

## **Sexual and Family Planning Practices and Needs of People Living With HIV/AIDS in Nigeria: A Rapid Ethnographic Assessment**

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### **Abstract**

**Background:** This study was conducted among people living with HIV/AIDS (PLWHAs) and it tries to understand their sexual and reproductive lives, with the aim of understanding what they know about reproductive health, social challenges of life they face daily and what are their needs.

**Method:** The study was conducted in the Northern state of Kaduna, Nigeria; a qualitative approach was employed using group interviews, in-depth interviews and focus group discussions. Individual PLWHAs, their associations and officials of the associations were interviewed.

**Results:** People living with HIV/AIDS ( PLWHAs) are a group of people whose life has not been studied very well, they have a lot of pressing social issues such as their circumstances of diagnosis, bad experiences following the diagnosis, and lack of adequate provisions for their healthcare. They wish to see their welfare addressed with provision of drugs and social support.

**Conclusion:** PLWHAs and their associations expressed concerns about how they are treated by both medical workers and the society. There is need to address these issues in the way of research aimed at changing the views of policy makers favourably.

**Key words:** HIV/AIDS, sexual and family planning practices, ethnographic assessment

### **Résumé**

**Introduction:** Cette étude est effectuée parmi des gens atteints du VIH/SIDA (PLWHAs) et elle fait des efforts d'étudier leur vies sexuelles et reproductives, pour pouvoir comprendre ce qu'ils savent concernant la santé reproductive, les défis sociaux de la vie que leur font face chaque jour et quel sont leur besoins.

**Méthodes:** Cette étude a été effectuée au nord à l'Etat du Kaduna, Nigéria une méthode qualitative a été utilisée à travers l'utilisation d'un entretien par groupe, interview en profondeur et une discussion par groupe spécifique. PLWHAs individu, leur associations et des officiers des associations ont été interrogés.

**Résultats:** Des gens atteints du VIH/SIDA (PLWHAs) sont un groupe de gens dont on n'arrive pas à bien étudier leur vie, ils ont beaucoup de problèmes sociaux tels que circonstance diagnostique, mauvaise expérience suit à la diagnostique et manque des prestations/resources adéquates pour leur soins médicaux. Ils désirent qu'on resoudre leurs problèmes du bien-être tout en leur donnant des drougues et soutien sociaux.

**Conclusion:** Le PLWHAs et les associations expriment leur souci sur comment on les maltraite ; les médecins et la société les deux. C'est nécessaire de resoudre ces problèmes dans le domaine de la recherche dans le but de changer le point de vue des dirigeants favorablement.

**Mots-clés:** VIH/SIDA, Sexuel et limitaion des naissances pratiques, ethnographique evaluation

### **Introduction**

Approximately one-third of the world's population is between 10-24 years of age, and 4 out of 5 young people live in developing countries, a figure which is expected to increase to 87% by the year 2020.<sup>1, 2</sup> In many countries the majority of young people are

sexually experienced by the age of 20 and premarital sex is common among 15-19 year-olds. For example in recent surveys it was found that 73% of young men and 28% of young women in this age group in Rio de Janeiro reported having had premarital sex, compared with 59% and 12% respectively in Quito, and 31% and 47% respectively in Ghana.<sup>3</sup>

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Sexually transmitted infections (STIs) including HIV are most common among young people aged 15-24 and it has been estimated that half of all HIV infections worldwide have occurred among people aged less than 25 years.<sup>4</sup> In some developing countries, up to 60% of all new HIV infections occur among 15-24 year-olds. Yet, vulnerability to STIs including HIV is systematically patterned so as to render some young people more likely to become infected than others. Gender, socio-economic status, sexuality and age are important factors structuring such vulnerability. Unequal power relations between women and men, for example, may render young women especially vulnerable to coerced or unwanted sex, and can also influence the capacity of young women to influence when, where and how sexual relations occur.<sup>5</sup>

## Materials and Methods

The study was conducted in the Northern state of Kaduna, Nigeria. A qualitative approach was employed using group interviews, in-depth interviews and focus group discussions. Support groups were identified, their scopes of activities were studied and two of them were picked for the study. Interview guides were developed for use in the fields.

The study was participatory with some members of the support groups trained to conduct group discussions, take field notes and write up their findings at the end of each day, this is to ensure that no data is lost. The study was done over a two week period. Individual PLWHAs, their associations and official of the associations were interviewed. The main focus of the interview were, their experiences after knowing their status, the attitudes of others towards them after the diagnosis, the sexual needs and practices of the PLWHAs and their awareness and use of family planning options. Gaps in Knowledge and practices of reproductive health issues were noted. Field notes were synthesized after each day's activities to minimize omissions.

