



KOGI JOURNAL *of* **SOCIOLOGY** **(KOGJOURN)**

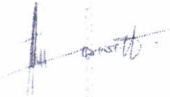
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ERRATA

In the course of putting this edition together, the Editorial Board of the Kogi Journal of Sociology, KOGJOURN made painstaking efforts to ensure a fool proof production. Sadly, however, it was discovered after going to press that this edition which should have been titled KOGJOURN Volume 2, September, 2017, was inadvertently captured as KOGJOURN Volume 1, September, 2017. The printer's devil was at work. The error is highly regretted.



Dr. S. U. Odoma
Editor-in-Chief

KOGJOURN Volume 1, September, 2017

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Editorial

The Kogi Journal of Sociology (KOGJOURN) is an annual publication of the Department of Sociology in the Faculty of Social Sciences, Kogi State University, Anyigba. The Journal accepts empirical and theoretical papers from the field of Sociology and other disciplines particularly in Social Sciences, Management Sciences, Arts and Humanities.

The Journal has always sought to keep faith with the extant academic tradition of investigating, experimenting and documentation of research findings. The ultimate aim of this endeavour is not only to continuously provide the link between the past, present and upcoming generations but also to bequeath a society that will by all standard be better fairer, humane and safer than ours and the one we inherited. Having achieved this, we would have contributed our quota to realising the dream of Academic Excellence of Kogi State University, Anyigba.

This current edition of KOGJOURN, like the previous ones discusses findings of some current social issues ranging from Crime and delinquency, Medical, Industrial and Labour Relations, Political and Rural Sociology. In this dispensation of renewed security threat to many parts of the nation and the corresponding search for solutions by government and citizen, scholars and students of society will no doubt find this edition quite enriching.

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Kogi Journal of Sociology (KOGJOURN) is an annual academic, peer-reviewed journal covering but not limited to the fields of Sociology, Anthropology, Environmental Studies, Public Health, Demography, Criminal Justice, Development Studies, Industrial Relations, Social Work, Public Administration, Ethnography and Sociolinguistics, along with their interface. The journal is interested in issues across disciplinary boundaries and in the understanding of various problems related to contemporary society.

Style and format

All manuscripts to reach the Editor-In-Chief on or before 31 March, every year.

Manuscripts should be in English (British)

Manuscripts should not exceed 15 pages (double spaced, font size 12, Time New Roman), including references, tables, figures and illustrations.

Manuscripts should be printed on one side of an A4 type white paper; a space of 2.00 cm should be left on the left, right, top and bottom margins of each page.

Manuscripts titles should be in upper title case and subheadings in lower case; both headings and subheadings should be bold.

Manuscripts must be the report of original research findings, theoretical works, and should neither be simultaneously submitted to, nor previously published in any other journal. Manuscript submission implies that consent of all authors and permission has been granted.

Title page: The title page should contain a full (but short and informative) title of manuscript. It should also include the name(s) and title of the author(s), institutional affiliation(s), and address for correspondence, including telephone, and e-mail details.

Abstract: An abstract of not more than 200 words, which should include the article's major objectives, methodology, findings and recommendations should be clearly stated.

Key words: Key words or phrases (up to five, in alphabetical order, separated by semicolon) should be given next to the abstract on a separate line.

Text pages: The text pages encompass the following sections: abstract, introduction, methodology results, and discussions, conclusion and acknowledgement (if required), references and/or appendices where necessary.

References: All literature referred to must be cited using the current APA format.

Submission of Manuscripts

Kogi Journal of Sociology (KOGJOURN) is published yearly but submissions can be made anytime of the year. Articles are published subject to satisfying all the conditions stipulated by the Editorial Board. Authors should submit an electronic copy of their works via e-mail to kogjournal@gmail.com and three (3) hard copies should be sent to the Editor-In-Chief, Kogi Journal of Sociology, Kogi State University, P.M.B. 1008, Anyigba, Nigeria.

Contributors are required to pay non-refundable specified assessment fee to the Department of Sociology, Kogi State University First Bank Account Number: 2028393203.

Authors of accepted papers will be required to pay requisite fee for production. They are also to send one soft copy of the corrected version of the paper as attached document in MS word. Contributors will be entitled to a copy of the issue in which their articles appear.

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HIV/AIDS and Cultural Practices in Nigeria: Implications for HIV/AIDS Preventive Communication Campaign

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Abstract

Nigeria as a nation has been battling with the prevalence of HIV/AIDS to the extent that the disease is alarmingly threatening the social and economic spheres. This article, therefore, examined as the main objective the subtle link that exists between cultural practices and beliefs and the high prevalence rate of HIV/AIDS in Nigeria. Specifically, it investigates the cultural practices that influence risky sexual behaviour and how cultural values of the people can be conceptualised into Sexually Transmitted Infections (STIs) preventive communication campaign in Nigeria. Stratified sampling technique was adopted for the study. Data were gathered through an in-depth interview among young students of Moshood Abiola Polytechnic and were content-analysed accordingly. Findings of the study showed that despite modernization, virginity is a value that gives a woman a lot of respect among her family members, peers, in-laws and husband. Similarly, the fear of tarnishing the family's name propels some of these young people from involving in risky sexual behaviour that can lead to unwanted pregnancy. Furthermore, the study revealed that polygyny was seen as a symbol of wealth and prosperity among the study population. The data equally revealed that the cultural practices in Nigeria are at the heart of promoting, sustaining and fanning the spread of HIV/AIDS because it does not address extra-marital activities of men in the society. The study, therefore, concluded that the non-centrality of culture in HIV/AIDS preventive campaign is one of the major reasons why very little success has been recorded in the area of behaviour change. The HIV/AIDS preventive communication campaign should not fight against the culture of the people because it might alienate the people whose cooperation is necessary if the prevalence of HIV/AIDS must be curbed.

