

Some Cultural and Language Issues in Sexually Transmitted Diseases Campaign in Nigeria

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Abstract

Nigeria is one of the most linguistically diverse countries on the continent of Africa. However, while the continent has approximately 1000 distinct languages, Nigeria has approximately 25-50% of these languages. This situation portrays Nigeria as a culturally diverse and complex society. While some groups may be considered as one ethnic group because they speak the same language and engage in same economic activities, in the real sense of the matter, they may not be united because of differences in religions, political, settlement pattern and educational preferences. The influence of ethno cultural and language differences on sexually transmitted disease campaign cannot be underestimated. It is on the basis of this that attempt is made to examine some implications of cultural and language issues on the campaign against STD in Nigeria. This paper was able to establish the place of some cultural practices and linguistic differences in shaping STDs campaign in Nigeria. It is therefore recommended that the best way to address effectively the issue of STDs is for some Nigerians to do away with some cultural practices inhibiting effective STDs campaign and communicate STDs messages in local languages.

Keywords: Issues, Languages, Ethno Cultural, Sexually Transmitted Diseases (STDs)

1. Introduction

The influence of culture and language on STDs campaign in Nigeria cannot be overemphasized. This is because the Nigerian society is both a multicultural and multi-linguistic society with diverse cultures and languages. Sexually Transmitted Diseases (STDs) is a public health and social problem all over the world and Nigeria is no exception. STD, which is also known as sexually transmitted Infection (STI) or venereal disease (VD), can be transmitted between humans and by means of sexual contact such as vaginal intercourse, oral sex and anal sex. Also, some STDs can also be transmitted through the use of I.V drugs needle, child birth, breast feeding etc. In the past, these infections were usually referred to as STDs or VDs, but in recent years, the term STIs is being preferred because some of these infections do not show any kind of symptoms. For instance it is possible to be able to be an asymptomatic carrier of sexually transmitted diseases, that is, carrying the disease without exhibiting any form of disease.

Sexually Transmitted Diseases (STDs) may be caused by bacteria manifesting as diseases like *gonorrhoea*, *sypphilis*, *Chlamydia*, or by parasites, manifesting as *trichomoniasis* as well as virus manifesting as *Human papillomavirus* (HPV) private *parts herpes* and *HIV*. STDs constitutes great medical, social and economical problems in Nigeria based on available data (Ogunbanjo, 1989). Apart from the fact that these diseases are predominant among the urban dwellers, there is a rapid excursion of these diseases to the rural areas as well. Thus the need for a serious action to be taken by the government as well as other relevant agencies to address the problem before it becomes unbearable. STDs campaign in Nigeria over the years has been greatly influenced by the ethno cultural as well as language differences. The Nigeria society has abundant cultural heritage that are scattered with the diverse ethnic groups among which include language, marriage rites, burial rites, birth rites, dressing, music, religion and intangible cultural monuments, natural sites and cultural landscapes. Nigeria has been said to be a plural society that is a country made up of many ethnic groups (Oluwabamide, 2007).

Three major ethnic groups are found in Nigeria namely; Ibo, Hausa and Yoruba, each of which has its own unique language. Although there are other minority cultures numbering more than three hundred, just like the three major cultures, each of these minority cultures has its own unique languages. They are often regarded as the majority groups and cultures and by implication; they are regarded as the main languages. On the other hand, other ethnic groups numbering more than three hundred whose population and influence are not as vital as the other three altogether are regarded as the minority groups (Bleambo, 1991).

These ethnic groups can be categorised based on the three old regions, although today the country is divided into six geographical zones. The first and the largest is the northern region that covers more than seventy five percent (75%) of the total land area of Nigeria (Coleman, 1986). This region has five of the ten largest linguistic groups in the country (Hausa, Fulani, Kanuri, Tiv and Nupe). Prior to the time when the British occupied the area in 1900, the people of the northern region were divided politically into three groups, the north east inhabited by the Kanuri speaking people of Borno and lake chad area, who were subjects of the Sheu of Borno. The Fulani and Hausa speaking people in the west, who were organised into a large wide independent emirate, governed by a

Fulani aristocracy, which recognised the religious leadership of the sultan of Sokoto (Sarkin Musulumi). And in the middle belt was the Jos Plateau which interspersed further through the lower half of the region, which consisted of the pastoral Fulani, the Tiv, the Beron, the Girar and about 200 other linguistic groups.

