

# **HISTORICAL AND CULTURAL IMPLICATIONS OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND WOMEN’S RIGHTS IN NIGERIA: A CONTEXTUAL CLARIFICATION**

*Ogunniyi, Olayemi Jacob*

History Department, College of Human Sciences University of South Africa

*Dosunmu Akinola George*

Sociological Studies Department, Tai Solarin University of Education, Ijebu-Ode, Ogun State, Nigeria

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## **Abstract**

Nigerian women are undeniably Nigerians. This bestow on their rights and privileges enjoyed by other Nigerians. However, over a decade now, numerous cases of women’s right violation such as acid baths, murder of women, rape, widow abuse, and physical assaults have occurred in Nigeria (Okeke, 2008). Ironically, it is only extreme cases of women’s right violation which results in death or permanent disability that earn media attention and police interest. Similarly, it is instructive to note that the sexual practices of male partners are likely to be the primary source of risk to women of infection with HIV or the STDs. Women (including wives) are often not in the position to negotiate safe sex and may have not yet imbibed the condom culture as a means of protection against AIDS and other sexually transmitted infections (Ndubusi 2007). Human immunodeficiency virus in Nigeria remain a major public health crisis and since its first reported case in 1999 as Monjok, Smesny and Essien (2000) noted, the prevalence of HIV among women attending antenatal clinics in Nigeria rose from less than 1% to 21%, context of a phenomenon which has assumed a frightening dimension in recent times. This article seeks to examine the cultural context of stigma on the rights of women living with HIV in Nigeria bringing into recommendation the enforcement of women’s right as human rights as the opposite will stultify the attainment of Millennium Development Goals (MDGs) and general development.

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**Keywords:** Women’s rights, Physical assaults and Stigma

## **Introduction**

Undoubtedly, AIDS stigma and discrimination exist worldwide, though they manifest themselves differently across countries, communities, religious groups and individuals. As a matter of fact, they occur along side other forms of stigma and discrimination, such as racism, stigma based on physical appearance homophobia or misogyny and can be directed towards those involved in what are considered socially unacceptable activities such as prostitution.

Further afield, stigma not only makes it more difficult for people trying to come to terms with HIV and manage their illness on a personal level, but it also interferes with attempts to fight the HIV and AIDS epidemic as a whole on a national level, the stigma associated with HIV can deter governments from taking fast, effective action against the epidemic, whilst on a personal level, it can make individuals reluctant to access HIV testing, treatment and care.

United Nations Secretary General Banki Moon expressed that “Stigma remains the single important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so, it helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world”.

As aptly argued by Merson in Agweda&Dibua (2009), the epidemic of fear, stigmatization and discrimination has undermined the ability of individuals, families and societies to protect themselves and provide support and reassurance to those infected.

Stewart, Pulerwitz&Esu-Williams (2002) described stigma as ‘a social process that marginalizes and labels those who are different and defined discrimination as the negative practices that stem from stigma, or “enacted” stigma’. Enacted stigma refers to actual experiences of discrimination. This may further include the experiencing of domination, oppression, exercise of power or control, harassment, categorizing, blame, silence, denial, ridicule, exclusion, resentment, inferiority and/or social inequality. Parker &Aggleton (2002) observed that it may sometimes lead to violence against the person living with HIV/AIDS, stigmatization is a dynamic social process that arises from the perception that an individual has undesirable attributes, therefore, reducing such person in the eye of the society (Nwagwu 2004).

Human Immunodeficiency Virus or Human Immunodeficiency Virus (HIV) has been recognized as the causative agent of Acquired Immunodeficiency Syndrome (AIDS). The Virus attacks and impairs the immune system of the body so that the infected person becomes susceptible to infections of various kinds. Historically, HIV was discovered by a French physician LUC Montagnier and his team at the Pasteur Institute France in 1983 (Ferrand 2007). AIDS epidemic officially started in June, 1981, when the United States Centre for disease control and prevention (CDC) reported unusual clusters of pneumocysts pneumonia (PCP) with no identifiable cause in five gay men in Los Angeles, United States of America. The disease was known by several different acronyms and names such as GRID (gay-related Immunedisorder) CAID (Community –related immune deficiency) and Gay Cancer (Ferrand 2007). HIV has also been called human lymph tropic virus type III, the lymphadenopathy associated virus (LAV) and the lymphadenopathy virus (Medicine Net 2009). By late 1982, the disease was referred to by its new name Acquired Immune Deficiency Syndrome AIDS.

