

## Socio-Cultural Factors Responsible For the High Incidence of HIV in Nigeria: A Study of Akwa Ibom State, Nigeria.

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### ABSTRACT

Nigeria accounts for 9% of people living with HIV globally, and has the second largest HIV disease burden in the world with 3.2 million, after South Africa which has 6.8 million burden of the disease. The country accounted for about 65% of pregnant women who tested positive for HIV as at 2016. Women who are HIV positive, who gave birth and contributed to the pool of mother to child transmission increased to about 26% in 2016, notwithstanding the enhanced efforts devoted to the prevention of mother-to-child HIV transmission (PMTCT), the nationwide. Meanwhile, NACA states that unprotected heterosexual sex accounts for 80% of new HIV infections in Nigeria, with the majority of remaining HIV infections occurring in key affected populations such as sex workers. It added that Akwa Ibom State tops the prevalence rate chart with about 5.6% of its residents living with the virus, and it's one of the six states in Nigeria that accounted for 41% of people living with HIV in Nigeria. Thus, HIV is still a major contributor to the burden of disease in Akwa Ibom State and is particularly devastating because it affects the population in their most productive years. The finding of the high HIV incidence calls for renewed and innovative efforts to prevent HIV infection among young adults especially. This paper recommended the need to urgently reach the younger generation with HIV prevention and treatment services, and put in place research that can better understand the factors that are driving HIV transmission among adolescents and young adults in Akwa Ibom State.

**Keywords:** HIV, transmission and adolescents

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### INTRODUCTION

HIV is an acronym for Human Immuno-Deficiency Virus. It is a blood-borne virus which destroys the body's immune system, and transmitted mainly through sexual contact and the use of unsterilized needles. Its means of transmission increases the risk of contracting the infection. HIV remains one of the public health challenges in recent times, responsible for morbidity and mortality across different age group [1]. It is estimated that there are about 37.9 million people living with HIV globally [2]. Of these, 36.2 million were adults and 1.7 million were children less than 15 years old [2]. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), an estimated 1.7 million individuals worldwide became newly infected with HIV in 2018 [2]. Meanwhile, in 2018, only 79% of people with HIV globally knew their HIV status [2].

Nigeria accounts for 9% of people living with HIV globally, [2], and has the second

largest HIV disease burden in the world with 3.2 million, after South Africa which has 6.8 million burden of the disease [3]. The country accounted for about 65% of pregnant women who tested positive for HIV as at 2016 [4]. Women who are HIV positive, who gave birth and contributed to the pool of mother to child transmission increased to about 26% in 2016. Bamgboye, *et al* [5] reports that notwithstanding the enhanced efforts devoted to the prevention of mother-to-child HIV transmission (PMTCT), the nationwide coverage of the Nigerian PMTCT program remains poor.

Meanwhile, [6] states that unprotected heterosexual sex accounts for 80% of new HIV infections in Nigeria, with the majority of remaining HIV infections occurring in key affected populations such as sex workers. It added that Akwa Ibom State tops the prevalence rate chart with about 5.6% of its residents living with the virus [6] and it's one of the six

states in Nigeria that accounted for 41% of people living with HIV in Nigeria [6]. A study by [7] indicates that, HIV prevalence was highest in the South-South (3.30%, 95% CI: 2.7-3.9) compared to other regions, followed by North central (2.74%, 95% CI: 2.14-3.31) and the prevalence was similar in the South West (1.95%, 95%CI: 1.37-2.52) and South East (1.94%, 1.38-2.52), and lowest in the North West (1.0%, 95% CI: 0.57-1.64). These findings collaborates the results of the 2018 NAIS report, which found that the South-South zone of the country had the highest HIV prevalence, with 3.1% of persons aged 15-49 years infected. The North Central zone (2.0%) and the South East zone (1.9%) also have high HIV prevalence. The South West