Of all the ethnic groups in the northern region, the Fulani people are the most widespread. In fact they are spread through the north and West Africa (Onwuejeogwu, 1975; Africa Today, 1991). The Hausa are basically only a linguistic group, which include a wide variety of cultures and physical types (Coleman, 1986). They are found in sizeable numbers in all areas of the north. But they are concentrated mainly in Kano, Sokoto, Katsina, Kaduna, and Zamfara states. Principally, the Hausa language identifies most other ethnic groups in the north because the proper Hausa people have over the centuries assimilated them. It is pertinent to note therefore that more than forty percent (40%) of the population of the northern region speak Hausa as their mother tongue (Oluwabamide, 2013).

Another major ethnic group in the northern region is the Kanuri people, mainly found in the Chad –Basin. They are predominantly Muslims, a religion which they have been practicing for centuries. The Nupe people are also found in the northern region, they are the fourth and the smallest of the predominantly Muslim group of the northern region, and they inhabit the Niger River valley above its confluence with River Benue. One other major ethnic group in the northern region is the Tiv also known as *Munshi*; they are a distinct group inhabiting mainly a compact area south of the Benue River. Apart from the major ethnic groups of the northern region, there are many minority ethnic groups in the region. Those minority groups constitute thirty-five (35%) percent of the population of the region some of which include the Igala, Bachama, Jukun, Bede, Igbirra, Warji, Gwari, Berom, Bura and Ganawui.

In the eastern region, there are three major ethnic groups namely; Ibo, Ibibio and Ijaw and other minority groups such as Loyigba, Yako, Ogoni, Andoni etc. The Ibo nationality is divided into (30) sub tribes, 699 clans and some family autonomous village or village groups (Coleman, 1986). Prominent among the Ibo clan are the Onitsha, the Ngwa and the Arochukwu (Afikpo, 1983). The Ibibio constitute the second largest group in the eastern region while the Ijaw people cut across both the western and eastern regions of Nigeria that is they are divided almost evenly between the western and eastern regions. The Yoruba on the other hand are the dominant ethnic group in the western region of Nigeria, this is not to say that there are no other ethnic groups in the region, but they are minority groups. According to Coleman (1986:25), The Yoruba people might rightly claim to be the largest cultural aggregation in West Africa in the history of political unity and historical tradition.

Nigeria is one of the most linguistically diverse countries on African continent, if not the world. However, while the continent has approximately 1000 distinct language, Nigeria alone has approximately 25-50% of these languages (The standard 10 report on Nigeria, 2001).The report upholds that the interaction of people with each other determine cultural forms and processes. This could explain the evident cultural complexities in parts of Nigeria. For instance, while two groups may be considered as one ethnic group because they speak the same language and partake in similar economic activities, there may be reasons to view them as disunited. This is because of differences abound in religious, political, settlement types and educational preferences. With colonial rule, about 400 West African ethnic groups were brought together to form modern day Nigeria (Okokwo, 1978).

2. Cultural Issues in Sexually Transmitted Diseases Campaign in Nigeria.

Sex is traditionally a very private subject in Nigeria and the discussion of sex with teenagers is often seen as inappropriate, it is equally evident that some groups' particularly religious and cultural leaders have acted as a barrier to previous attempt to provide sex education to young people in Nigeria (Odotola, 2006). However, successful delivery of sex education to young people is reliant on increasing participation of the country leaders in the planning and implementation of such programmes (Hanlon & Stanley, 2012). In 2009, only 23 percent of schools were providing life-skills based HIV education (Federal Republic Of Nigeria , 2012) while 25 percent of men and women between ages 15-24 correctly identified ways to prevent sexual transmission of HIV, in 2010.