Keywords: HIV/AIDS, Preventive communication, Cultural practices,

Introduction

AIDS is currently recognised as more than a health and biological problem (Hasnain &

Levy, 2005); it is presently a major international health concern which is threatening to wipe off the whole human

existence if adequate precautions are not taken. The entire world including the Sub-Saharan African countries is exerting all kinds of precautionary efforts –not limited to medical- to curb the detriments of HIV/AIDS in their countries. However, these enormous efforts have been insignificant in quelling the prevalence of HIV/AIDS. Therefore, more panaceas are expected to be explored in order to achieve a significant annihilation of HIV/AIDS. Nigeria is an example of a nation battling with the prevalence of HIV/AIDS; the disease is alarmingly threatening the Nigerian social and economic sphere. Researchers documented that HIV was first detected in Nigeria in 1986 (Amanyiwe, Laurel, Aneesa, Taye, Mehta-Steffen & Valdenebro *et al.*, 2008) and since the discovery, the number of infected young people has increased in threefold; from 1.8% in 1991 to 5.8% in 2001, after which a slight decline was observed (from 5.0% in 2003 to 4.4% in 2005), with prevalence as high as 16% in some parts of the country (Kombe, Galaty & Nwagbara, 2004; Amanyiwe *et al.*, 2008; Awofala & Olusegun Ogundele, 2016). Evidently, Nigeria has been identified as the second largest HIV infected people in the world (USAID, 2010) and the infection now stands as one of the leading causes of death among people aged 15-49 years across all the geographical regions (Kombe, Galaty & Nwagbara, 2004; UNICEF, 2013).

With all these statistics in mind, and with the understanding that HIV/AIDS has caused tremendous pain to millions of people, one begins to wonder as Campbell (2003) asks, why people involve themselves in risky sexual behaviour which could result in a slow, excruciating, and untimely death and why the best strategic and purposive campaigns in several countries are mostly unsuccessful in curbing the prevalence of HIV/AIDS. Several studies have shown that the current course of the epidemic is unlikely

to change unless the people affected, and those at risk, make a concerted effort to adopt preventive measures (Hasnain, 2005; Erinoshio, Joseph, Isiugo-Abanihe, Dike, & Aderinto, 2013). Containment of the AIDS epidemic thus depends on effecting change in behaviour and lifestyle to break the chain of transmission. The change in behaviour becomes more challenging for the reason that the forces that form and stimulate human behaviour that is injurious to health are very complex and poorly understood. In recent years, increasing attention is being paid to the manner in which cultural practices influence risk sexual behaviours related to HIV infection transmission (Airhihenbuwa & Webster, 2004). Though the association of contentious cultural issues with HIV risk behaviours exists in all societies, it is much more pronounced in Nigeria with a population of about 134 million people distributed among 389 ethnic groups. Studies have shown that the poor understanding of sexuality and its cultural contexts by many HIV and AIDS stakeholders may be responsible for the low success levels recorded against HIV/AIDS campaigns (Oladebo & Fayemi, 2011; Oyediran, 2003; Uwah & Wright, 2012). Hence, the inadequate use of cultural cues of people in Nigeria might be the single reason for the unsuccessful HIV/AIDS campaigns in Nigeria. Thus, understanding the role of cultural practices in the transmission of HIV transmission may be critical for the development and implementation of successful HIV/AIDS prevention programs in Nigeria.

Literature Review

From time immemorial, the survival of man in an interactive society has been affected by what happens in his environment and how he reacts to it, the causes and preventions of disease in a community cannot be complete unless the cultural practices of the people are considered.

There are distinct cultural based, learned patterns and interpretations of how individuals experience and explain illness which dictates how they manage them (Radley, 1994). In other words, distinct cultures create distinctive patterns of health, diseases and the mechanisms for treatment. According to Ebisi (2012), there is a significant nexus between human culture and human health because culture is responsible for shaping the patterns of social organisations designed to regulate a particular society. Hence, beliefs and cultural practices predominantly play significant roles in human health care system (Ebisi, 2012). Many cultural norms and beliefs in Nigeria have a positive impact in curbing the prevalence of several diseases including HIV/AIDS. On the other hand, some cultural practices have helped to perpetuate and increase the prevalence of certain diseases and health problems in Nigeria with particular reference to HIV/AIDS.

Culturally related factors in the spread of STIs are emphasised by Reddy, Meyer-Weitz, Van den Norne and Kok (1998) who argued that social and cultural conditions of a society play an important role in the sexual behaviour, which in turn has a strong bearing on the transmission and causes of HIV/AIDS. For instance, Gausset (2001) argued that polygamy which is a subset of a complex set of social and economic relations is deeply ingrained in the culture of several African countries. Hence, this socio-cultural practice allows men to have more than one wife, thus placing women at risk of contracting STIs (Smith, 2010). This shows that where traditional practices of a society allows a man to have more than one wife and where manhood is often established through a number of sexual pleasures a man enjoys from women, such act is likely to expose them to risky sexual behaviour which might later result into sexually transmitted infections such as HIV/AIDS. Similarly,

Sithole (2003) explained that several African communities believe that sexual activity is related to social status and for males, an important expression of their masculinity. In Nigeria, sexual activity by the male gender is viewed as an activity for fun and fame; if a man sleeps around, he is more popular while a woman that involves in similar nefarious acts is viewed in a derogatory way (Ebisi, 2012).

Cultural practices such as widowhood inheritance, circumcision and early marriage perpetuate women subordination to men and increase women's vulnerability to HIV/AIDS (Ebisi, 2012). For instance, widowhood practices are offensive traditional practices which vary depending on cultural ethnic groups within Nigeria. Interwoven in the widowhood practices is wife inheritance in which a woman is given out to her deceased husband's relation often against her wish (Ebisi, 2012). These practices often place both the woman and man with a different sexual history at the risk of contracting HIV/AIDS. Therefore, it becomes very crucial for campaign planners to have a good grasp of the cultural practices that are supposedly the causation factors in the spread of HIV/AIDS.

