



A QUALITATIVE STUDY EXPLORING HARMFUL CULTURAL PRACTICES AND HIV STIGMA IN NORTH CENTRAL NIGERIA

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Abstract

Harmful cultural practices have psychosocial implications on stigmatization and vulnerability to HIV infection among HIV positive living in North Central Nigeria. To understand this, we conducted qualitative interviews with purposively selected 20 diagnosed HIV positive to explore how culture influences stigmatization and HIV transmission. Data was collected using audio-recorder, transcribed, and analyzed through thematic analysis using ATLAS.ti8 software to code and analyze interview transcripts. The coded data were presented using thematic network analysis to visualize the theme, sub-themes, and quotations in a model. The findings reveal that lack of education was a significant determinant for the continual practice of harmful cultural rites, thereby increasing the risk of HIV infection and stigmatization. Hence, six cultural facilitators have been identified to include female genital mutilation, lack of education, tribal marks and scarification, postpartum sexual abstinence during breastfeeding, sexual intercourse during menstruation, and gender inequality, polygamy, and inheritance law. We conclude that educational teachings and advocacy campaigns be organized in rural schools and public places on the implications of harmful cultural practice to health and psychological well-being. We recommend that the social workers and behavioral scientists should collaborate with other agencies to employ a behavioral-based intervention in eliminating cultural practices and HIV stigma.

Research Highlights

The problem of harmful cultural practices is a psychosocial issue that promotes HIV-related stigma, especially among women, which increases vulnerability to HIV infection (Anugwom and Anugwom, 2016; Odimegwu, Akinyemi, & Alabi, 2017; Stockton, Giger, & Nyblade, 2018). Also, it was indicated that HIV stigma leads to discrimination and stigmatization of PLWHA by members of the society (Famoroti, Fernandes, & Chima, 2013; Srithanaviboonchai, Chariyalertsak, Nontarak, Taneepanichskul, & Aekplakorn, 2017). Culture, therefore, defines HIV as a women problem (Girum et al., 2018).

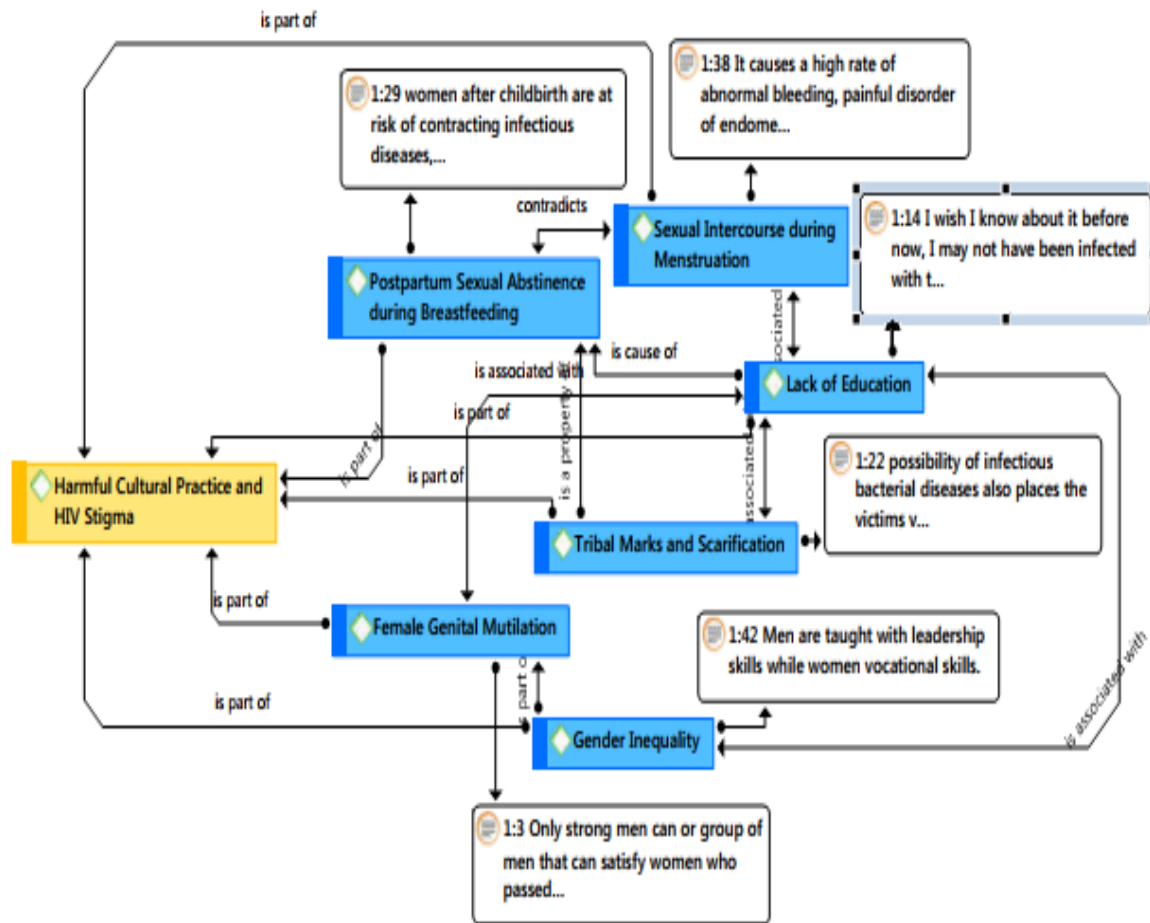
Odimegwu et al. (2017) indicated that there is a high rate of HIV infection among women in Nigeria. Reasons for the HIV prevalence is based on the harmful cultural practices, including female genital mutilation (Klein, Helzner, Shayowitz, Kohlhoff, & Smith-norowitz, 2018; Koski & Heymann, 2017), postpartum sexual abstinence during breastfeeding (Dev et al., 2019; Shabangu & Madiba, 2019), sexual intercourse during menstruation (Di Guardo et al., 2019; Laganà et al., 2017), gender inequality (Jayachandran, 2014), and tribal marks and scarification (Breuner, Levine, & AAP The Committee on Adolescence, 2017).

