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VUNA Journal of History and International Relations (VUNA-JHIR) is a journal of the Department of History and International Relations, Veritas University, Abuja that publishes well researched articles, book reviews, review articles and scholarly opinions from the academia, policy makers and opinion molders among others, on a wide range of topics in History and related disciplines dealing with issues that augments knowledge and ideas, whose lessons would provide the path towards scholarship development, peace, harmony, and security in Nigeria, Africa and the world.

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VUNA-JHIR editorial policy is neither committed to any constricted ideological prism nor political viewpoint. Instead, it recognizes that a wide range of multidisciplinary approaches are fundamental in understanding a wide range of issues surrounding the respective disciplines of history in particular and the humanities in general. It equally appreciates that opposing viewpoints and ideologies, which have shaped and are still shaping the understanding/misunderstanding of historical issues are legitimate in academic discourses. This is one of our responsibilities in a university; and as scholars, our aim is the universalization of knowledge and cross-pollination of ideas for development and human progress.

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CULTURAL PRACTICES, HIV/AIDS AND ECONOMIC VIABILITY AMONG WOMEN INCROSS-RIVER STATE

Odeigah, Theresa Nfam

ABSTRACT

The Human Immune Deficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS), which is a terminal phase of HIV infection, emerged as a pandemic over three decades ago. The disease has imposed a heavy threat to the health of many women and it is a big burden to them economically, socially, psychologically and even culturally. HIV is a virus that attacks the body's defence system rendering it vulnerable to many other diseases and complications. This study examines HIV/AIDS and the associated economic scourge among women living with HIV/AIDS in Cross-River State of Nigeria. This paper adopts a multidisciplinary approach to examine critically this monster and concludes that gender differences, gender inequality, gender based violence, other gender norms and unkind traditions fuel the spread of HIV infection in women in Cross-River State, bringing about poor health and economic outcomes.

INTRODUCTION

The Human Immune Deficiency Virus (HIV) is the virus that causes the infection called HIV infection and the terminal stage of HIV infection is called Acquired Immune Deficiency Syndrome- AIDS (Sepkowitz, 2001). HIV was discovered in 1981 among homosexuals or men who have sex with men in the United States of America (Gallo, 2006). In Nigeria the first reported case of HIV infection was in a 13year old girl who was involved in hawking food to augment the family income (Abdulsalam and Tekena, 2006). HIV infection is mainly transmitted through unprotected sexual intercourse, blood transfusion and through the use of contaminated sharp objects like needles, blades etc. The disease has no cure yet but there are drugs for its management and control.

There are about 36.9 million people in the world who are living with HIV/AIDS and the disease has in its thirty-five years history killed about 34 million people worldwide (WHO, Global Health Observatory 2014). Sub-Saharan Africa is the most affected continent in the world and presently has about 25.8 million people living with HIV/AIDS. This is about 70% of the number of people with HIV/AIDS worldwide and the

women in Sub-Saharan Africa constitute 58% of all people living with HIV (Sub-Saharan Africa 2015). Sub-Saharan Africa has also recorded more deaths from HIV/AIDS than any other continent in the world and for women in their reproductive years (ages 15-49), HIV/AIDS is the leading cause of death (UNAIDS, Cap Report, 2014). Being the country with the second highest number of people with HIV/AIDS in the world, Nigeria also has a lot of HIV/AIDS burden (Nigeria National HIV Sentinel Survey, 2010). Nigeria has about 3.5 million people living with HIV and 3.1% of adults are HIV positive. There are about 250,000 new HIV infections and about 180,000 AIDS related deaths every year in Nigeria (UNAIDS, Epidemiology fact sheet on HIV and AIDS in Nigeria, 2014).