In Nigeria, some societies regard virginity as a criterion for respectability and successful marriage. Therefore, in order to preserve their virginity, some young women resort to anal sex (Sithole, 2003) in order to achieve a dual purpose of making their lovers not to seek sexual pleasure elsewhere and also to maintain their respect within the society as a virgin. Circumcision is another cultural practice which involves the removal of the clitoral prepuces and tip of the clitoris for the reason of protecting the chastity and reducing the female sexual enjoyment. All these cultural practices expose women to high risks of contracting HIV/AIDS. Uwah and Wright (2011) assert that unless salient aspects of the African cultural

practices such as the ones mentioned above are taken into account by HIV/AIDS campaign planners, the battle against HIV/AIDS may continue to be a difficult task to achieve.

Consequently, it seems that there is a knowledge gap between the huge amount of information on HIV/AIDS prevention campaigns that young people are exposed to and the information that will supposedly fit appropriately into their cultural understanding of the message. This reality brings into focus the importance of tackling HIV/AIDS epidemic through the paradigm of communication campaigns that are culturally sensitive in order to effectively influence positive behavioural change among young people in Nigeria. Limited studies have been conducted on the HIV and cultural practices in Nigeria and its implication for HIV campaign. Therefore, the main objective of this study is to address how cultural practices in Nigeria can be incorporated into improving HIV preventive communication strategies in Nigeria

HIV/AIDS and Communication Campaigns

Scores of past studies have empirically lent credence to the inadequate use of cultural norms and values in health communication campaigns in an attempt to curb the menace of HIV/AIDS in Africa (Airhihenbuwa & Webster, 2004). Moreover, Somma and Bodiang (2003) maintained that experience has shown that conventional public health awareness campaigns are not efficacious at changing human behaviour where sexuality is concerned. These authors believe that patterns of behaviour are not influenced by individual decisions alone rather they are deeply rooted in the cultural norms that are hereditary in a particular society. Therefore, it is important to note that the culture of people does not exist independently of the people in it. On one

hand, it is by means of their own culture that social factors interpret and shape their lives and environment and, on the other hand, culture is a dynamic construct which can also be subject to change. With HIV/AIDS reaching such an alarming rate in Nigeria, the need for preventive communication to adopt culturally-sensitive models in its health communication campaign is vital.

Airhihenbuwa and Webster (2004) explained that regardless of the disciplinary basis on which culture is defined, it is generally understood that culture is the foundation on which health behaviour is expressed and through which health must be defined and understood. This realisation brought to the fore the need to question and examine critically the assumption inherent in Western-based conventional theories and models, which postulate that health behaviour is not a cultural related phenomenon.

Several scholars have continued to question the epistemological assumptions inherent in knowledge production of STIs education promotion (Fanon, 1986; Valentin Mudimbe, 1988; Oyewumi, 1987). These scholars provided a paradigm within which to understand that the highly hyped Western models have their own limitations and that there is a need to recognise that Africans have their own ways of creating knowledge too which must be recognised as the most appropriate cultural model for understanding Africa and its people. Similarly, Airhihenbuwa (2007) argued that it is important for the design and implementation of HIV interventions to target audience with solutions within the context of their values and beliefs which they can adequately understand.

Other critics believe that many health communication programmes were unsuccessful mainly because the campaign planners possessed the minimal understanding of the cultural practices of their target communities. Green (1999)

supports this assertion by expressing that it is important to understand how Africans and people from different cultures understand infectious diseases because when health communication programmes ignore the most important aspect of culture, there is a huge probability that they will achieve zero success in their quest to change the behaviour of people.

A cultural approach offers a chance to improve the effectiveness of global HIV/AIDS strategy and rebuild the trust of communities through more sensitive modes of engagement. In so far as a cultural approach allows prevention and care methods to come from within the culture, it improves the socio-cultural ownership and credibility (Somma & Bodiang, 2003). Local community-based approaches driven by reports from the community will remain the most important means of influencing people (Uwah, 2013). Therefore, Airhihenbuwa and Webster (2004) argued that it is importantly crucial for the design of health communication programme to focus on the African identity of the target audience by deconstructing conventional assumptions and theories that were used in public health issues and solutions on the continent.

Therefore, socio-cultural meanings and terminology of disease are important in understanding how different groups perceive and interpret illness. Hence, the cultural practices that steer young people's risky sexual behaviour need to be understood before effective health promoting practices that will curb HIV/AIDS are implemented. Consequently, in the design, delivery and evaluation of targeted health programmes and subsequent interpretation of certain illnesses in a specific cultural environment; ethnic/cultural characteristics, experiences, environment and social forces should be rigorously incorporated into STIs preventive messages.

Methods

This study investigated young students of Moshood Abiola Polytechnic, Abeokuta (MAPOLY), Ogun State, Nigeria. A one-on-one in-depth interview was conducted for thirty-three students between the ages of 18 and 26. A sampling of the students was based on convenience sampling. Students were informed about the study and they were asked to report to the research assistant if they are willing to participate. The students were chosen from the different geo-political zones representing various cultural backgrounds in Nigeria using stratified sampling technique. There are six geo-political zones in Nigeria, therefore students were selected from the different zones in Nigeria. Six of the students were from the North-West zone, 3 were from the North-East, while 10 students represented the South-West zone. Four students each came from North-central and South-South part of Nigeria while the remaining six came from the South-East part of the country. Fifteen of the students were females while the remaining were males. The in-depth interviews were conducted in the English language which is the official language used in the schools. In analysing the transcripts of the discussion, Nvivo 10 was used for the thematic analysis. The in-depth interview centred on cultural practices such as female genital mutilation, polygamy, male extra-marital affairs and gender inequality that influenced risky sexual behaviour that mainly results into HIV/AIDS. The relevance of virginity in HIV/AIDS prevention campaign was also investigated. The researcher elicited information on whether polygamy has an influence on the high rate of HIV transmission among young people. Also, the study investigated how these cultural practices could be indoctrinated into HIV/AIDS preventive messages to make it culturally appropriate to the desires of young people. Finally, the discussions

addressed young people's opinion on how risky sexual behaviour and HIV/AIDS could be effectively curbed through the utilisation of the culture that was well understood by these young people.