In 2005, a campaign was launched in Nigeria in a bid to raise more awareness of HIV/AIDS; this campaign took advantage of the increase in the ownership of mobile phones and sent text messages with information on HIV/AIDS to nine million people (BBC News, 2009). Another high profile media campaign was fronted by Femi Kuti, son of Fela Anikulapo Kuti, the famous Afro beat musician who died of AIDS in 1997. He appeared in bill board alongside road throughout Nigeria with the slogan "Aids No Dey Show for Face", which means you can't tell if someone has AIDS by looking at the person. (Reuters New Media, 2003)

Cultural issues facing Sexually Transmitted Diseases campaign in Nigeria are undoubtedly enormous. Some of these cultural practices will be discussed as it affects the STD campaign in Nigeria.

Table 1 below depicts the number of ethnic groups per state in Nigeria.

Table 1: Number of Ethnic Groups per States in Nigeria.

S/N	Zones / State	Number of ethnic groups
1	SOUTH- EAST ABIA	1
2	IMO	1
3	ANABRA	1
4	ENUGU	1
5	EBONYI	1
6	SOUTH-SOUTH CROSS RIVER	29
7	AKRA IBOM	8
8	RIVERS	8
9	BAYELSA	3
10	DELTA	7
11	EDO	5
12	SOUTH-WEST :LAGOS	3
13	OGUN	1
14	ONDO	3
15	EKITI	1
16	OSUN	1
17	OYO	1
18	NORTH – EAST : ADAMAWA	43
19	BAUCHI	65
20	BORNO	29
21	GOMBE	5
22	TARABA	45
23	YOBE	15
24	NORTH-CENTRAL: BENUE	9
25	KOGI	16
26	KWARA	7
27	NASARAWA	10
28	PLATEAU	73
29	NIGER	20
30	F.C.T	4
31	NORTH – WEST : JIGAWA	5
32	KADUNA	32
33	KANO	5
34	KATSINA	2
35	KEBI	6
36	SOKOTO	4
37	ZAMFARA	4

Source: Onwuejeogwu (2007:40-55)

This paper examines some cultural and language issues in STDs campaign in Nigeria.

2.1 . Girl Child Marriage

Girl marriage is a social problem in Nigeria and it is predominantly practiced in the northern part of the country. 19% of girls are married at 15 and 43% by the age of 18 (NARHS,2003). This population of married teenagers are much higher in northern regions, being higher in the north west and north east regions where the proportion of married teenage girls (15-19) are 73% and 59% respectively (NARHS,2003).These young girls are usually married to older men chosen for them by their parents (NPC and UNICEF,2001) Many marriages are often arranged, where parents marry off their daughters to family friends and business partners with the aim of reinforcing family linkages which in turn foster/enhance political, economical, and social alliance. Studies have

found out that those that marry at a younger age have less knowledge about STD/HIV/AIDS than unmarried women, and are more likely to believe they have low risk for becoming infected.

Twice as the boys in this region are already engaging in sexual activity before the age of 15 years, the consequences of this wrong and untimely exposure include lack of access to sexual reproductive health information and services, restriction on mobility, lack of decision making authority, distance and low economic status. Married girls have sex more often, have more unprotected sex and often have partners who have multiple concurrent sexual partners thus placing them at high risk of contacting sexually transmitted Infections involving HIV. Furthermore, the power imbalance between husband and wives makes it difficult for the young bride to initiate decision that relates to STDs prevention such as HIV counselling and testing as well as condom use.

2.2. Polygamy and Widow Inheritance

The cultural practice of polygamy and widow inheritance Nigeria particularly with the Igbo's as well as men having concubines play a crucial role in increasing the vulnerability of people to STDs, this particularly affects STDs campaign in these areas. The concentration power to decide sexual issue that lies in men in this cultural group fosters low level knowledge of sexual health matters, STDs and invariably low level utilization of skills for preventing STDs. In Anambra state, Nigeria, for example Turshen 1991 (In Ezuma,2003) noted that this cultural practices that promotes the system of keeping concubines helps to promote multiple sex partners and double standard of morality which condones male promiscuity. This invariably contributes to the spread of STDs and enhances the heterosexual transmission of HIV/AIDS among men and women in these relationships. The concern that marital infidelity by husbands is often tolerated and downplayed by culture gives women good reasons to be silent and keep the secret of their husband's infidelity.