The prevalence of HIV infection and AIDS is high among the states in the Eastern Niger Delta area of Nigeria. Based on the 2006 National Population Census, the Eastern Niger Delta area of Nigeria is estimated to have a population of four million people. (National Population Commission, 2016).Cross-River State is one of the two states in the Eastern Niger Delta area of Nigeria and it has a prevalence of 4.4% which is higher than the 4.1% national HIV prevalence rate. What this indicates is that the state is among the top ten states with the highest HIV prevalence in Nigeria (NACA-Reproductive Health Survey, 2015).

Agriculture and trade have been the dominant occupation of the women in Cross-River State and this is said to provide a living income for over 60 percent of the women especially in the rural areas (Njoku, 2001). The women are involved in the cultivation, harvesting and marketing of various agricultural produce as well as processing such agricultural produce into other valuables. For instance, cassava cultivation, production, processing and marketing can be said to be the sole responsibility of the women. The women are also involved in fishing, fish processing and preservation. They also play very important roles in salt production, pottery and are therefore very important in the sustenance of the local economy.

It is the contention of this paper that the economic viability of women in Cross River State has been greatly hampered by the prevalence and spread of HIV/AIDS which not only leads to death and incapacitation, but also reduces their productivity level, (Klimas, Koneru and Fletcher, 2008).

FACTORS RESPONSIBLE FOR THE INCREASED RISK OF HIV/AIDS INFECTION AMONG WOMEN IN CROSS-RIVER STATE

It has been found that women are at a higher risk of acquiring HIV/AIDS infection than men. There are several factors responsible for the higher prevalence of this disease among the women. Medical Science has explained that women are more at risk of HIV infection because the surface area of the female sexual organ is larger than that of the male and so physiologically unprotected sexual intercourse will more easily result in higher rate of infection in female. Indeed, women are, at least, twice more likely to acquire the virus from men during sexual intercourse.

Unprotected sexual intercourse among commercial sex workers is common in Cross-River State, because it is seen as a means to earn a living to reduce poverty. The women therefore can easily get infected from unprotected sexual intercourse with multiple sexual partners (HIV/AIDS Cases Rise in Niger Delta Region, 2007).

Available statistics show that unprotected heterosexual intercourse accounts for about 80% of new infections in Nigeria and sex workers account for 23% of new HIV infections. While about 25% of female sex workers are HIV positive, this is eight times higher than that of the general population (UNAIDS Epidemiology fact sheath on HIV and AIDS in Nigeria, 2014). Physical injury of the sex organs from sexual intercourse also increases the chances of infection during sexual intercourse which is more common among the women. This is because of the peculiarities of the male and female sexual organs (https://www.avert.org).

Women are most times victims of forced sexual relationships in the context of which they are exposed to infection. To illustrate this, the activities of the militants, kidnappers, armed robbers and cultists which are rampant in Cross River State increase the chances of trauma, violence and infection during forced sexual intercourse. When sex is non-consensual as through the use of force, coercion or rape, the chances of HIV infection is much higher (Dranghon and Sheridan, 2012).

For cultural and economic reasons, women are unable to negotiate contraception and safe sex, as a result of which they are forced to have

sex, at times, with HIV positive husbands (and men) because they do not want to be thrown out of their homes. Women with HIV infection generally have reduced economic activities because of the impact of the virus on their health. This has adversely affected trade and other economic activities in the rural areas of Cross-River State due to the decline in some of the activities women engage in such as palm oil processing, cassava growing and garri production.

Some cultural practices in some parts of Cross-River State also help to fuel the risk of HIV infection among the women. In some communities, unprotected sexual intercourse is an aspect or component of their festivals, rituals or customs. During such festivals, some participants engage in unprotected sexual activity with people whose HIV/AIDS statuses are not known. (Uduak, 2016). Today, New Yam festivals and rituals still go on also in some parts of Cross-River State and further increase the risk of infection among women. This information should be important to government, especially when planning intervention efforts to reduce the scourge of HIV/AIDS in the State.