Findings

Analysis of the transcripts revealed five main themes which were identified simultaneously by two independent reviewers of the transcripts. The five themes were as follows: virginity, female genital mutilations, male extramarital affairs, polygamy, and gender inequality.

(a) Virginity

In most cultures in Nigeria, virginity is regarded as an act to be proud of and a young lady who preserves her virginity is accorded with respect and dignity. The in-depth interviews revealed that virginity is a cultural attribute that can be used in HIV preventive campaign to curb risky sexual behaviour which leads to STIs. It was also observed that despite the advent of civilisation, the majority of young people still unanimously agree that virginity is an African value that must be protected with dignity. Some of the informants expressed that virginity is a pride that young people should endeavour to achieve.

As a lady, your virginity is your value. It is a dignity and when you get married as a virgin, you will be placed at a high value and your husband will always respect you. But when you are married and you are not a virgin, he will be thinking what kind of life you lived before you got married to him and then you start seeing that mistrust starts paving way. (Female Informant 1 from South-East)

There was this tradition practised then, I don't know of now. The woman/lady has a virtue to protect... as a lady, you have to keep yourself as a virgin till you get married. It can actually work for the ladies; this type of culture if celebrated can actually work... you know when you get into consummation with your husband on the wedding night and you know... with the white handkerchief stained by the blood of the consummation to attest you are virtuous and you have kept yourself. (Male Informant 1 from South-West)

According to my culture, if your husband marries you as a virgin, you will have more value... he will value and respect you knowing that the lady is not a wayward child... (person) you know some men will be like after all I did not marry a virgin, you may have been living some kind of life... some will even say they pitied you and washed you up to manage you! (Female Informant 2 from North-East)

The above perceptions illustrate that young people from a different cultural background in Nigeria regard virginity as a cultural value that can be used to reduce the HIV/AIDS that is rampant in the society. The data presented in this study shows that young people still treasure and value virginity even if they are not virgins themselves.

This study also investigated whether the value placed on virginity has an impact on the family honour. The young people expressed vehemently that the values placed on virginity make some young people strive not to try loose it or better still not to get pregnant before wedlock. Some of the informants regarded getting pregnant before wedlock as the height of disgrace which brings shame to both the family of the bride and groom. These expressions were encapsulated in the views below:

In Idoma land (North-Central), there is a popular belief that a man and a woman must not involve in sexual activities before marriage. They see such sexual escapades as a taboo. Anyone caught doing this will be publicly disgraced and excommunicated for a while. (Male Informant 2 from North-Central)

I cannot categorically say that we do not have elements that restrict people from involving themselves in risky sexual behaviour but the shame is the most potent one. If it is a woman and she was impregnated at an early age, she will stay at home no one will ask for her hand in marriage. (Male Informant 3 from North-West)

The possibility of an illicit relationship between girls and boys is really restricted even when both sexes meet at a function in town. Everybody is scared of the family reputation so they hardly and scarcely involve themselves in risky sexual behaviour. People try to avoid everything that will

spoil the family image. (Male Informant 4 from North-West)

Another male respondent corroborated the perspective that is presented above.

For a lady to get pregnant or have sex before marriage is illegal and prohibited by the Hausa culture. I can call that a great sin. It will affect the whole family of the lady in question. I had such experience but it was far from my area and as I told you earlier it is a big disgrace to the lady and the family. The lady will be banished from the area and she will go far to start her life all over. The man can go ahead and marry the woman if he wants to but the stigma will still be there. (Female Informant 2 from North-East)

Based on the claims of the above informants, virginity does not only bring dignity and prestige to the family of the bride but it is also seen as a mark of honour which dictates that the bride had lived an honourable life. The family's reputation is also closely attached with virginity hence this makes some young people guard their virginity wisely.

However, some informants who are from the North-Western part of Nigeria explained that in order not to bring a colossal disgrace to the family, some young people choose to involve in risky sexual behaviour outside their ancestral home where their parents and folks reside. Male Informant 3 explained that "...generally in Kebbi, illegal sex is not encouraged but people do it underground because of the shame attached to it"

In addition to the above, other informants observed that:-

Literally, when you look at it at the surface it is like all

men and women in Kano don't have sex before marriage but the truth is one can go far off and do whatever they want to do.... (Male Informant 5 from North West)

It is because most Hausa men could not have easy access to sex with the lady they are dating and this makes them to secretly patronise prostitutes for a fee paying sex. (Male Informant 6 from North-West)

Some other Informants also expressed that when ladies uphold their virginity, it can result in a reduction of risky sexual behaviour which ultimately results in the reduction in the prevalence of HIV/AIDS. Female informant 3 affirmed that the virginity aspect of culture has helped to curb some sexual exuberance of some young people. In a simple but firm statement, Female informant 3 said "Culture has really helped to reduce the sexual behaviour of people to a reasonable extent in the sense that young people are encouraged to hold on to their dignity by maintaining their virginity." In order to promote the virginity of the female folks, Female informant 4 explained that some traditional rulers and parents make sure that their wards go through the process of virginity test.

(b) Female Genital Mutilation

This study also found that female genital mutilation (FGM) was one of the dominant theme frequently mentioned by the informants. FGM was described by the informants as the traditional way of removing the clitoral prepuces and tip of the clitoris for the reason of protecting chastity and reducing the female sexual enjoyment. The rationale for this traditional act was anchored on the

premise that the reduction or no sexual pleasure will reduce the risky sexual behaviour among young ladies which will also lead to a predominant reduction in the prevalence of HIV/AIDS. Other reasons used to justify FGM according to my informants include custom and tradition; purification; family honour; hygiene; aesthetic reasons, protection of virginity, prevention of promiscuity, increased sexual pleasure of husband, enhancing fertility, giving a sense of belonging to a group and increasing matrimonial opportunities.

