

The Role of Culture in the Spread of HIV/AIDS among the Youth of Sub-Saharan Africa

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ABSTRACT The HIV pandemic, which is prevalent in Sub-Saharan Africa has propelled countries to come up with interventions, such as, Adolescent Development Programmes (ADPs), which promote open discussions with and amongst the youth about sexuality and reproductive health. These attempts have to an extent yielded good responses but with limited efficacy as these efforts are largely curtailed by the prevailing cultural norms. Africa is generally classified as lagging behind in terms of development; this assertion is mainly because of its adherence to cultural and traditional practices that the developed world sees as peculiar. One such peculiarity is the reverence associated with sexual activity; this is one topic that is hardly discussed both within the family setting and in society in general. Thus this paper concludes that HIV/AIDS messaging can only be effective when they take cultural factors into consideration since the intervention strategies mentioned above have proven to be an inadequate mode in the prevention of HIV/AIDS among the youth.

INTRODUCTION

Africa is a youthful continent, with 60% of its population being young people between the ages between of 15 and 34 (African Union 2003), while 40% are aged between 15 and 24 meaning that more than two-thirds of the population is below thirty years of age (CODESRIA Bulletin 2012). It is therefore undeniable that the development of the African continent rests on its youthful populace; regrettably this is not the case. According to UNAIDS (2004), of the 37.8 million people worldwide who are living with HIV/AIDS, 25 million are in sub-Saharan Africa. Of this number, 50% of the HIV infections affect the 15- 24 age group, which translates to a young person being infected with the HI virus every 6 minutes (UNICEF 2002), this figure is currently at 6000 youth per day (Alo and Akinde 2010).

These startling statistics have made governments throughout the continent to develop and implement programmes that seek to impart information on sex, sexuality and reproductive health. HIV/AIDS is transmitted through several means but the literature shows that engaging in unprotected sex is the commonest mode of transmission. Whilst there have been attempts such peer education which promote Abstinence, Be faithful and Condomise (ABC), these are negatively affected by several cultural beliefs and practices. Strayhorn and Strayhorn (2009) state that al-

though abstinence is desirable, youth hardly practice it, thus in order to be effective, HIV/AIDS prevention messages need to be culturally sensitive. According to Airhihenbuwa and Webster-De Witt (2004) culture “defines, regulates and maintains behaviour both within the context of health and HIV/AIDS” and dictates what is acceptable and what is not. UNESCO through its Mexico Declaration of 1982 defines culture broadly to include:

(1) ways of life, (2) traditions and beliefs, (3) representations of health and disease, (4) perceptions of life and death, (5) sexual norms and practices, (6) power and gender relations, (7) family structures, (8) language and means of communication and (9) arts and creativity.

The discussion below looks at the cultural tenets that lessen the efficacy of HIV prevention among the youth in sub-Saharan Africa.

CULTURAL PRACTICES WHICH MAY LEAD TO THE SPREAD OF HIV/AIDS

Patriarchy is a common social system in sub-Saharan Africa. This system has been instrumental in entrenching inequalities amongst men and women. A patriarchal society defines a man as a superordinate, who has power over a woman including her sexuality. These prevailing attitudes lessen the opportunities for young women to improve their livelihoods as they ought to be

dependent on men (Sultana 2010). Moreover, patriarchal social norms sanction the use of violence by men as a way to discipline and control their partners, since women “belong to them” (Seedat et al. 2009).

Polygamy is a common traditional practice in sub-Saharan Africa, which has proven to be a major challenge in the prevention of HIV/AIDS. The reason for this is that it contradicts the essential message of monogamy as a means to fight against HIV/AIDS. Polygamy is a common and acceptable cultural practice in the region, thus associating it with the transmission of HIV sends double messages to the youth, who might be from polygamous families themselves. Furthermore, there is an implicit message that polygamy sends to the populace at large, the one emphasizing that “I am virile and desirable”. This subsequently becomes a standard that the young men aspire for in order to have a reputation among their peers. Social pressure, particularly amongst African boys, made early sex and multiple partners a norm (De Genna et al. 2010) even amongst those who have tested for HIV (Taylor et al. 2007). Interestingly, a study on pre-marital sex and pregnancy in Nigeria revealed that the majority, 59.48% of the respondents, who were only women admitted to having multiple partners in a space of three months (Alo and Akinde 2010).

There is an intricate relationship between *love-sex and desirability*, although it is quite acceptable for young people to form intimate relationships, as dictated by their developmental stage; sex is often seen as a measure of love. Young people, particularly women find themselves having to prove their commitment to their partners through sex. Often with extreme consequences, as in Mary’s case, a Kenyan who not only became pregnant but contracted HIV at the age of 17 because she reluctantly gave in to her partner’s demands to have unprotected sex (UNICEF 2002).

