

Reproductive Health of

Humankind in Asia and Africa:

A GLOBAL PERSPECTIVE

Vol. 1

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Cultural Practices and The Spread of AIDS in Nigeria

Dominic Azuh

Background and Objective

AIDS is an acronym for Acquired Immuno-Deficiency Syndrome and HIV stands for Human Immuno-Deficiency Virus. AIDS is a form of biological warfare being staged by the microbial world (Viruses), which have eluded medical solution up to date—neither is there any cure nor vaccine to prevent its onslaught. AIDS, without referring to the virus that causes it, symbolizes total breakdown of the body's resistance to infection and makes it easier for opportunistic infections to aggravate an infection that would normally not be problematic. There is no other ailment at the moment that is causing greater concern to every- one than HIV/AIDS.

In Majority of places, it is receiving attention in order to safeguard the health of the masses. Today, no country on earth can claim ignorance or escape from its consequences. The unprecedented speed and vigour at which it spreads is highly unimaginable. It is now a global tragedy. The amount of money, time and effort put in to educate the public by concerned UN agencies, Non-Governmental Organisations (NGOs) and dedicated governments are worth commendable. There is government apathy and lack of political will to tackle the pandemic disease and mass ignorance among the populace in Nigeria. This paper seeks to highlight several cultural ways which facilitate the spread of the deadly virus, throw more light on the HIV/AIDS situation in Nigeria and the need for

government to take decisive action towards HIV/AIDS control & prevention among its citizenry

The Global Picture

HIV/AIDS infection has dawn on people for more than 2 decades since it first emerged. In spite of increasing global efforts aimed at eliminating or reducing AIDS scourge, the disease still ravages the world. Today, over 30 million people are believed to be suffering from AIDS according to a joint report by the United Nations programmes on AIDS and the World Health Organization. The report further states that 5.8 million people acquired HIV infection in 1997. This makes it equivalent to nearly 16,000 new infections everyday of the year including children infected at birth or through breast-feeding. With the current trends unbroken, it is estimated that more than 40 million people will be living with HIV in the year 2000. What a high potency for those who will contract the AIDS. And an estimated 2.3 million people died of AIDS in 1997. These deaths represent a fifth of the total 11.7 million AIDS deaths since the beginning of the epidemic in the late 1970s. Of the people who died of AIDS in 1997, 46 per cent, were women and 4,60,000 were children (UNAIDS, 1997) (See Table 1). This does not only show the magnitude of AIDS havoc as years progress in the world, but equally the need to stop the AIDS menace in its track of ravaging humanity.

The African Overview

The relentless spread and the human toll of the HIV/AIDS pandemic is more evident in the developing countries. Africa continues to be the continent most affected by HIV/AIDS. The fear is that in Africa, for instance, where poverty is rife and health facilities are grossly inadequate, the chances of many AIDS victims appear bleak.

Sub Saharan Africa is the region with the fastest moving epidemic, now thought to have fully two-thirds of the total world number of people living with HIV. Sub-Saharan Africa as a whole has reached the unprecedented level of 7.4 per cent (Adult prevalence Rate) of all those aged 15-49 infected with

HIV. (See Table 1). Unprotected sex between men and women accounted for most of the 3-4 million new HIV infections estimated among adults in sub-Saharan Africa in 1997. In addition, high fertility combined with poor access to information and services resulted in 5,30,000 infected children being born to mothers with HIV, around 90 percent of the world total.

Southern Africa continues to be the part of the continent worst affected by HIV. By early 1997, the government of South Africa estimated that 2.4 million South Africans were living with HIV, up by more than a third over 1996. In Botswana, the proportion of the adult population living with HIV has doubled over the last five years. Zimbabwe's infection was estimated at one in five adults in 1996. In Harare, which is the capital, 32 per cent of pregnant women were already infected in 1995. And in Beit Bridge, another major city, the proportion shot up from 32 per cent in 1995 to 59 per cent in 1996. Although levels in cities were slightly higher than in rural areas, the difference was not great. This may be due to the close ties between urban workers and their families in the rural homes and the contemporary migratory life-style occasioned by economic necessity. The rate of HIV positive patients in Zambia is very high especially among men and women of ages between 20 and 45 years. This has prompted civil servants to distribute free condoms to villagers against the dreaded disease with the assistance of Western Partners, not minding the feelings of some religious groups. In a recent survey, HIV infection was identified in 13-24 per cent of pregnant women, 18-23 per cent of healthy blood donors and 36-54 of persons with sexually transmitted diseases. According to Kaluwa (1997) about 1 million people may be carrying the HIV virus and close to 2,00,000 may have died of AIDS.