Some of the informants observed that FGM is performed by old and unqualified individuals who utilise unsterilized knives and razors which can lead to an increase in HIV/AIDS. Some of the young people have this to say:

Culture affects the increase in the spread of the disease in so many aspects. For instance, tribal marks and FGM that are done with the same sharp objects have serious health implications on people. HIV can be contracted through this means (Female Informant 5 from South-West).

FGM is performed on matured ladies who were not circumcised when they were still a baby. The razor blade used for FGM may be used for three or four girls and this can also cause HIV infection (Female Informant 6 from South-East).

It was also observed that FGM is a cultural practice that the females are meant to undergo in order to reduce her sexual libido; however, FGM is done for the male in order to increase their sexual libido. This assertion was confirmed by the statement of these young people.

They also do FGM for a woman that was not circumcised when she was a baby prior to her wedding day. They do the FGM based on the belief that it will prevent a lady from being promiscuous. FGM is bad, it does not stop one from being promiscuous. Anyone who wants to do what he or she wants to do will still do it. Some villages have stopped it but some are still doing it. It should be stopped. (Female Informant 7 from South-East)

Male informant 7 supports the observation made by female informant 7 on FGM being used as a cultural practice to checkmate risky sexual behaviour. As he pointed out:

I know of the general Yoruba tradition of FGM; well... I don't know if it is still being practised, the ladies when they come of age, the older ones are taken into a room to conduct FGM on them. At some point, they use the same blade to cut all the ladies genitals without sterilisation. The reason they do this mutilation is to prevent them from being promiscuous. These days the male mutilation or circumcision is still on, but the female mutilation or circumcision... as in there is a fight to end it. But if it is still been done, then it is done secretly and such is not professional. There are times when the entire clitoris is deeply cut and the lady gets no pleasure from sex; so the belief is if she has no pleasure she will not practice sex.

(Male Informant 7 from South-West)

It is clear from the above sentiments that the informants believe that FGM is a bad act that should be stopped because it does not have any positive impact on the promiscuity of the female gender. It was also observed that the informants were aware of the campaigns against the practice of FGM in Nigeria.

Some female informants also corroborated the assertion made about the continuous practice of female circumcision in Nigeria. The views encapsulated by some female informants from the South-Eastern part of Nigeria showed that there are some socio-cultural elements behind the motive for female circumcision.

Till now, I still have the belief that if a lady is not circumcised she will become wayward. She will often be running after men. But later I got to know that it is a criminal offence to circumcise a lady. I was circumcised (Female informant 8 from South-East).

Another female informant also corroborated the observation made by the above informant:

I have a strong conviction that circumcision is okay, but I think the people who are against it don't know the consequences of not doing it that is the reason why they are campaigning against it. If they have witnessed what some ladies are going through today, they will stop the campaign against it. It is not because the ladies are not from good homes but it is because they have not been circumcised. I believe so much

that circumcision helps stop the risky sexual behaviour. I will have my daughter circumcised because if I was not circumcised, I will not be able to stay up till this moment without having sex (Female informant 9 from South-East).

It is evident from the information above that circumcision remains an age-old practice which remains highly valued by the people that practice it. The practice continues in these communities because they are yet to identify any detrimental effect of the practice. They also believe that the failure to stop the practice may likely result in negative consequences such as an increase in risky sexual behaviour and STIs. This practice will be continued in order to keep the tradition of the people.

(c) Male Extra-Marital Affair

The researcher sought information on the extra-marital affairs that men involved in their marital homes. Some of the informants observed that it is culturally acceptable irrespective of religion for a married man to have concubines outside their matrimonial homes. For instance, Female informant 3 explained that "My culture does not really see anything bad if a man should have extra-marital affairs but it is the ladies that the culture frowns at if she involves herself in extra marital affairs or fornication." In support of the above statement, another interviewee observed that:

For the men, they have a free hand, they can do whatever they want to do, it is only if a man loves his wife or has the fear of God. It is better for a married woman to stick to her husband instead of going out for extra marital pleasures because she might contract STIs in the process.

Even if the husband has extra marital affairs, the wife should continue to pray that he does not infect her with STIs (Female informant 10 from South-East).

Interestingly, male informant 8 explained that a man should have respect for his wife by putting her into consideration whenever he is taking a decision but the decision does not include having concubines outside the marital jurisdiction. From this point of view, it is clear that it is an accepted norm in Nigeria for men to have extra-marital relationships or to practice polygyny. However, these factors place women at higher risks for STIs infection.

(d) Polygyny

Another cultural practice identified by the informants is polygyny. They explained polygyny as a situation in which a man is married to more than one wife for reasons best known to him alone and he retains all of them.

The informants gave a diverse response regarding polygyny. Male informants 9 and 4 expressed that the reason why some men marry more than one wife is because it accords them influential status in the society. Polygyny according to them symbolises higher status, prosperity and affluence which attracts more respect from the members of the society. In addition, a male informant 10 admitted that his culture is not in support of a married man involvement in extra-marital affairs, although some people are involved in such activities. All the informants admitted that it is natural for an African man to be involved in polygyny. However, some informants expressed that there are various prerequisites that must be put into consideration in order for a man to achieve the polygyny status. This assertion as expressed by interviewees is as follows:

My culture is not in support of an illicit relationship between a male and female that eventually leads to fornication and adultery. Though a man can still marry more than one wife if he so wishes and he must get the consent of his first wife. (Male informant 11 from South-West)

Another informant expressed that some men try to justify their polygamist status by using the Quran:

Some men claim that they marry more than one wife because they don't want to have concubines outside their matrimonial home. The Islamic religion is also another reason, but I personally believe that people just manipulate the Quran to suit their selfish purpose. The Quran says you can marry one, two, three or four, but if you are afraid you will not be just and fair among them just take one. People use this as an excuse forgetting the condition of justice which is very difficult to achieve. (Female informant 11 from North-East)