The practice of wife inheritance by male relatives of dead women can also be a factor. Scarification marks on the body or tattooing and some other native medicinal practices can predispose the women to a higher risk of acquiring the virus. The scarification marks or tattooing are often done with unsterilized blades or objects on several people, at the same time and this involves incisions on the body resulting in contacts with blood or body fluids of people who may be HIV positive. This can lead to the spread of the deadly virus to as many people as possible (Cohen, Hellman, Levy, DeCock and Lange, 2008).

Economic factors are also responsible for the higher risk of the spread of HIV among women in Cross-River State. A lot of women are not gainfully employed because from inception within the traditional African family setting, the boys are given preference in terms of educational attainment, skill acquisition and training. Consequently, the women are at disadvantage in such society. Furthermore, some cultural restrictions have also forced some women in Cross-River State into commercial sex work, to earn a living and provide for their families. Commercial sex work is said to be the oldest profession in the world and it is fundamentally based on economic gains in exchange for sex.

A scholar has pointed out from his research on the spread and prevalence of HIV/AIDS in the Niger Delta region, that for every ten female undergraduates in the tertiary institutions (in the Niger Delta area who were self sponsored), seven were involved in commercial sex work. Also, for every ten female students who were self sponsored, eight were involved in sexual relationship with more than one married man at a time (Oyibo, 2007). The women are also more in the population generally and this may also explain in part why there are more women with HIV infection than the men in Cross-River State.

Stigma and discrimination against women with HIV infection is a major hindrance to effective and proper treatment and prevention of the disease. This has further fuelled the spread of the disease because those infected for fear of discrimination would hide their HIV status from even their spouses and still engage in unprotected sexual intercourse. Similarly, stigmatised women do not freely present themselves early to receive treatment, support and care and therefore eventually reducing the capacity of the women to be economically productive (Parker and Aggleton, 2003).

The woman so stigmatized may eventually be denied access to land for farming. It is pertinent to note that culturally, the women do not own land in Cross-River State and so a lot of women are denied the right to be economically productive and self-reliant. Although women do have legal rights to land, in Nigeria and most parts of Africa, the patriarchal society and culture undermines their ability to exercise such rights (The Economist, 2014). In cases where such infected women enjoy access to land for farming people in the communities do not readily patronize them and buy their farm produce.

This has been reported in some parts of northern Cross-River State such as Ogoja and other surrounding towns. There is therefore no available market for HIV infected women to sell their farm produce because of stigma (Banko, 2016).

A patriarchal society with a culture of preference for the male child as it is in Cross-River State and other parts of Nigeria encourage women with female children to have more children in an attempt to have male children. The inter-pregnancy interval is not only known to be short for

such women, polygamy may also be encouraged in their quest for male children, thus increasing their risk of acquiring HIV infection (World Bank Policy Research Working Papers, 2014).

The girl child to some extent is unable to access the family life and HIV education programme which has been introduced into the primary school curriculum in Nigeria as a way to start early in life to create awareness about HIV/AIDS. The girl child enrolment rate in schools is less than that of their counterparts and therefore this early intervention that has the potentials to combat HIV scourge in women is denied many girls due to poor enrolment into schools (Nigerian Educational Research and Developmental Council, 2003).

Women, who are employed or involved in commercial farms and co-operatives, or those in the informal sector, are usually sacked or forced out of the group once they are known to have been infected by HIV leading to abrupt loss of income for the families (Golden, 1994). On many occasions when some women tested positive to HIV, they were divorced and forced out of the family house, destabilizing them and making them unable any more to engage in any economic activity. Some women are completely ostracized or killed because they are HIV infected (Crandall and Moriarty, 1995). Stigma and discrimination associated with HIV/AIDS as directed at the women folk has serious consequences on their economic activities and their families as well (Herek, Capitanio and Widaman, 2003).

Human trafficking is another major problem that has put the women at a greater risk for HIV infection. Trafficking of young girls and women across international borders is one of the major problems of our country and this is common in Cross-River State. The young and able bodied women are taken as housekeepers, maids and sex slaves across international borders with the promise of greener pastures only for them to end up in prostitution and other criminal activities (Dranghon et al., 2012). (Mother to child transmission of HIV infection can also occur when an infected mother gets pregnant or experience improperly managed delivery. Transmission can also occur while breast feeding especially when the woman does not have optimal medical attention (Gallo, 2006).