East Africa was one of the first areas to suffer a massive regional epidemic, countries like Kenya (56,523), Uganda (46,120) and Tanzania (45,968) reported very high number of AIDS cases than other places. Data from 1994 Kenyan National AIDS and STD control programme indicate increase in the national HIV prevalence among adults and by the year 2000 it is projected that one adult Kenyan in ten will be infected with

HIV. The situation has changed for now. For instance, with open and concerted efforts Uganda has been able to make a significant drop on the proportion of Ugandan adults infected with HIV.

West Africa though has its rate of infection stabilized at much lower levels than their counterparts in East and Southern Africa, some populous countries are the exception to this rule. For example, the National AIDS programme estimated that 2.2 million people are currently living with HIV in Nigeria, a country with no commitment towards prevention and/or control of the silent killer (UNAIDS, 1997). HIV infection rates in Cote d'Ivoire are the highest in West Africa. WHO estimated that 6.8 per cent of the adult population, 3,90,000 people were HIV positive at the end of 1994. In Abidjan, AIDS is now the main cause of death among adult men and the second most important cause of death among adult women. The first cases of AIDS in Ghana were reported in 1986. A decade later at the end of 1995, 17,564 cases of AIDS had been officially registered by the Ministry of Health. This figure is thought to represent about 40 per cent of the actual cases, estimated at between 30,000 and 40,000 (AIDS Analysis, Africa, 1996) Thus regional differences are stark and in Africa the epidemic is particularly advanced.

Genesis of AIDS

It is on record that the AIDS virus was first noticed in 1981, over one and half decades ago among homosexuals in the U.S.A. Not too long after that heterosexuals and bisexuals became infected alike. Since then medical technologists have unravelled the intricacies of the impact and consequent breakdown of the body immune system by HIV, the disease that gives AIDS. The origin of AIDS virus has become a matter of intense international debates and controversies. Since then many theories and hypotheses have been advanced, trying to discover the origin of this "mysterious and ravaging plague". Despite all efforts in this direction, no one seems to want to admit the origin of the HIV virus which remains unknown to the present day scientists who may in fact have formed it.

The nature of this first entry into humans is the object of great interest and speculation. It is likely that there was no one instance of a single human infection from which the current epidemic originated. Western Scientists place the origin of the current epidemic in Central Africa because of the discovery that the AIDS virus is similar to the virus found in African green monkeys. Perhaps it may be ambitious to state that the linking of AIDS origin to Africa by the West has been a mere racist speculation or propaganda by the West to denigrate Africans.

The AIDS epidemic in Africa, largely invisible and insidious as it began, became visible in what first appeared in an unlikely place, Rakai in Uganda. And soon the transmission has occurred all over Africa.

Nigeria's Situation

The first HIV case in Nigeria was reported in 1986. From this time to early 90s, one really found or heard about people with HIV positive or AIDS even in cosmopolitan city like Lagos. But nowadays the dire demon marches on and extending its tentacles across numerous victims like a vampire gone berserk. Some have died already, others are dying and many are just walking in the shadow of death. Nigeria is now at a threshold and within a shortest possible time a widespread manifestation and probable decimation of the populace will occur. But saddened enough Nigerians and their leaders are yet to wake-up from their deep slumber to realise the need to face squarely the unfettered reign of a monster in the country.

The tempo of HIV infection spread is highly unimaginable. For instance, from an initial sero prevalence rate of 0.66 per cent in 1991 the figure has risen to 3.8 per cent or about 5 million are now HIV positive. The number is very much soaring and government's effort at combating it is most abysmally inadequate. It is very ridiculous to know that in some states there is no allocation while at the federal level, it is less than N3,00,000 (<\$4,000.00) for AIDS control programme. This assertion was given by one former Health Minister, Professor Olikoye Ransome Kuti, at a press briefing at which he announced that his brother, the Afro Beat Music Maestro died from complications arising from AIDS.