#### LITERATURE REVIEW

Report by [10] indicates that Nigeria has made progress in the fight against HIV/AIDS. According to the brief, the just concluded national AIDS indicator impact survey (NAIS) revealed that the national prevalence of HIV is 1.4% with an estimated 1.9 million people infected with the virus, with 7 out of the 36 states in the country responsible for over 50% of this burden. The top 3 states by burden include Rivers, Benue and Akwa Ibom states, while Akwa Ibom state has the highest prevalence in the country at 5.5% with an estimated burden of 178,000 people living with HIV. Of these, it is estimated that close to 120,000 have an unmet need for life-saving antiretroviral therapy and this has necessitated the need for a mix of interventions that can reduce this gap and ensure that most patients initiated on therapy, remain on therapy and achieve viral load suppression in line with the UNAIDS laid out 90-90-90 targets. It added that some factors contributing to the widespread of HIV in the state include low HIV risk perception among the populace, difficult geographic terrain in parts of the state resulting in poor access to available ART services, high risk sexual behaviour especially among young people and entrenched socio-cultural practices. Religious and superstitious beliefs about HIV adversely affect the health seeking behaviour of the population. These beliefs

zone (1.1%), the North East zone (1.1%), and the North West zone (0.6%) have lowest HIV prevalence [2]. The South-South zone represents states in the Niger delta region, and the high HIV prevalence in this region is generally attributed to concurrent sexual partnerships, weak public sector health care and education systems, poverty, migration, and sex work [9]. To effectively close this gap, [10] reports that HIV intervention activities were proposed to include a minimum package of in-facility and community based interventions, aimed at achieving treatment saturation for people living with HIV in the state by the end of year 2020. Nevertheless, the high incidence of HIV in the region says otherwise.

also fuel stigma and discrimination within the various communities, constituting a significant barrier in access to care [10]. Thus, [11] embarked on a cross-sectional population-based study conducted at the household level in 31 local government areas (LGAs) of Akwa Ibom state. Their findings revealed that, of the 8,306 consenting adults, the HIV prevalence was 4.8%. From the 370 HIV-positive samples tested for HIV recency, the median age was 35 years, 48.8% had CD4+cell count>500/mm<sup>3</sup> and 81.3% was not virally suppressed. Viral suppression was greater among females (21%) than for males (13%). The weighted, adjusted HIV-1 incidence was 0.41/100 person-years (95% CI 0.16 to 0.66); translating to 13,000 new cases of HIV infections annually in Akwa Ibom, a state with a population of 5.5 million. The incidence rate was the highest among participants aged 15 to 49 years (0.44%, 95% CI 0.15 to 0.74) translating to 11,000 new infections annually, about 85% of all new infections in the state. Awofala and Ogundele [12] the highest numbers of HIV prevalence were found mostly in Benue, FCT, Anambra, Bayelsa and Akwa Ibom States of the federation. These marked differences in the prevalence rates among these states could be due to a number of factors including but not limited to cultural differences, varying levels of education, religion and differing socio-economic structures. Indeed, there must

be interplay of these factors on HIV/AIDS outcomes in these states. The variations in socio-cultural and religious practices among about 400 different ethnic groups in Nigeria have implications on the risk of HIV transmission. Notably, some practices that include multiple and concurrent sex partners, delivery outside the health facility without a skilled birth attendant, female genital mutilation, unsterile traditional bloodletting and traditional marking and tattooing will lead to an increase in the risk of HIV transmission [13].

#### **Socio-Cultural Factors Responsible for the Prevalence of HIV in Akwa Ibom**

Modo, Modo and Enang [14] posited that there may be some socio-cultural reason why HIV prevalence rate is high in Akwa Ibom state. Accordingly, [15] undertook a study on Correlates of uptake of HIV testing among children and young adolescents in Akwa-Ibom state, and found that inadequate HIV knowledge among young person along with socio-cultural factors may contribute to stigmatizing tendencies towards those infected and affected by HIV. They observed that even though the HIV stigma level has declined, the increased stigma and discrimination, especially against young adolescents will continue to hinder them from testing and adhering to treatment. In the same vein, [16] carried out a study on cultural practices and human rights implications on HIV/AIDS discrimination and other related issues in Nigeria. Results pointed out that in some cultures, there exist the wrong notion that if a man has sex with a virgin, he will be cleansed of diseases particularly the chronic ones such as HIV. As a result, a huge number of young girls and women have being predisposed to the high risk of being raped or unduly coerced to involuntary sexual intercourse by men influenced by such fallacy [17,18,19,20,21,22].