Stigmatization in North Central Nigeria is also influenced by the cultural practice of patriarchal and polygamous system (Attoh, 2017; Makama, 2013), where men control the social system (Ihemeje, 2016) by engaging in multiple sexual relationships (Klein et al., 2018), which



increase risk of HIV infection and stigmatization (Bertocchi & Dimico, 2015; O'Donnell, Corrigan, & Gallagher, 2015).

Graphical Abstract



Research Objectives

A study of harmful cultural practices of psychosocial priority is to contribute to the improvement of the individual and the society, taking into account the physical, mental, social, and psychological consequences of HIV stigma is detrimental to the sustainability of the entire society. This study provides insight into exploring the psychosocial context of stigmatization among HIV positive in North Central Nigeria. The objective is to explore how harmful cultural practices, including female genital mutilation, tribal marks and scarification, postpartum sexual abstinence during breastfeeding, sexual intercourse during menstruation, and gender



inequality, predisposes individuals to contracting HIV infection and the aftermath stigmatization.

Methodology

We conducted a qualitative phenomenological research study through an in-depth interview using the audio recorder and field notes for the data collection on experiences of harmful cultural practices and stigmatization among the diagnosed HIV positive in North Central Nigeria. Twenty (20) participants aged 18 years to 61 years were purposively recruited between April and July 2019 until data saturation was reached. A thematic analysis was used to transcribe and analyses the audio recording into themes and sub-themes using ATLAS.ti8 software to provide systematic explorations into coding and analyzing interview transcripts. The coded data subsequently organized using thematic network analysis to visualize a model of group coding, coding, and quotes representing themes, sub-themes, and quotations, respectively.

Results

Twenty (20) participants ages ranged from 18 to 56 attended the interview. Most participants were uneducated and unemployed people living in rural areas with little or no income from farming, herding, laundry, housewives and widows, pension, carpentry, and few undergraduate students. We identified the theme and sub-themes that increase vulnerability to stigmatization and HIV infection. Also, we present the central theme as a “harmful cultural practice” which produces the six (6) sub-themes represented as the socio-cultural variables or facilitators, including female genital mutilation, lack of education, tribal marks and scarification, postpartum sexual abstinence during breastfeeding, sexual intercourse during menstruation, and gender inequality and inheritance law. The result revealed that these cultural practices have short and long term complications leading to deteriorating physical, social, health, and psychological well-being. Also, the cultural norms encourage gender bias, which predisposes women to high-risk behaviors such as transacting unprotected sexual relationships with multiple partners for social and economic gains.

Findings

The harmful cultural practice and HIV stigma in North Central Nigeria are public health challenges with adverse implications to health and psychological well-being. The findings indicated that the practice of female genital mutilation and tribal marks or scarification using nontherapeutic unsterilized surgical tools on minor below 18 years has medical and psychological implications that violate the Child Right Acts, which is significant to this study. Also, the finding of postpartum sexual abstinence during breastfeeding reveals that men engage





in extramarital affairs. Also, previous studies suggested that they control family planning in Nigeria (Rossier & Hellen, 2014). Further, the study findings found that lack of education among people living in the village and rural communities has increased the risk of sexually transmitted infections (STIs) like HIV/AIDS as a result of the practice of sexual intercourse during menstruation. Other studies also supported that assertion (Mazokopakis & Samonis, 2018; Phillips-howard et al., 2015).

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