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News from CART

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(Center for the Advancement of Research and Teaching)

Dr. Amos Nwosu, Professor of Health in the Movement Arts, Health Promotion and Leisure Studies Department, had a question he wanted to answer: what, if any, is the role that psycho-social or cultural factors play in the high incidence of HIV/AIDS infection in Africa. Nwosu received a Faculty/Librarian Research Grant (FLRG) from Bridgewater's Center for the Advancement of Research and Teaching (CART) to study the issue. "As many people are aware, the demographic picture of the African continent has changed significantly due to the worldwide HIV/AIDS epidemic," Nwosu stated. "In fact, Sub-Sahara Africa has the highest rate of infection in the world." In 2003 alone, 2.2 million people died from the disease. Existing literature identified the need for studies which would examine the impact of psycho-social factors on the etiology and spread of the infection and Nwosu did just that. In the following discussion with Associate Editor Patricia Fanning the research findings and the analysis of those findings by Dr. Nwosu are presented.



Amos Nwosu.

Nigeria was selected as the study site because it is one of the most populous countries in Sub-Sahara Africa (the latest census report gave the population figure as 150 million), and there were reports of approximately 100,000 new cases of HIV/AIDS annually. In addition, Nigeria has one of the fastest growing economies in the continent. Its oil and gas exploration, including offshore drilling sites, are industries which account for

increasing immigration and emigration as foreign workers enter and leave the country. And, recently, tourism had become an important part of the country's economy. Centered primarily on distinctive cultural attractions, tourist sites and activities reflect the country's unique religious beliefs, dances, songs, and artwork. Colorful festivals attract travelers from around the globe. In addition, Nigeria has an abundance of physical attractions including breathtaking waterfalls, lakes and mountains which provide leisure and adventure. Some of the most popular tourist sites include the Jos Wildlife Park, Old Oyo National Park, and Yankari National Park, with zoos populated by elephants, crocodiles, leopards and other wildlife. Many parks offer canoeing and sport fishing, others provide wildlife safaris. These kinds of tourist activities have become increasingly important to Nigeria's economic survival, making tourism an industry the government wants to promote and one which the continued HIV/AIDS epidemic could seriously undermine.

According to the HIV/AIDS Emergency Action Plan (HEAP, 2003), although the first identified case of AIDS in Nigeria was diagnosed in 1986, it was not until 1994 that the country became seriously concerned about the epidemic and its ramifications. Still, the numbers continued to mount with over two and half million reported cases in 1999 and close to four million living with AIDS by 2003. Left unchecked, the number could surpass five million by the end of this decade.

To date, "HIV/AIDS preventive efforts in Africa have focused on safer sex and distribution of condoms," reports Nwosu, "without considering the impact of psycho-social and socio-cultural factors such as poverty, malnutrition, religion, cultural norms and taboos, stress, participation in physical activities, and the overall health of individuals which may increase their susceptibility to the infection." The purpose of the study was to gather data on just these dimensions and to use the findings of this research to improve existing preventive services. He selected the state of Abia within Nigeria specifically because of the high reported incidence of HIV compared to other portions of the country and because of his own knowledge of the geography and culture of the area. He used a triangulated study, utilizing both quantitative and qualitative measures, taking advantage of existing demographic and psycho-social data on dimensions such as poverty, nutrition, religious

beliefs, and common cultural practices. Nwosu augmented these quantitative instruments with open-ended interviews. "These interviews provided us with individuals' perceptions of themselves as well as their behaviors and activities in relation to the transmission of HIV/AIDS infection," he stated. Fifty respondents were identified and trained interviewers administered this phase of the data collection, most of which took place between September and November of 2003.

After he returned to Bridgewater State College, Nwosu set to work analyzing his data. The statistical package for the social sciences, a set of computerized routines for analyzing large data sets, was used to generate descriptive statistics. "The analysis also tested the association between selected psycho-social factors and the incidence of HIV/AIDS infection," the professor explained. The results were statistically significant with strong associations between the selected psycho-social factors and the incidence of HIV/AIDS. Poverty, hunger, and malnutrition all correlated to the increased incidence of disease. Two other factors were determined to be associated with the development of HIV, however: religious beliefs and cultural practices. "Some religious groups believe that prayer and faith will keep them safe," Nwosu elaborated. "Tragically, when sickness occurs, they will seek comfort at prayer houses instead of obtaining medical treatment." These beliefs, along with cultural practices that discourage seeking what could be termed "western" methods of treatment, impede prevention, diagnosis, and care.

Similarly, the study found that the role of women in the traditional Nigerian culture places them at increased risk. The findings in this regard confirmed the result of a study titled "African Women and AIDS: Negotiating Behavioral Change," published in *Social Sciences and Medicine* in 2003. That study "determined that trends in the incidence of HIV/AIDS among women in Sub-Saharan Africa places this population increasingly at risk." Nwosu (2003) confirms that. It is not only the poverty, and malnutrition that endangers women however, but also "uncontrolled fertility, the complications of childbirth, and a culturally-influenced inability to

practice safer sex." Nwosu (2003) found that there are educational programs targeting prostitutes and sex workers throughout Nigeria and that knowledge about the use of condoms as a preventive measure is high. However, cultural beliefs and practices still all too often offset this knowledge. And, once they are infected, "victims suffer from segregation and discrimination. They are shunned and culturally stigmatized." Thus traditional societal and cultural norms work against both prevention practices and the care of the sufferers.

Some studies in Nigeria confirm Nwosu's conclusions. The HIV/AIDS Emergency Action Plan (HEAP) developed as a response to the epidemic in Nigeria and identified over 200 activities which the government intends to implement. These include both short-term interventions and long-term cultural change. HEAP's initiatives include encouraging communities to design their own community-specific action plan, passing laws against discrimination and stigmatization of victims, and providing non-judgmental care and support. Another important aspect of HEAP is the stimulation of further research and the appropriate distribution of available resources. HIV/AIDS has some effects on certain aspects of life in Nigeria. The impact of the epidemic extends from the labor market, to industrial and tourism development, to education and agriculture. Cooperation from all tiers of government as well as partnerships with international organizations and entities will be needed to guide the strategies and implementation. Nwosu agrees it is a daunting task.

"More needs to be done," Nwosu states emphatically. "The role of academia in HIV/AIDS prevention and education in Africa cannot be overemphasized. First, we need to educate people in prevention techniques, including distributing condoms and providing informational workshops. Addressing cultural issues at this point is important. Second, we need to educate individuals to be tested by medical personnel. Hospitals must work with HIV/AIDS victims and caregivers to provide adequate treatment in a supportive environment. And third, international assistance, which to date has come primarily from the United States, needs to be increased. The World Health Organization (WHO), the United Nations (UN), and the World Bank need to step up their assistance. The end result will benefit mankind in general."