### **Nigerian Women and HIV/AIDS**

Globally, when HIV/AIDS was perceived as a public health problem and declared an epidemic, the initial response was that of denial, eventually, the first case of AIDS was reported in Nigeria in 1986 by the Federal Ministry of Health FMH in 2003. The Immune deficiency Syndrome (AIDS) caused by the Human Immune Deficiency Virus (HIV) and spread mainly through sexual intercourse, blood transfusion with an infected person, breast milk, mother to child transmission etc has attracted much concern from government, nongovernmental organizations, as well as international communities.

Nigeria has the fastest rate of HIV infection in West Africa. In 1999, the prevalence of HIV among women attending antenatal clinics in Nigeria rose from less than 1% to 21%. Current projections show an increase in the number of new AIDS cases from 250,000 in the year 2000 to 360,000 by 2010. Women are reported to make up to 60% of HIV/AIDS sufferers in the country. (Achime 2000) and (Gupta 2002) asserts that out of every 23 infected people, 13 infected are women, it was reported in a survey of HIV/AIDS in Nigeria as conducted in 2003 showed that 3.3 million were living with the scourge and of these 1.9 million (57%) were females. Perhaps this trend is largely due to ignorance, unprotected sex and the inability of women to negotiate condom use. To a very large extent female

adolescents are more afraid of pregnancy than contracting HIV infection. So also in Nigeria, it has been revealed by the National Reproductive Health Survey (NARHS 2003) that men have a higher HIV/AIDS awareness when compared to their female counterparts. In sub-Saharan Africa Nigeria Inclusive, it was discovered that there were 12 to 13 infected women for every infected men in 2001.

Further afield, it is worthy of note to state that socio-cultural norms, particularly gender norms often discourage people from using preventive measures in the era of HIV/AIDS, even when they risk contacting the virus. Relatively, norms encourage men to take sexual risks and also discourage women from questioning their partner's sexual activities. Similarly, the low status of women and their lack of access to education may aggravate vulnerability to HIV infection.

It is of note that in Nigeria as it is elsewhere, the acceptable norm is for men to practice extra marital affairs which in advertently placed women at higher risk for HIV. Along the same line, critical observation of gender inequality of many cultures placed men far above women, especially women have no right in using contraception and they could not ask their husband to make use of such either.

Without doubt, in Nigeria, the society is dominated by men as Ali-Akpajiak&Pyke (2003) observed, the culture of the society expects women to be responsible for child bearing and take care of their children, thus young women often feel powerless protecting themselves against HIV infection.

To a very large extent, it is remarkably noted that harmful marriage practices violate women's human rights which invariably leads to increasing rates of HIV infection in women. There is no legal minimum age for marriage in Nigeria and even the lawmakers of recent are debating early marriage for girls which may further place them at risk of contracting HIV from their husbands since it is acceptable for men to have sexual partners outside marriage and same men have more than one wife.

Closely related to the above is also the fact that Nigerian women are also exposed to HIV infection through traditional rites they have to perform at the death of their husbands, the widow's head is shaved with a blunt unsterilized razor blade thus, and it exposes them to contact the scourge of HIV infection. Culturally, in the Eastern part of Nigeria, it is required of women to drink the water used to bathe her late husbands' bodies in order to prove the woman's innocence of her husband's death.

### **Women's rights against cultural context of stigma**

Remarkably, the notion of human rights flows from the philosophical concept of natural rights based on divine injunctions. Basic rights bestowed on human beings simply for being human by the creator personally irrespective of conceived differences like age, sex, race, ethnicity, economic status, condition of birth, nationality amongst others. By this trend it means, there are everyday rights of all human beings which ought to be visible in all levels of human intervention.

Significantly, women's rights as human rights depicts that women as part of human race have their rights covered by the definition of human rights given by God and guaranteed under international treaties, it should be stressed that women's right are human rights peculiar to women individually and collectively. Arguably, women themselves and even the entire world highlight women's rights because of the historical and traditional Subjugation of women in many societies. Women suppression however persists in patriarchal societies, shrouded in cultural and religious system. The Universal Declaration of Human Rights (UDHR) has from inception envisaged women's human rights; historically the articulation of women's right frame work came into being in 1979, with the international Convention on Elimination of all forms of Discrimination against women (CEDAW). As to clear any

misconception, the 1993 United Nations World Conference on Human Rights in Vienna, specifically states that “The human rights of women and of the girl-child are an inalienable, integral and indivisible part of human rights.