Supporting this position, the findings by [17] who examined lifestyle and prevalence of HIV/AIDS in riverine communities in Akwa Ibom state, indicated that 60% of the respondents believed that HIV is caused by

witchcraft, while 60% agreed to have more than one sexual partner. Similarly, [16] points out that, the practice of wife inheritance which is rife in some parts of the country permits the wife of a deceased man to be inherited by his brother or relations. In some severe cases, women who refuse such practices are thrown out of the family house and denied benefits accruable from the husband's family. Those who are unable to fight for their rights are coerced involuntarily and are subdued to this cultural practice that has a high propensity of spreading HIV/AIDS among the women. They further add that the harmful tradition of Female Genital Mutilation, especially in rural areas, predispose women to the spread of HIV, as those who carry out the act often use unsterilized objects.

In another development, the practice of under-age or early marriages makes the girl child vulnerable to HIV infection often because, the HIV status of the prospective husband is not usually verified before marriage [16]. This culture which is believed to curb promiscuity has contributed to high prevalence of HIV. Additionally, the susceptibility of women to sexual violence increases the chances of HIV transmission [16]. Violent acts such as rape, including curative rape of lesbians (using rape as a corrective measure for their sexual orientation) and employers' rape of female domestic workers, often receive no redress due to the unequal power relations involved, and also because victims are dissuaded by relatives not to speak up due to the societal shame, perceived loss of value and/or marriage prospects of the women/girl. In Nigeria also, same sex marriage has been criminalized by the Same Sex Marriage (Prohibition) Act 2014 which makes the offence punishable with 14 years imprisonment. This means that lesbians as well as other groups may secretly contract marriages with their partners without going for HIV test before the marriage in order to avoid punishment, thereby increasing the spread of HIV [16].

**Theoretical Framework**  
**Health Belief Model**

This work is anchored on Health Belief Model. The model is primarily aimed at motivating people to take positive health actions that reduce negative health consequences. HBM is relevant to this study because, it is generally being applied to health concerns that are prevention- related. Health belief model is also one of the models of behavior change typically used for studying and promoting

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the uptake of health services [18,19,20,21,22]. This model guides and informs health communication and promotion programmes as regards to individual response and utilization of health services. The health belief Model is a psychological model that attempts to explain and predict health behaviors by focusing on the attitudes and beliefs of individuals. It was first propounded in the 1950s by Houcbaum, Rosenstock and Kegels.

**CONCLUSION/RECOMMENDATION**

HIV is still a major contributor to the burden of disease in Akwa Ibom State and is particularly devastating because it affects the population in their most productive years. The finding of the high HIV incidence calls for renewed and innovative efforts to prevent HIV infection among young adults especially.

It is imperative therefore, to urgently reach the younger generation with HIV prevention and treatment services, and put in place research that can better understand the factors that are driving HIV transmission among adolescents and young adults in Akwa Ibom State.