Initiation and puberty rites are indicators of maturity; however these are fraught with challenges, as they might lead to one contracting HIV/AIDS, thus these practices are widely condemned. For instance, in some sub-Saharan African cultures, these initiation and puberty rites involve girls being taught how to sexually respond to men and to be submissive to them. As a result young women are placed in an awkward position as they cannot negotiate for safe sexual practice. A study conducted among youth in the

KwaZulu-Natal province in South Africa revealed that women were unable to negotiate sex and condom use (Mash et al. 2010).

In addition, male circumcision is another cultural practice that is seen to promote the spread of HIV/AIDS. While it is not widespread in some parts of the African region; it is currently promoted in the medical arena as a method for preventing HIV/AIDS. Therefore, this endorsement is likely to promote the desirability of traditional circumcision, which often overlooks the use of sterilized instruments.

On the other hand, *female circumcision* is a different issue all together. It has attracted widespread international condemnation but it is carried out in large parts of sub-Saharan Africa. It has been postulated to increase the likelihood of HIV/AIDS transmission via increased exposure to blood in the vaginal canal.

‘Dry sex’ is another negative cultural practice. This is the practice of having sex with a woman with a ‘tight vagina’. In this case some concoctions are inserted in the vagina to make it tight. Some of the concoctions may be harmful and it is transported into the woman’s body. The immediate danger however is that the tightness might lead to tearing which may further lead to blood contact during sex (see Kun 1998).

‘Ukuthwala’ which literally means ‘to carry’ is an old age tradition that was deemed necessary in order to speed up customary marriage negotiations. According to this practice, a young woman will be “abducted” often with her knowledge and sent to her suitor’s place, whereupon formal marriage proceedings will be carried out. This process has however been distorted as girls as young as 12 are abducted HIV positive men, as there is a belief that having unprotected sex with a virgin can cure HIV (Mwambene and Sloth-Nielsen 2010).

Intergenerational relationships although seen as a modern occurrence for which young girls bear the brunt of society, evidence proves otherwise. A study done in Nigeria revealed that the minimum age of marriage was 15 years (Alo and Akinde 2010). The practice of marrying children while young is rooted in the belief that marriage prevents girls from being immoral, that is having pre marital sex and shaming the family should they become pregnant. Apart from enforcing morality, marriage offers a teenage girl, self-respect and financial stability, particularly because they are often married off to older peo-

ple (James 2010). For an unmarried young person sex with an older partner is a means of power, status and maturity and the gifts borne from such a relationship serve as a source of envy among their peers (McLaughlin 2012). Intergenerational relationships lessen the likelihood of condom usage when engaging in sex, as there are power imbalances between the “couple”.

The researchers would like to point out that a practice which is not necessarily cultural but gaining currency in sub-Saharan African societies, especially amongst the youth, is homosexuality and anal intercourse. A study by Hrdy (1987) reveals that anal sex has become the norm in societies where virginity testing is practiced, that is, when girls become sexually active they go for anal sex to protect their vagina and this inevitably puts them at risk.

CONCLUSION

The discussion above reveals that the youth in the region are caught in a confusing world; one that expects them to abstain from sex but does not provide tools for such nor adequate role models. The youth are expected to abstain, practice safe sex or condomise but their environment hardly promotes these values. The media, to which the youth have access, churns out messages about sex as a means to power, with little focus on its negative consequences. In addition, while both young women and men are “seen as equals”, those who do not adhere to what is regarded as a norm are castigated within their communities. This is particularly true for those who desire to practice safe sex as health care professionals were a barrier to them accessing condoms (Furthermore, a young woman who is seen with condoms is labeled negatively, as being “loose” lacking sexual innocence and possibly HIV positive. Thus in order to maintain their “good girl” reputation, the young women concede to unprotected sex, often with dire consequences.

It cannot be denied that the use of condoms in a “steady” relationship raises eye-brows in that subtly communicates a lack of trust and having been unfaithful. Condoms are used unquestioningly with a “temporary partner”.

RECOMMENDATIONS

The tremendous insecurity and uncertainty that the HIV/AIDS pandemic has brought in sub-

Saharan Africa is undeniable, thus necessitating revisiting modalities to deal with it. While access to services, be they condoms and information is desirable, the challenge still remains. The most effective way, is to address cultural barriers that promote the spread of HIV/AIDS. For instance, focus needs to change from women to men, where men’s views about women are explored and challenged. Such interventions need not label men as culprits but as essential partners in the prevention of HIV and in the spread of AIDS. This exercise looks controversial and tedious, since it will seek to unravel “cultural beliefs” which are often regarded as sacrosanct, seems to be the most viable solution to the prevention of HIV/AIDS among the youth in sub-Saharan Africa. Most importantly, with the involvement of experts from various disciplines such as youth, culture and health, sex, sexuality and its related topics would be demystified.

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