The constitution of Nigeria guarantees the fundamental human rights of Nigerians as enacted into law by the National Assembly. Be that as it may, Nigerian women cannot truly be said to enjoy right to life when they account for more than 10% of the world’s material deaths. Unsafe abortion is another evil messenger violating Nigerian women’s right to life. Wife inheritance and other forms of widowhood malpractices practiced in some parts of Nigeria debase women by reducing them to commoners. As earlier pointed out, in some communities, widows are forced to drink water used in washing their husbands’ corpses to prove innocence and non complicity in husbands’ death. Far more importantly dignity entails that women must have control over their bodies, but this is not so as sexual violence is rife even within matrimony. Sexual violence increases Sexually Transmitted Diseases (STDS) and unwanted pregnancies which mostly will be aborted. Women living with HIV infection are stigmatized even if she is a victim of sexual violence. In Nigeria rights of women have been grossly violated through rape, defines as an unlawful carnal knowledge of a woman or girl without her consent or in the case of married women, by personating her husband. In addition custom that discriminatorily disinherit women either as mothers, wives or daughters under intestacy is expressly discriminatory. It is equally significant to note that, Nigerian women are not enjoying their fundamental human rights as many of them are forced into marriages even when they should be in schools. When women are risking death to give life, they are entitled to have their own right to life and health protected and anything less is discrimination. Nigerian women are subjected to all forms of inhuman treatment in the name of culture and religion. For instance Female Genital Cutting (FGC) rooted in religions and cultural beliefs, commonly practiced in Nigerian, is a degrading and tortuous act. It is a sine qua non for marriage in some parts of the country and therefore reduces women to second class citizens who need it to induce men into marrying them. FGC violates women’s rights it is a clear demonstration that men thrive on women’s subservience. Again, the pain from the act is nothing but torture. Besides the immediate pain, the victim may suffer perpetually, the consequences of infection like the HIV/AIDS and damaged reproductive organs in the form of Vesico-Vaginal Fistula (VVF). There is no national legislation prohibiting this gruesome act. Few states like Rivers, Osun, Ogun, Bayelsa, Ondo, Delta, Edo, Akwa- Ibom and Cross-River have enacted laws prohibiting FGC despite the fact that this FGC goes on in other states. However, FGC has neither reduced in these states prohibiting it nor has any perpetrator been prosecuted. A possible explanation is that victims are discouraged from reporting because of social consequence as well as unwillingness of law enforcement officers to prosecute such matters still viewed as family affair and therefore within the confines of private sphere.

### **Conclusion & Recommendations**

The stigma associated with HIV/AIDS has resulted in the attempt by some women living with the disease to think of committing suicide, or to carry out their frustration on the society by keep spreading the disease by deliberate infecting others in one way or the other, just to ensure that the carrier does not die alone.

As relatively observed, the stigma attached to individuals can be extended to those who associate with them. As a matter of fact families share in the effects of HIV infection and the related stigma, for instance children whose mothers died of the condition are sometimes faced with stigmatization. It is paramount to note that stigma and discrimination place emotional burden both on the affected and infected women.

Thus, superstition and ignorance are contributory factors to HIV/AIDS related stigma. Many people see the disease as synonymous with death; certain derogatory terms are used to describe HIV/AIDS and the people living with the disease. Many Christians equally associate disease of HIV infection with sin, collaborating this. As a matter of fact the dominant Christian religions discuss about AIDS in Nigeria is that it is a scourge visited by God on a society that has turned its back on religion and morality. The secrecy attached to women's sexual experiences through religious cultural norms contributes in no small measure to women's vulnerability to HIV/AIDS. Severely and stigmatization also explain to a large extent why potential victims of HIV/AIDS often refuse to be tested. Most women are therefore not aware they are infected.

### **Recommendations**

The campaign of the war against HIV/AIDS should be made realistic for women in Nigeria. Decisions or safe sex are not to be left at the mercy of men alone, campaigns for safe sex should take into account the conditions of women in Nigeria.

It is also recommended that sex education should form part of the school curriculum to prevent the transmission of HIV/AIDS.

Stigmatization and discrimination against women living with HIV/AIDS should be stopped and their rights sustained. Women should further be empowered to make decisions about their ownbodies and men should be persuaded to accept responsibility of living a decent life because without men, there would be no AIDS epidemic.

It is further recommended that women should be encouraged to resist religions, cultural and economic pressures to engage in unwanted sexual relationships and be in the best position to avoid unprotected sex.

Government at all levels should intensify efforts in providing public enlightenment programme on HIV/AIDS and provide in-depth knowledge concerning stigma against women living with HIV/AIDS especially in the local community and rural areas.

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### **Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
CAID	Community – Related Immune Deficiency
CDC	Centre for Disease Control and Prevention
CEDAW	Convention on Elimination of Discrimination Against Women
FGC	Female Genital Cutting
FMH	Federal Ministry of Health
GRID	Gay Related Immune Disorder
HIV	Human Immunodeficiency Virus
LAV	Lymphadenopathy Associated Virus
MDG	Millenium Development Goals
NARHS	National Reproductive Health Survey
STD	Sexually Transmitted Diseases
UDHR	Universal Declaration of Human Rights
UNWCHR	United Nations World Conference on Human Rights
VVF	Vesico - Vaginal Fistula