Another cultural practice that has hampered STDs campaign especially among the Igbo's is widow inheritance. Though this is practiced widely in Nigeria, It is very common among Igbo's. This cultural practice which is long aged, is a traditional practice in where a woman is given out to her deceased husband's relation often times against her wish. (TAF Medicine Bulletin, 2010).This poses a risk to both man and woman with different sexual history and the issue of multiple sexual partner cannot be easily avoided in this regard.

2.3. Female Genital Mutilation (FGM)

One other cultural issue that affects STDs campaign in Nigeria is Female Genital Mutilation (FGM).Though this is equally widely practiced in many Nigerian cultures, it is prominent among the Yoruba ethnic group of the south western part of Nigeria. It is the traditional practice that involves the partial or total removal or injury to female genital organ (WHO, 2008). FGM comes in four (4) types. Type (i) which is referred to as (clitoridectomy), is the partial or total removal of the clitoris and/or the prepuce. The Type (ii) which is called (Excision), involves the partial and/or total removal of the clitoris and the labia minora, with or without the excision of the labia majora. And Type (iii) known as the (Infibulation), involving the narrowing of the vaginal orifice with creation of covering seal by cutting and positioning the labia minora and the labia majora with or without excision of the clitoris. This type Infibulation is considered the most massive type of FGM widely practiced and the last one is Type (iv) which involves all other harmful procedures to the female genital for non medical purpose i.e. pricking, piercing, incising, scraping and cauterizing (WHO, 2008).Girls exposed to FGM are at risk of physical consequences such as severe pain, bleeding and shock, difficulty in passing urine, faeces as well as infections such as HIV/AIDS.

Unprotected Sex

It has been observed that a considerable population of adolescent aged 15-19 years are sexually active. This has become a problem in the light of the unprotected sexual activities which they are involved in, arising mostly from poor knowledge of reproductive health and sexuality. Most Igbo parents in Owerri scarcely disseminate sexuality education to their children; they rather obligate it to the school (Okereke, 2010). Consequently, adolescent seek reproductive information and care from a variety of non formal source that include peers, pornography, and magazines. This unguided youth usually experiment with the information received and often become exposed to sexually transmitted diseases STDs and unwanted pregnancy as well as reproductive tract infections (RTIs).

According to Okereke (2010) despite the fact that condom and pills are affordable and widely available in shelves of every provision stores in Owerri, the usage is worrisomely low. He pointed three dimension of explanation for this, first, sexual activities are still perceived as reserved for the married thus pre-marital sex is seen as a sub-culture of deviants, with sexual tools especially condom among adolescent constructed as taboo. The second reason for this is the artificial nature of condom which affects sexual ecstasy and therefore individuals that want the naturalness of *coitus* might ignore using condom in spite of its availability. The third, reason for this is '*transactional sex*' deriving from gender inequality and patrilineal structure of the group leading to poor contraceptive usage.

3. Language Issues in Sexually Transmitted Diseases Campaign in Nigeria.

The effects of language differences on STDs campaign in Nigeria cannot be overestimated; one of the greatest

issues facing language in STDs campaign in Nigeria is that Nigeria is not only a multicultural society but also a multilingual society. Although the official language is English a hand full of people in the rural areas cannot speak this language fluently. Language according to Greenberg (1948) is the part of culture which enables men to make their own experiences and learning continuous as well as to participate in the experiences and learning of others. It is obvious therefore that language plays unique role in the total network of cultural behaviour. Among the cultural trait that can be considered as Nigerian heritage, language is the most important. In Nigeria, so many languages represent so many cultures, communities, traditional, social and cultural environments. At present, the language that is commonly spoken throughout the length and breadth of Nigeria despite its cultural heterogeneity is English language. This was introduced to Nigeria during the colonial period as a means of communication among the colonial masters and also with Nigerians. Nigerians had to learn the language in order to be able to communicate with the British colonial lords.