Furthermore, another interviewee explained that polygyny status of a man does not prevent them from having extra-marital affairs:

It is sad to note that the culture of the Hausas is not effectively curbing the risky sexual behaviour of the people. I have a cousin that has three wives yet he was still involved in risky sexual behaviour outside of his matrimonial home. My cousin is late now and he

died of HIV/AIDS. Before he died, he was sick for a very long time and he was taken to different hospitals for treatment but unfortunately for him, he died. We later discovered that he died of HIV when his daughter that was given birth to after his death was diagnosed with having HIV/AIDS. When my cousin was sick, people thought it was a diabolic or spiritual attack from someone that envied him because of his wealth. The wives are still looking healthy and we cannot tell if they are already HIV positive. (Male informant 9 from North-East)

This finding suggests that polygamist status of a man does not prevent him from involving in risky sexual behaviour which leads to HIV/AIDS.

(e) Gender inequality

A number of views emerged on the gender inequality that females are made to naturally accept in the society basically because of their gender. The young people admitted that the female folks face a lot of restrictions because the society believes it is the norm. Generally, in Nigeria, the movement of the females are restricted to the barest minimum. Some of the young people believe that restriction of movement is a good cultural practice that can reduce the exposure of the females to risky sexual behaviour that might lead to HIV/AIDS; while some other respondents believe that the act makes some young girls to be under exposed to the fundamental things of life.

There is something called 'kule' which means that ladies must always be in door. They don't go out often.

When they eventually come out, you just admire them and the same thing applies with house wives too. They cover every part of their body, sometimes even the face and you don't see anything to admire. They are in purdah. Some of those that cover are married or dowries have been paid on them. The reason why they cover every part of their body is because they believe that their body belongs only to their husbands and people must not feast their eyes on it. For a girl that does not go out she can never be sexually exposed and for a girl that covers up her whole body there is no way that she will entice members of the opposite sex. (Male informant 4 from North-West)

In some homes, girls are not allowed to step out of their homes once they return from school. This principle may affect the girl because when she has the opportunity to step out she might be exposed to bad things of the society. (Male informant 5 from North West)

In addition to the above views, another informant gave further clarifications:

The Hausa culture also minimises the contact between boys and girls. The family house is being demarcated into two sections; a particular segment belongs to the guys and the other wing belongs to the girls. Boys do not play

together with girls, they play separately. In the Hausa homes, girls have restrictions on the places they can enter and boys too do not have the freedom to enter any room that belongs to the ladies except that the girl is the sister from the same mother and father. (Male informant 6 from North West)

It is clear from the above comments that the primary reason for the restriction of movements of young ladies in some parts of the country is to prevent her from indulging in risky sexual behaviour and also to protect the family name. Furthermore, the restrictive aspect of culture does not only curtail the risky sexual behaviour of the single girls but it also applies to the married women in the society. In the predominant Nigerian culture, it is culturally wrong for a married woman to go out without the permission of the husband.

In the northern part of Kaduna, women are seen as the husband's property because he provides everything she and her children need. Anything that the husband says must be followed without hesitation. The culture of the northern parts of Kaduna limits the movement of the women. The culture of restriction of movement affects mostly the married individuals than the singlesThe women must be at home at almost all the time and only for the pleasure of the husband. (Female informant 12 from North-West)

Another subservient role which young females are expected to comply with is the

use of females to entertain guests in the North-Central particularly among the Tiv people. Male informant 2 had the view that this practice is a risky socio-cultural practice that has the tendencies of leading to an increase and spread of HIV/AIDS. This issue is captured in this comprehensive statement made by Male informant 4:

The people of Tiv in Benue State also have a culture in which whenever a male visitor comes to visit the family, the wife or daughter of the house owner is used to entertain the visitor as an appreciation; meaning that the wife or daughter will have sexual relations with the visitor. Some interior parts of Tiv land still practice this norms but civilisation is gradually eradicating the practice. I personally feel that the practice in Tiv land is fuelling STIs (Male informant 4 from North-Central).

According to female informant 13, this practice is strictly secretive because no one would like to see his wife, sister or daughter with another man and no married woman would like to be caught with another man. Another female informant from the North-Central Nigeria admitted that the arrangement is strictly secretive between only the people concerned but it is a very risky one because HIV/AIDS is now rampant. The above practices show that young ladies are still faced with different kinds of discrimination as a result of some customs, traditions and typical mind set of the Nigerian society which considers the girl child and women as inferior beings.

Discussion

The in-depth interview provided important insights into Nigerian culture and the perception of young people on how it can be used to curb risky sexual behaviour. The study establishes the fact that despite modernization, virginity is a value that gives woman a lot of respect among her family, peers, in-laws and husband. This singular act calls for celebration, appreciation and exchange of gift from the family of the groom to that of the bride. This shows that virginity is a value that can be used to reduce the prevalence of HIV/AIDS in the society. The study also reveals that some young ladies maintain their virginity in order to bring dignity and prestige to the family name. This finding is corroborated by Ebire and Ola (2014) which showed that virginity is a virtue that the people from the South-West Nigeria uphold till they get married. Oyefara (2013) elucidated further that virginity is a heritage in Nigeria which can be used to promote the prevention of STIs transmission in Nigeria.

Furthermore into the research, it was revealed that the fear of tarnishing the family's name propels some of these young people from involving in risky sexual behaviour that can lead to unwanted pregnancy. Some of the young people who could not keep their virginity try to avoid premarital pregnancy. The study also showcased that some parents and guardian make their wards to go through the process of virginity test. However, some gender activists in the country strongly opposed the practice of virginity test which they regard as demeaning the integrity of the young girls (Adeokun et al., 2006). As a result of this resistant, there has been reduction of virginity tests conducted in the country. Since keeping family honour synchronises with checkmating any form of risky sexual behaviour; thus, it is important for HIV/AIDS preventive campaign to utilise the family pride attached to a

virtuous life among young people in the design of their HIV/AIDS preventive communication campaign.