## Results

People living with HIV/AIDS (PLWHAs) are concerned about being empowered; they need jobs before they think of anything else. Some asked 'if we marry and have children without jobs what do we give the children?' A lot more are concerned about those who are being sacked from their jobs because they test HIV seropositive. Women are worried about the attitude of some men who send away their women who test positive, some 'even send away their women before they (the men) are tested themselves'.

The general belief among the PLWHAs is that poverty, unprotected sexual activity and polygamy are the main causes of the continued spread of HIV and AIDS. Literacy levels play a significant role in the perception and the ability of PLWHAs to cope with being seropositive. Majority of those who suffer with

HIV have low educational status, majority stop at primary school level. Some want to see HIV testing before marriage enforced. Most PLWHAs want to have children especially those who do not have some already. Some recall an incident of a girl who tested positive, after being told about her status, she left the clinic without a word, only to come back some months later pregnant, when asked why she got pregnant, she replied 'I want to have my baby before I die'. The female PLWHAs also want to be empowered to become self reliant.

Majority of the female PLWHAs are not well informed about the issue of safe sex and planned pregnancy. The main problem appear to be their inability to decide when to have sex, this appears to be the exclusive preserve of the men. This problem is more for females who appear unable to negotiate sex, in other words most females have sex because their man wants it. The PLWHAs interviewed are not well informed about the issue of pregnancy; the belief is that pregnancy can't be planned. Their understanding is whenever there is an unwanted pregnancy abortion is always available though none of the PLWHAs interviewed appear to clearly differentiate between a safe and an unsafe abortion.

Some PLWHAs know about sexually transmitted infections and how they manifest even though most do not know that sexually transmitted infections can have no symptoms especially in the female. While majority of PLWHA are not aware of orthodox family planning methods, few of them know about the male condom, fewer still know about the female condom. Some male PLWHAs do not like condoms because they claim it 'removes the pleasure of sex', some do not believe in condoms. Few are scared it may get missing inside the woman. The female condom which is known by few people is not popular among them due to high cost, unavailability and the fact that most of the few who know it don't know how to insert or remove it. Those who are familiar with it claim that it is better than the male condom. Education status again appears to play a significant part in the knowledge, attitude and use (KAP) of the condom among the PLWHAs.

Very few PLWHAs are familiar with other family planning methods such as the pills, the loops and the injectable contraceptives. Some claim that the Natural methods of birth control such as the rhythm method, coitus interruptus and the safe period are better. This belief appears to have deep seated cultural and religious attachment.

Finally the PLWHAs need a happy home and possibly a drug to cure the virus. The existing drugs now that makes life better, should be made available, affordable and accessible to all and there should be fairness and equity in distribution of the drugs.

## *Findings from the support groups*

The association of PLWHAs is trying to make life easier for their members by providing easy access to care and support including home-based care to very sick members, but are limited in their ability to discharge this duty by lack of funds, training, social

and political will and poverty. Associations of PLWHA like living with hope in Kaduna and Aids Alliance are involved with training schemes for their members and enlightenment on how to live a better life, but are limited by lack of resources. They provide psychological and home-based care (HBC) to sick members. They however complain that 'Home based care is expensive and we do not have funds to carry it out to the best'. Members who are well visit the sick 'who are absolutely down to provide care and psychological support' in their homes.

The associations are not happy about the circumstances of the diagnosis of some of their members with some members tested without being counseled and told about HIV for the first time only after their test result reads positive. They are also unhappy with the distribution of antiretroviral drugs where, most of their members cannot access the drugs. They complain of being exploited by those in the drug distribution system and that they occasionally do not get the best treatment.

The associations give information on family planning methods and interested members are referred to Health facilities that provide such services. The greatest problem again is the stigma and discrimination they face if they disclose their HIV status, at times even in healthcare facilities.

The association of PLWHA's are also worried that there is no widespread enabling law to strengthen their course when they seek to assist any of their members fight for his or her right with respect of HIV related issues regarding either family dispute or in their workplaces.

There is also a concern about most medical practitioners who exploit them due to their condition; they would love to see an enabling law that protects them from such medical practitioners. The concern includes quacks and inexperienced practitioners who administer wrong treatments (both ART and treatment of opportunistic infections) to the PLWHAs.

Members complain severally about NGOs and Government agencies that use them to showcase the HIV/AIDS problem and when the goodies come, they are forgotten. Most PLWHA are concerned about the absence of any apparent genuine effort by any agency in their interest.