## REFERENCES

1. Woga, Awodeji and Ekpenyong, Robert. (2015). An evaluation of the current distribution pattern of HIV & AIDS in Akwa Ibom State using Geographic Information System. 3. 21-34.
2. UNAIDS. UNAIDS Data 2020. Joint United Nations Programme on HIV/AIDS. <https://www.unaids.org/en/resources/documents/2020/unaids-data>.
3. Federal Ministry of Health (2013). National HIV & AIDS and Reproductive Health Survey 2012, NARHS Plus II.
4. National Bureau of Statistics and United Nations Children's Fund (2017). Multiple Indicator Cluster Survey 2016-17, Survey Findings Report. Abuja, Nigeria: National Bureau of Statistics and United Nations Children's Fund.
5. Bamgboye, E. A., Gado, P., Olusanmi, I., Magaji, D., Atobatele, A., Iwuala, F. and Ladipo, O. A. (2019). Mode of transmission of HIV infection among orphans and vulnerable children in some selected States in Nigeria. *Journal of AIDS and HIV Research*, 11(5), 47-51.
6. National Agency for the Control of AIDS (NACA, 2015). Global AIDS Response Country Progress Report Nigeria GARPR 2015. National Agency for the Control of AIDS (NACA), Abuja, Federal Republic of NIGERIA. Pp: 1-77
7. Chinedu Ifeanyi Atama , Excellence Chidera Nnaji , Ifeanyi Christian Ezeoyili, Faith Okwukwe Udeani , Chioma Juliet Onovo , Nelson Ike Ossai , Ifeanyi Oscar Aguzie & Christopher Didigwu Nwani (2020). Neuromodulatory and oxidative stress evaluations in African catfish *Clarias gariepinus* exposed to antipsychotic drug chlorpromazine, Drug and Chemical Toxicology
8. Udoh, I. A., Mantell, J. E., Sandfort, T. and Eighmy, M. A. (2009). Potential pathways to
9. HIV/AIDS transmission in the Niger Delta of Nigeria: Poverty, migration and commercial sex. *AIDS Care*, 21(5), 567-574
10. Family Health International, 360 (2019). Implementing the Surge HIV Response In Akwa Ibom: An Accelerated HIV Epidemic Control Drive. Technical Brief. Retrieved from: [www.fhi360.org > files> documents](http://www.fhi360.org/files/documents)
11. Negedu-Momoh, O. R., Balogun, O., Dafa, I., Etuk, A., Oladele, E. A., Adedokun, O., James, E., Pandey, S. R., Khamofu, H., Badru, T., Robinson, J., Mastro, D. T. and Torpey, K. (2021). Estimating HIV Incidence in the Akwa Ibom AIDS Indicator Survey (AKAIS), Nigeria using the Limiting Antigen Avidity Recency Assay. *Journal of the International AIDS Society*, 24(25669), 1-8.
12. Awofala, A. A. and Ogundele, O. E. (2016). HIV Epidemiology in Nigeria. *Saudi Journal of Biological Sciences*. Retrieved from: <http://dx.doi.org/10.1016/j.sjbs.2016.03.006>
13. Nigeria National Agency for the Control of AIDS, (2010a). National HIV/AIDS Strategic Plan 2010-2015. Nigeria National Agency for the Control of AIDS, Abuja, Nigeria. Retrieved from: <http://nigeria.unfpa.org/pdf/nsp.pdf>.
14. Modo, V. O., Modo, F. N. and Enang, P. I. (2011). Socio-cultural Factors responsible for increasing rate of HIV/AIDS in Akwa Ibom State of Nigeria. *Ethno Med*, 5(2), 141-147.
15. Adetoro, D., Khamofu, H., Badru, T., Markson, J., Adedokun, O., Sandah-Abubakar, N., Dafa, I., Chen, M., Chiegil, R. and Torpey, K. (2021). Correlates of Uptake of HIV Testing among Children and Young Adolescents in Akwa- Ibom State, Nigeria: A Secondary Data Analysis of the Akwa-Ibom AIDS Indicator

- Survey, 2017. *BMC Pediatrics*, 21(33) 1-9.
16. Uwakwe, F. C. and Aloh, J. N. (2019). Cultural Practices and Human Rights Implications on HIV/AIDS Discrimination and Other Related Issues in Nigeria. *Nnamdi Azikiwe University Journal of International Law and Jurisprudence*, 10(1), 20-31
17. Ekpu, F. S. and Obioesio, I. E. (2013). Lifestyle and Prevalence of HIV/AIDS in Riverine Communities in Akwa Ibom state, Nigeria. *Asian Journal of Social Sciences & Humanities*, 2(3), 251-260.
18. Sanda, H. U. (2014). Media Awareness and Utilization of Antenatal Care Services by Pregnant Women in Kano State-Nigeria. *Journal of Social Science Studies*, 1(2), 85 - 111.
19. A Constantine (2022). Social Economic Status in Selected Secondary Schools in Ibanda District Uganda. *IAA Journal of Education* 8 (1), 73-89.
- Eze
20. OA Hussein, M Joy, JN Musiime (2022). Evaluation of the factors associated with immediate adverse maternal outcomes among referred women in labor at Kampala International University Teaching Hospital. *IAA Journal of Biological Sciences* 8 (1), 228-238.
21. B Petrus, E Nzabandora, E Agwu (2022). Factors associated with Pelvic Inflammatory Disease among Women Attending the Gynecology Clinic at Kampala International University Teaching Hospital, Uganda. *IDOSR Journal of Biochemistry, Biotechnology And Allied Fields* 7 (1), 48-63.
22. B Petrus, N Emmanuel, A Ezera (2022). Bacteriology of Pelvic Inflammatory Disease among Women Attending the Gynecology Clinic at Kampala International University Teaching Hospital, Uganda. *IDOSR Journal of Experimental Sciences* 8 (1), 1-14.