This study also revealed that Female Genital Mutilation (FGM) is still practised among the people from the South-eastern part of the country. The rationale for the practice was to decrease the sexual libido of females which is recognised as a way for checkmating her risky sexual behaviour. The informants expressed that FGM has helped them to maintain their virginity. Two of the informants stated that they will also circumcise their daughters when the time comes. Some of the females are circumcised at infancy, while some ladies were circumcised prior to becoming a bride. The findings of the study show that despite the several policies that were enacted in different states in Nigeria and the advocacy campaigns which proclaimed that the practice is illegal, some people still have a strong belief for circumcision because of the female informants from South-east Nigeria support the practice probably because of the socio-cultural benefits that they derive from it. Studies have shown that the practice still persists in Nigeria (Abubakar, Iliyasu, Kabir, Uzoho & Abdulkadir, 2004; Babalola, et al., 2006; Ezenyeaku, Okeke, Chigbu, & Ikeako, 2011). More importantly, the practice of female circumcision has been documented to be higher in the South-east Nigeria than other parts (Abubakar, Iliyasu, Kabir, Uzoho & Abdulkadir, 2004). Among the Yoruba tribe of Ekiti State and Atakumasi in Osun State both in the South-West Nigeria, FGM is performed in order to prevent the head of a foetus from coming in contact with the mother's clitoris during delivery because of the belief that it might lead to the death of the new born (Oguntuyi, 1979).

The campaign against FGM is not only a Nigerian affair but an issue that has been on the front burner of some female advocacy groups for over two decades

(Adeokun et al., 2006). Global interest has continued to rise in various aspects of female circumcision with World Health Organisation (WHO) collaborative study associating female circumcision with increased risk of adverse obstetric outcome and HIV/AIDS (Banks et al, 2006). In Nigeria, efforts have been made to discourage FGM. In 1994, the Nigerian Department of Women's Affairs, headed by a female minister, succeeded in getting the government to issue a decree outlawing FGM. Similarly, in 1999, a bill to abolish FGM was passed in Edo state (Onuh, 2006). Other states in Nigeria such as Cross River, Enugu, Delta, Edo and the Ogun States have also enacted laws banning the practice since the Civilian rule in 1999 (Ayenigbara, G. O., Aina, S. I., & Famakin, 2013; Ezenyeaku, Okeke, Chigbu & Ikeako, 2011). Some non-governmental organisations have also enlisted their support towards reducing the prevalence and changing attitudes towards FGM. The *Ndukaku* (Igbo word for 'health is better than wealth') of National Association of Women Journalists (NAWOJ) and Women Action Research Organisation (WARO) in Enugu State, Southeast Nigeria was established for the purpose of raising awareness of the possible negative effects of FGM, increase community dialogue about the practice, address cultural and socioeconomic issues that reinforce the practice, and mobilise community members to abandon the practice (Babalola, 2006).

Furthermore into the study, it was also observed that polygyny is practised among all the ethnic groups in Nigeria irrespective of their religious practices, however, it is most rampant among the people from North-West and North-East geo-political zones (Hausa people) of Nigeria. Though the reasons for involvement in polygamy vary across the different cultural terrains in Nigeria, it is obvious that the practice tends to support an equally traditional promiscuous lifestyle for men in Nigeria. In

the past, a man usually gets married to second or more wives if the first wife could not give birth to a male child who will take over the father's property and continue with the family name. Another reason advanced in those days was that more wives mean increased labour force and marketable produce which brings more wealth to the family. Furthermore, another reason for polygyny in the olden days is that more wives mean more children especially girls who bring into the family substantial wealth. However, these reasons are no more germane presently in Nigeria because some men involve in polygyny for reasons outside the ones named above. The data in the study revealed that polygyny is presently seen as a symbol of wealth and prosperity hence, the number of wives a man has in the North-West and North-East Nigeria determines the respect and accolade that he gets from the society. As a result of this status symbol attached to polygyny, some men are so eager to be indoctrinated into it and some parents also marry wives for their sons. Though, polygamy might have its positive side because it is believed that it helps to reduce risky sexual behaviour of a man. However, the negative aspect is the danger that once one of the wives or the husband is infected with HIV/AIDS or other STIs, it can lead to other parties to contract the infection. Therefore, polygyny has some implications on the prevalence of HIV/AIDS because if one party is infected, it can lead to the infections of the rest of the individuals who are parties in the polygamous set-up. Recent studies also confirm that the polygamous status of a man has not been able to curb the extra-marital affairs in the society but it has further lead to an increase and spread of the disease (Azuonwu, Obire, Putheti, & Ekene, 2010; Iyayi, Igbinomwanhia, Bardi, & Iyayi, 2011; Owuamanam & Bankole, 2013). Therefore, polygyny as a cultural practice can be attributed to the

prevalence of HIV/AIDS in the Nigerian society. It can be deduced that self-restraint is the only innate quality that can restrain a man from involving in risky sexual behaviour. This shows that polygyny is an aspect of culture which has led to the prevalence of HIV/AIDS in Nigeria.

The data also revealed that gender inequality is still a paramount issue in the Nigerian society. The subservient role that most Nigerian women were subjected to lead to the prevalence of HIV/AIDS. For instance, *kuule* as it is practiced in the Northern part of Nigeria restricts the movement of women. This practice ensures that the husband's permission is sought before the women can go out of their matrimonial homes. It was also observed that this singular act might limit the vulnerability of women to indulge in risky sexual behaviour which can result into HIV/AIDS. However, men's movements are not restricted by their spouses which invariably lead to the spread of HIV/AIDS among men. The woman cannot question the movement of the man because it is out of her prerogative to know the husband's movement. Smith (2010) also observed that the movement of females in Nigeria is restricted since when she is in her parent's house till the period she gets married. This suggests that women have a strictly guided life since the period of their infancy till the period they get married and she is expected to be humble herself before her husband because it is a prerequisite for marital sustainability.