According to Collins and Rafael (2000) an effective communication strategy is a vital component of the global effect on STDs education and prevention. Their findings revealed that exploring effective communication through media organization is the only essential option to contain the spread of STI/HIV/AIDS because of the lack of vaccine or medical cure in some areas. In deed media messages that focus on prevention through behaviour change have been recognised to prevent risk behaviour related to sexuality. The Behaviour Change Communication (BCC) Programme was designed in Nigeria to introduce a number of different but related STDs campaign aimed at increasing knowledge of STDs, promotion of essential attitude change, stigma and discrimination reduction, stimulation of community dialogue, promoting services for precaution, care and support as well as improved skills and sense of self efficacy.

However, in order to achieve the objectives of this programme tailored messages were developed using a variety of communication channels purposely to promote and sustain individual, community and societal behaviour change (NACA, 2004). The Nigerian government through relevant agencies have therefore identified the mass media as appropriate channel to ensure correct information reaches the general population more especially the risky population. This has been evident in programmes offered in NTA (Nigerian Television Authority), FRCN (Federal Radio Corporation of Nigeria), Daily Newspapers among others. Example is the public enlightenment programme '*One thing at a time*' aired in Hausa in some northern Nigerian stations.

As Nigeria is such a large diverse country, the media campaign is being employed by the government and relevant agencies to raise awareness of STDs among the people in different regions. Radio campaign like the ones created by the Society for Family Health is thought to have been successful in increasing knowledge and changing behaviour. '*Future Dreams*' was also a radio series broadcast in 2001 in nine (9) Nigerian languages in 42 radio stations which focused on increasing condom use, increasing knowledge of STDs as well enlightening skills for condom negotiation in single men and women aged between 18 and 34. (Population Service International, 2003).

4. Conclusion/Recommendation.

This paper focused on some cultural and language issues in STDs campaign in Nigeria. Nigeria's multicultural values and beliefs undoubtedly affect STDs campaign in the country. Since culture and health are inseparable especially in a developing country like Nigeria that has a number of traditional societies with age long customs and traditions held in high esteem, it becomes imperative to consider these issues as it affects STDs campaign, in Nigeria.

In view of this, the paper was able to establish some cultural practices in different ethnic group's affects the campaign of STD in the Nigeria. Some of those that were mentioned in the paper include, early marriage otherwise seen as girl marriage which is predominant in the Northern region of the country especially in the North eastern and north western part of the country. Another cultural practice examined in the paper is the practice of widow inheritance and Polygamy that is the giving of a deceased wife to the husband relative often without her own wish as well as marrying of more than one wife. This has been an impediment to STD campaign in Nigeria, especially as it favours multiple sex partners.

Another cultural practice common with the Yoruba ethnic group of Nigeria examined in the paper is female genital mutilation (FGM). This age long tradition has been linked to chronic STD infections such as HIV/AIDS if unsterilized materials are used. Aside, severe pain blood loss and shock among others are experienced in the course of this cultural practice. The paper also mentioned that despite the media campaign about condom and contraceptives use and its availability, it is worrisome that among the Igbo adolescent especially in Owerri, condom use is still seen as a taboo.

In addition, the paper also examined the place of language in shaping STDs campaign in Nigeria. Language is synonymous to culture, as the former is encapsulated in the later. It was mentioned that the best way to address effectively the issue of STDs in a multicultural society like Nigeria is to communicate in their local language. This is expected to ensure acceptance by the group and also to ensure proper understanding and knowledge of the message being passed across to them.

Following the ongoing however, it is therefore recommended that parents should not shy away from their responsibility of properly educating their children and wards on sex. Charity they say begins at home, this responsibility should not be left in the hands of peer groups, schools, magazines and internet as the case is in recent time.

It is also recommended that government and relevant agencies should consider the culture of the people when planning their programmes rather than pushing aside the long aged tradition of the people. This will help them in achieving success in their programmes.

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