many people in the country, both old and young, engage in indiscriminate sexual activities in order to survive the harsh economic situation and they are thus vulnerable to HIV infection. Reduction in the level of poverty in Nigeria will invariably reduce the level of vulnerability of many Nigerian to HIV infection.
3. Development is desirable in every known human society. But there are some aspects of traditional culture that promote good living. One example of these is premarital chastity/virginity. As Nigeria develops socially and economically, such beneficial aspect of Nigerian culture should be nurtured and encouraged. This indeed is Nigeria heritage. This will go a long way in the prevention of HIV transmission in Nigeria.

In summary, the socio-cultural, economic and developmental context of HIV/AIDS pandemic in Nigeria cannot be over-emphasized; therefore policy makers, programme designers and implementers should work vigorously within these contexts in order to record success in battle against HIV/AIDS pandemic in Nigeria.

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