IMPACT OF HIV/AIDS ON THE ECONOMIC ACTIVITIES OF WOMEN LIVING WITH HIV/AIDS IN CROSS-RIVER STATE

The women in Cross-River State are primarily involved in farming activities such as planting, weeding, harvesting and selling of the agricultural produce. Fishing, drying and preservation of fish through the various traditional methods and the sale of fish in the various markets are all traditional roles of the women in Cross-River State. Over the years the men have also reserved these roles and important functions for the women. In the northern part of Cross River State, especially in Ogoja, Obudu, Obanliku and some other towns in Bekwarra and indeed generally in the traditional African setting, women assume these roles as their traditional roles and functions (Njoku, 2001).

The big burden of HIV infection among the women in Cross-River State has posed a serious challenge to them in meeting up with the demands of the traditional roles in the content of the local economy of the State and even Nigeria as a whole.

Due to HIV infection women are unable to carry out their daily activities optimally, resulting in reduced productivity. The HIV pandemic has left behind it, a lot of widows, widowers and orphans (Global Summary of AIDS Epidemic 2013).

The women who are on treatment for HIV infection ought to attend regular clinics for treatment and collection of their antiretroviral drugs on a regular basis. The treatment and follow-up is usually on a continuous basis and for a life time, for now, since a cure has not yet been found. Because some of the clinics are far away from their homes and farms on such clinic days they go for treatment rather than work, and so will not be optimally productive. This results in regular loss of man-hours (Olowookere, Fatiregun, Akinyemi, Bamigboye and Osagbemi, 2008).

There is usually reduced productivity among the women because of the psychological effects of HIV infection on them. Most of such women suffer from anxiety, depression and some have even gone ahead to commit suicide, leading to severe economic downturn for their families and the communities (Amoko, Ayinmode, Odeigah, Alabi and Ajiboye, 2016). The vulnerability of women to HIV infection is mostly facilitated

or associated with a number of behaviours, like domestic violence. Domestic violence is common among women infected with HIV, either by their spouses or relations. Most times violence against women manifests through forceful sexual relationship which may result to abrasions that provide avenue for the transmission of HIV (Abayomi, 2014).

Violence in general against women is a social and public health challenge with devastating consequences for the women, irrespective of their status or age. Violence against women is widely accepted in Nigeria, because, it is seen that men are superior to the women (Ushie, Eneji, Ugal, Anyaoha, Shie, and Bassey, 2011).

This is clearly related to the stigma and discrimination associated with HIV/AIDS. Statistics have shown that 50% of young women who experience domestic violence from intimate partner, may lead to poor health and the outcome could be mental health disorder, which also may reduce the economic ability of the women (Siemieniuk, Krentz ,Gish and Gill, 2010). Insecurity is one of the problems of women living with HIV/AIDS. There is no adequate protection for those living with HIV because most individuals do not want to associate with them. Families, friends, neighbours, communities, co-workers and even religious organisations have been known to stigmatize and discriminate against people who are HIV positive (Parker et al., 2003).

Women who are engaged in organised farms and co-operative farm produce organisations like in Akpabuyo near Calabar in Cross-River State are usually sacked once they are known to have been infected with HIV, leading to loss of income and extreme poverty for their families. Some of the women with HIV infection most times exclude themselves from social functions or associations, because of stigma and discrimination (Herek et al., 2003).

Some women in paid employment especially in the informal sector suffer the same fate of being sacked once they are known to be infected with the disease. This usually comes in various guises to cover the true position and to hide their discriminatory practices. This is common in small scale establishments where women mostly have opportunities for employment. The National Assembly in Nigeria passed the anti-discrimination against people living with HIV Act in 2014, but its

implementation remains a big problem (Nigeria's HIV/AIDS Anti-Discrimination Law, 2014). There is also a general reduction in income and productivity of the HIV infected women over time, because the women are no more energetic to be engaged in farming, fishing and trading activities they hitherto performed to make the Cross-River State economy vibrant (Amoko et al 2016).