The study also showed that gender inequality in Nigeria made women have less power over reproductive decisions that affect their health. The social norms in Nigeria confer a lower status on the female hence women are used to entertain guests among the Tiv people (North-central) of Nigeria. In support of the above findings, Omadjohwoefe (2011) asserted that in the Nigerian society, male are generally given

higher value and authority and even rewarded more than their females' counterpart and the female folks are made to be subservient to the authority of the males irrespective of their desires and wants. Similarly, the World Health Organisation (WHO) in 2009 also asserted that in many countries and societies around the world, women and girls are treated as socially inferior. This cultural practice further increases the prevalence of STIs in the country.

The data revealed that the cultural practices in Nigeria are at the heart of promoting, sustaining and fanning the spread of HIV/AIDS because it does not address extra-marital activities of men in Nigeria. The prevalence of male prerogative and power across the three major ethnic groups gives them the liberty to be sexually disrespectful to their spouses. The study shows that culture curbs the sexual recklessness of women while man's philandering is often tacitly tolerated thereby making the women to be susceptible to the contraction of the virus from them. Smith (2007) confirms this finding in his research which concludes that marriage does not prevent a faithful married woman from contracting HIV or other STIs in Nigeria.

The study also established that it is obligatory for a woman to remain faithful to her spouse despite the man's unfaithfulness to the marital vows. This finding is replicated in the study of Smith (2010) which identified that in the South-Eastern part of Nigeria, a wife is expected to be faithful to her husband and devoted to her children no matter the situation she finds herself. Also, the inequality in gender in Nigeria had shown that women have less power in marital decision making when compared to the men folk (Momoh, Moses, & Ugiomoh, 2006). Other scholars also attributed the low status conferred on women folk in the Nigeria society as the reason for the involvement of men in

extramarital affairs (Momoh, Moses, & Ugiomoh, 2006 and Ali-Akpajiak & Pyke, 2003).

The extramarital affairs that men involved in have an important role to play in the prevalence of HIV/AIDS in the Nigerian society. Culture does not address the infidelity of men, it is only pungent on the infidelity of women, as a result of that several married men engage in risky sexual behaviour that increases the prevalence of STIs. Since the infidelity of a man has been identified as a cultural practice in Nigeria, it is important to have a good knowledge of the influence of the practice on the prevalence of HIV/AIDS.

Conclusion

The data in this study has emphasised the need for preventive communication campaigns in different parts of the country to put into consideration the different cultural practices such as FGM, virginity, polygyny, gender inequality and men extra-marital affairs that determine the life of the people. Since it would not be possible to fight against the system of cultural practices in Nigeria, rather it is advisable to adapt the discourse of preventive communication campaign to the local realities of the people who are recipient of the information (Preston-Whyte, 1995; Gausset, 2001). Fighting against cultural practices might be a waste of time and resources, as it is not possible to stop Nigerian men from involving themselves in polygamous marriage or extra-marital affairs. It is true that polygyny might be responsible for accelerating the prevalence of the HIV/AIDS because if one partner is infected within a polygamous family, the other parties in the polygamous set-up are also at high risk of being infected when compared to a monogamous family. However, polygyny in itself is not what spread HIV/AIDS and the absence of it will only reduce the prevalence of HIV/AIDS risks but not stop it (Gausset, 2001). A polygamous family in which all partners

are faithful to each other, or in which all partners practice safe sex in their extramarital affairs, is no more at risk than a monogamous family which has the same practices. Polygyny and monogamy are not the issues rather it is fidelity or the practice of safe sexual extra-marital affairs. To fight against polygyny or extramarital affairs will not make people behave more responsibly and practice safe sex. Moreover, polygyny is deeply ingrained in a great number of African cultures, and a part of a complex set of social and economic relations, which makes it unlikely that one could eradicate this practice in the near future. The important issue is for HIV/AIDS prevention campaign planners to recognise these cultural practices while advocating for safe sexual relations either through the use of condoms or through blood testing of the partners.

FGM was viewed by some of the informants as having a positive impact in curbing risky sexual behaviour of young people despite the campaigns against it. The views encapsulated by some female informants showed that there were some socio-cultural elements behind the motive for female circumcision. Therefore, HIV/AIDS campaign should strive to cajole people against unsafe circumcision however if they wish to circumcise their children they should strive to make use of professionals in the field who makes use of a new cutting instrument which has been disinfected before being used.

Virginity remains the best protective cultural practice in the fight against HIV/AIDS in Nigeria, therefore campaign planners should strive to incorporate this virtue of remaining a virgin in their HIV/AIDS campaign programmes.

The HIV/AIDS preventive communication campaigns need to take into consideration any intervention that seeks to change behaviour must be rooted in the structural realities and peculiarities of people in

different part of Nigeria. The different ethnic affiliations in Nigeria possess different cultural peculiarities that must be systematically understood hence there is a need for cultural segmentation of HIV/AIDS preventive campaigns in the different parts of the country. Anything contrary to that runs the risk of failing. Individual cultures within the country have its specific belief system that governs its conceptualization of disease epistemology. The results of the fieldwork in this study have shown that people are comfortable when confronted with a health message that acknowledges the realms of the culture. Any health intervention programme which does not take the question of cultural norms of target communities very seriously runs the risk of underachieving as far as effecting behaviour change is concerned. According to Gould (2007) it is impossible to negotiate any level of human change without confronting culture. Similarly, it is catastrophic to alienate the local population whose cooperation is crucial if we are to prevent the further spread of HIV/AIDS (Gausset, 2001). Consequently, a cultural approach sets out to systematically engage with what Gorringer (2004) calls "web of significance" a term that describes the totality of the intricacies of culture. It stands to reason that a worldwide health crisis such as HIV/AIDS which is deeply rooted in culture requires cultural solutions.

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