

HP4RY

HIV PREVENTION FOR RURAL YOUTH, NIGERIA

PRESENTATION ON

*PRELIMINARY REPORT OF RESULTS OF
ETHNOGRAPHIC STUDIES IN COMMUNITIES FOR
HP4RY*

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HIV PREVENTION FOR RURAL YOUTH, NIGERIA)



FOCUS OF ETHNOGRAPHIC DATA

- How is youth vulnerability and risk situated within individual, interpersonal and community dynamics?

Outline Of Presentation

1. Introduction

2. Brief Ethnographies in Ten Communities

2b. Background Information

2c. Socio-Cultural and Health Factors

INTRODUCTION

- Recruitment- Challenges
- Training- developing team work
- Posting- Gender and empowerment
- Fieldwork- Research assistants' frustration and wanting to leave communities
- Monitoring and Evaluation

BACK GROUND INFORMATION

- Communities
- Estimated Population
- Gender Ratio
- Age Profile
- Indigenous Ethnicity
- Migrant Groups in Community
- Marginalized groups
- Language
- Religion
- Educational Facilities
- Community Housing
- Roads
- Electricity
- Potable Water Access
- Sanitation Facilities.

POLITICAL INSTITUTIONS AND AFFILIATIONS

- Clan and Lineage Structure
- Modern community political sub-categorization (Wards)
- Traditional Political Structure of Governance and Control
- Modern Political Structure of Governance and Control
- Role, capacity & responsibilities of Constitutional Authorities
- Customary Rule of Law
- Constitutional Rule of Law
- Levels of Power and Decision making
- Hierarchy
- Democratic
- Consensual Participatory
- Communal
- CBOs

SOCIAL FACTORS

- Traditional healers and local midwives.
- Certification of HIV status
- Gender Dynamics
- Misconceptions about HIV/AIDS
- Rural-urban migration
- Forced sex

SOCIAL FACTORS (continued)

- Condom Use
- Stigma and discrimination against PLWHA
- Fear
- Barbers' Shops and Hair Salons
- Pornographic videos/movies

TRADITIONAL HEALERS AND LOCAL MIDWIVES

- These are more accessible and acceptable. An informant said: One of the interviewee quoted that “why go to sokoto to get what you are looking for, when you have it in your shokoto”.
- Practices of traditional healers and local midwives, such as sharing of the same instruments, and the use of herbs for sterilization.
- Traditional healers reference to HIV/AIDS as “advanced gonorrhoea”.

CERTIFICATION OF HIV STATUS

- In one community, the people used certificate of their HIV status to claim the absence of the disease and being free of infection.
- As such, they felt they were okay and that neighbouring communities that have not been tested and certified need our project and focus.

GENDER DYNAMICS

- Married women are prohibited from discussing sex matters or affairs with unmarried persons especially a male

MISCONCEPTIONS ABOUT HIV/AIDS

- HIV/AIDS is “a night people sickness”.
- Belief that mosquito bite, closeness to PLWHA (close breathing between infected and non-infected persons), touching the infected person, and eating with an infected person increase one’s vulnerability to HIV infection.
- There is a common belief that HIV/AIDS is alien to the community.

RURAL-URBAN MIGRATION

- Rural-urban migration by the youth exposes them to high risk behavior such as multiple sexual partners, drug and alcohol use.

FORCED SEX

- Forced sex and rape between older men and young girls. Group rape between boys and girls.
- In one community, “when an HIV positive adult raped a twelve (12) years old girl at Adanako Road. The man was forced to take the girl to the hospital, where HIV test was carried out on the girl. The raped victim tested positive. The man was ex-communicated/banished from the community.”

CONDOM USE

- Availability of condom an issue- few or lack of modern health facilities and limited supply.
- Quality of condom: “the condoms we have in this community are not good enough for sex, as they always burst. That is why the youth don’t normally buy them in the rural area” (Youth in Uokha).
- Condom is a barrier to “natural sex” involving “flesh to flesh”, and that “it does not make sex enjoyable.”

STIGMA AND DISCRIMINATION VS PLWHA

- Families see PLWHA as bringing shame to them.
- Families and friends deserted them, and maintained a distance from them.
- In some cases, families locked up PLWHA in a room and fed them from a distance to avoid contracting HIV virus.
- Families kept a culture of silence about infected individuals that close neighbours had no idea if the person was still living.

FEAR

- Fear is also an issue as the informants stressed on the deceptiveness of the disease, because it is not visible until an individual is tested positive or is down with full blown AIDS.
- In addition, care and support for PLWHA are the responsibility of their respective families and not that of the community.

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BARBERS' SHOP AND HAIR SALONS

- Sharing of hair cutting instruments such as clippers, razors,
- Poor or lack of sterilization of equipments

CULTURAL FACTORS

- Initiation Rites into Cult Groups
- Traditional Health Care and Treatment
- Body Marking for Charms during Festival
- Polygamy
- Woman to woman marriage (Uokha)
- Widow inheritance
- Rituals and rites de passage
- Male circumcision
- Taboos

INITIATION RITES INTO CULT GROUPS

- Blood is drawn from participants using the same syringe and needle, then mixed together and administered orally as a sign of unity and one body.
- Participants come from outside and within the community.

TRADITIONAL HEALTH CARE AND TREATMENT

- Use of the same sharp object or blade to cut the stomach and treat spleen diseases with herbs. In one community, our observation showed clients lining up and being cut without sterilization or use of different instrument for clients

BODY MARKING FOR CHARMS

- Body Marking for Charms during Festival: Ugo Niyekorhionmwon community is deictically known as “Ebebo”, or “Ugo n’ ebebo,” which literary means (home of charms). During “Isosu” festival, marks are made on participants’ bodies using same sharp objects.

NIGERIA'S YOUNG POPULATION



*More than two in five Nigerians are below
15 years of age*

*(The National Policy on
Population for Sustainable
Development, January 2004)*

THANK YOU FOR YOUR
ATTENTION