CONCLUSION

In conclusion the study found that gender differences, gender inequality, gender based violence against women and other gender norms as well as some cultural practices have been known to fuel the spread of HIV/AIDS and these in turn eventually produced poor health and economic outcomes in the women in Cross-River State. HIV infection which is the most stigmatized disease in medical history therefore, will produce even worse health and economic outcomes because the infected women are no longer able to contribute substantially to the economic growth of the State.

REFERENCES

Abdulsalam .N.,Tekena . O. H., (2006), The Epidemiology of HIV/AIDS in Nigeria, In Adayi .O, Kanki P.J, Odutola, O., Idoko, J. A, (eds). *"AIDS in Nigeria:A Nation on Threshold"*. Cambridge: Harvard Centre for Population and Development Studies, 2006. P7

Abayo, S. O., (2014), Domestic Violence Against Women and HIV Vulnerability in Nigeria, Mediterranean Journal of Social Science, Mcser Publishing Rome: Italy, Vol. 5. No. 20,

Amoko, A., Ayinmode, B. A., Odeigah, L. O., Alabi, K. M, Ajiboye, O. O., (2016), Prevalence of Depression and Socio- Demographic Characteristics of HIV infected Patients seen by Family Physicians at the University of Ilorin Teaching Hospital, Ilorin, Nigeria, *Nigerian Journal of Family Practice*, 7(1) 15-25

Cohen, M.S., Hellman, N., Levy, J. A., DeCock, K, Lange, J. (2008), The Spread, Treatment and Prevention of HIV-1: Evolution of a Global Pandemic, *The Journal of Clinical Investigation*, 118(4):1244-54, doi:10.1172/JCI34706.PMC2276790.PMID, 18382737

Crandall, C. S, Moriarty, D., (1995), Physical Illness Stigma and social Rejection, *British Journal of Social Psychology*, 34(1):67-83

Dranghon, J. E., Sheridan, D. J., (2012), Non- occupational Post Exposure Prophylaxis following Sexual assault in Industrialised low-HIV Prevalence countries: A review.*Psychology, Health & Medicine*. 17 (2): 235-54, doii10 1080/13548506.2011.579984.PMID22372741
Edoh Banko, (2016). Age 69+ years, female, status HIV negative, occupation trader, place of interview Basan-Boki, 11/3/16

Etta Kate, (2016), Age 51+ years, female, status HIV positive patient, occupation farmer /trader , place of interview Calabar, 4/2/2016

Gallo, R.C., (2006), A Reflection on HIV/AIDS Research after 25 years *Retrovirology*: 3:72.Doi:10.1186/1742-4690-72.PMC1629027.PMID17054781

Global Summary of AIDS Epidemic 2013- HIV Department (2015), www.who.int/hiv/pub/me/unaids_global_report/en, Accessed 3rd April, 2016 Golden, C.S., (1994), Stigmatization and Aids: Critical Issues in Public Health. *Social Science & Medicine*, 39(9): 1359-1366

Herek, G. M., Capitanio, J. P., Widaman, K. F., (2003), Stigma, Social Risk and Health Policy: Public Attitudes towards HIV Surveillance Policies and the Social Construction of Illness. *Health Psychology*, 22;533-540

HIV/AIDS Cases Rise in Niger Delta Region, the Epat's Guide to Nigeria, (2007), Oyibo Online, http://www.oyibosonline.com/hiv-aids-cases-rise-in-niger-delta-region, Accessed 6th March, 2016

Klimas, .N. Koneru, A.O., Fletcher, M. A.(2008), Overview of HIV, *Psychosomatic Medicine*, 70(5): 523-30, doii10.1097/PSY.06013e31817ae69f.PMID 18541903, Accessed 8th January, 2016

National HIV Sentinel Survey (2010), HIV Prevalence by State (HSS2010),
National Population Commission, Abuja, (2016), Nigeria. 2006 Population and Housing Census, http://www. Population,

gov,ng/images/ priority % 20 table %20 vol% 204. Pdf, Accessed on 11th March, 2016.