## Discussion

From the above it is obvious that the gender, social class and the regional area a PLWHA stays have an effect on his/her sexuality and reproductive health needs.

While developing countries in Asia, Africa and Southern and Central America vary in terms of culture, religion and socio-economic factors, young people living in them share a number of experiences which render them particularly vulnerable to HIV infection. Access to education and information is often limited, levels of literacy lower, and poverty is more prevalent. Young people living in poverty or facing the threat of poverty may be particularly

vulnerable to sexual exploitation through the need to trade or sell sex in order to survive.<sup>6</sup> This study also confirms that poverty, literacy level and lack of information largely influence the sexual and reproductive health practices of PLWHAs.

The main obstacles to reproductive health best practice among the PLWHAs studied were:

1. Women are not empowered and cannot negotiate safe sex such as condom use.
2. Some men do not want to use male condom because 'it removes the pleasure of sex'.
3. Illiteracy and low socioeconomic class are major factors affecting the welfare of PLWHAs.
4. Majority of the PLWHAs who are of low literacy level and poor socioeconomic status are not conversant with common sexual issues such as: safe sex, condom use, STI's and other common sexual problems.
5. Though pregnancy often occurs accidentally, most women would want to bear children in spite of their HIV serostatus.
6. Knowledge of the male condom is not very impressive and it is not widely accepted among the PLWHAs.
7. There is a very poor knowledge of the female condom, the few who happen to know it complain that it is expensive and difficult to use.
8. The PLWHAs who are not literate have a deep seated negative belief about the condom.
9. Some PLWHAs appear defeated and resigned to their fate, and they appear to have lost hope altogether.

## Recommendations

The study has brought out the pressing need to understand the plight of the PLWHAs in Nigeria, otherwise their neglect would lead to worsening of the HIV/AIDS epidemic in this country. HIV being a chronic manageable condition no longer poses the threat it used to when little was understood about the virus. Public enlightenment about the condition and the institution of youth friendly reproductive health programs would go a long way in controlling the continued spread of the virus. Targeting and involving the support groups with education and mobilization will help cushion the hardship PLWHAs are going through.

The following programs are proposed as part of the measures to address the needs of the PLWHAs:

1. Empowerment programs: To change views of PLWHAs about life, that being HIV positive is not the end of life. Their despondent attitude and hopelessness should be addressed.
2. Condom awareness and promotion: For both males and females, consistency of condom use is very difficult to achieve. The program should examine different approaches to obtaining higher and more consistent levels of condom use among groups most vulnerable to STI. Behaviour change communication (BCC) should be used to encourage safe sex practices.
3. Awareness (recognition), prevention and management of STIs: This can be achieved by

peer education, condom awareness and promotion, and presumptive treatment with antibiotics.

4. Prevention of mother to child transmission (PMTCT): There are many ways for achieving this; examples include – (i) exploring different ways to involve men more actively in the counseling and care of pregnant women. (ii) Testing strategies for mobilizing communities to support mother to child transmission (MTCT) programs (iii) Program for counselor training strategies.
5. Integrating family planning and HIV/AIDS programs. This will help to reduce the stigma about people going to receive care, a clinic that is strictly for PLWHA or for HIV/AIDS care is likely to be shunned. Integrating the services with other fairly acceptable ones will increase the chances of acceptance.

People living with HIV/AIDS are not any different group of human beings. The fact that an infected person can stay for long period of time without any serious sickness especially if there is a good and accessible healthcare, means that there is the need to mobilize and empower PLWHAs in the area of reproductive health. In the Northern part of Nigeria Reproductive health issues are hardly discussed openly, again issues to do with HIV/AIDS are also not traditionally discussed due to the fact that sex is a mode of transmission/acquisition of the virus. There is

need to break this cycle of isolation for these issues to be discussed openly if the HIV/AIDS epidemic is to be contained effectively.

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#### References

1. Friedman HL. Overcoming obstacles to good adolescent health. *Network* 1993;14:4-5
2. Ainsworth M, Over M. AIDS and African development. *World Bank Research Observer* 1994;9:203-240
3. Take back young lives. Population Council, New York, 1996
4. Women and AIDS: an agenda for action. WHO, Geneva, 1995
5. Ruganga AO, Aggleton P. Migration, the family and the transformation of a sexual culture. *Sexualities* 1998;1:63-81
6. Coming of age: from facts to action for adolescent sexual and reproductive health. WHO, Geneva, 1998