Nigerian Educational Research and Development Council (2003), 'National Family Life and HIV Education Curriculum for Junior Secondary Schools in Nigeria.

Nigeria's National Agency for the Control of AIDS- National AIDS Reproductive Health Survey (2015), Naijaquest.com>top-10-state-with-the hiv . Accessed 18th February,2016

Nkagbo Afu, (2016), Age 76 years, female, status HIV negative, occupation community elder/women leader, place of interview Nbube, 3/2/16

Nigeria's HIV/AIDS Anti-Discrimination Law 2014.www.naca.gov.ng>article>hiv-anti-discrimination law 2014, Accessed March 2nd, 2016

Njoku O. N., (2001), *.Economic History of West Nigeria 19th-20th Centuries,* Enugu: Magnet Business Enterprises, pp 10-11

Ofum Bisong, (2016), Age 78+ years, male, status HIV negative, occupation retired civil servant/community leader, place of interview Ogoja, 10/3/16

Okon Bassey Uduak, (2016), Age 56+ years, female, status HIV positive patient, occupation farmer, place of interview Uyo, 1/2/2016

Olowookere, S. A., Fatiregun, A. A., Akinyemi, J. O., Bamigboye, A. E., Osagbemi, G. K., (2008), Prevalence and Determinants of non Adherence to Antiretroviral Therapy among People Living with HIV/AIDS in Ibadan Nigeria. *J. Infect. Dev. Countries,* 2 (5): 369-72.Cohen, M.S., Hellman, N., *Levy, J. A., DeCock, K, Lange, J.*

Parker, R., Aggleton, P., (2003), HIV and AIDS Related Stigma and Discrimination; a Conceptual Frame work and Implications for action.*Social Science & Medicine*,57:13-24

Sepkowitz, K. A, (2001), AIDS- the first 20years,*New Engl. J. Med.* 344(23):1764-72. Doi:10.1056/NEJM200106073442306.PMID11396444. Accessed 4th February, 2016

Siemieniuk,R. A. ,Krentz H.B., Gish J.A., Gill M.J.(2010), Domestic Violence Screening: Prevalence and Outcomes in a Canadian HIV Population. AIDS Patient Care and STDs 24(12): 763-770. Doi:10.1089/apc.2010.0235.PMID 21138382. Accessed 15th February, 2016

Sub-Saharan Africa 25.8 (70%), (2015) UNAIDS. How Aids Changed Everything. www.unaids.org/sites/default, Accessed 28th February, 2016 The Economist (2014),

UNAIDS Cap Report (2014), www.avert.org/profermants/hiv-world/sub-Saharan-africa/nigeria, Accessed 15 February, 2016

UNAIDS (2014), 'Epidemiology Fact sheet on HIV and AIDS in Nigeria' www.avert.org

World Bank Policy Research Working Papers (2014), 'Son preference, fertility and family structure; Evidence from Reproductive Behaviour Among Nigerian Women.' www.avert.org/hiv.fact.sheet.nigeria

WHO, Global Health Observatory (GHO) Data HIV/AIDS (2014) www.who.int/ghol/hiv/en/, Accessed 15th February, 2016

One in every 55 People living with HIV/AIDS in Cross-River State

Ushie, M. A., Eneji, C. V. O., Ugal, D. B., Anyaoha, O., A Shie, B. A and Bassey, J. E., (2011), Violence Against Women and reproductive Health among African Women: The Case of Better Women of Obudu in Cross River State, Nigeria, International Journal of Sociology and Anthropology, Vol. 3, No, 2, pp73-74, www.academicjournals.Org Accessed 16th July, 2017.