



ISSN: 0976-3376

Available Online at <http://www.journalajst.com>

ASIAN JOURNAL OF  
SCIENCE AND TECHNOLOGY

Asian Journal of Science and Technology  
Vol. 5, Issue 6, pp. 308-312, June, 2014

## RESEARCH ARTICLE

### CAUSES OF HIV/AIDS UNDERDEVELOPMENT COUNTRIES: A CRITICAL REVIEW

\*Bhola Nath Ghosh

Sociological Research Unit, Indian Statistical Institute, 203, B. T. Road, Kolkata 700 108

#### ARTICLE INFO

##### Article History:

Received 08<sup>th</sup> March, 2014

Received in revised form

20<sup>th</sup> April, 2014

Accepted 10<sup>th</sup> May, 2014

Published online 30<sup>th</sup> June, 2014

##### Key words:

AIDS/HIV, Underdevelopment countries, Nongovernmental organization, Sexual contact, Blood to blood, India

#### ABSTRACT

AIDS, is relatively a new disease, was first recognized in 1981. This paper reviews how cultural beliefs and customs amongst different societies and other socio-economic factors play important roles in the spread of HIV/AIDS in the societies especially in backward economies of Africa. Many of these beliefs and customs are enshrined within the institution of marriage and the family. Outside the family and the marriage setting, many other predisposing factors have also been at the centre stage of spreading out HIV/AIDS and notable among them include peer pressure amongst individuals, migrations especially of prostitutes and economic limitations. The paper suggests that there is need for the government, Nongovernmental organization and civil society organizations such as different religious bodies to come out and engage themselves in mitigating this dangers associated with certain social and cultural aspects of life.

Copyright © 2014 Bhola Nath Ghosh. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

#### INTRODUCTION

AIDS (Acquired immune deficiency syndrome or acquired immunodeficiency syndrome) is a disease caused by a virus called HIV (Human Immunodeficiency Virus). The illness alters the immune system, making people much more vulnerable to infections and diseases. HIV is found in the body fluids of an infected person (semen and vaginal fluids, blood and breast milk). The virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their babies during pregnancy, delivering the baby during childbirth, and through breast feeding. HIV can be transmitted in many ways, such as vaginal, oral sex, anal sex and blood transfusion. Both the virus and the disease are often referred to together as HIV/AIDS. People with HIV have what is called HIV infection. As a result, some will then develop AIDS. AIDS, a relatively newly recognized disease was first came to light in 1981 inactivate the human body and push towards the death. It is found to be prevalent among the male homosexuals, intravenous drug abusers and hemophiliacs in the United States and among sexually active heterosexuals in some African countries. Human immunodeficiency virus (HIV) was first discovered in 1983 and was definitively linked in 1984 to AIDS patients and to groups of people (as mentioned above) who are highly vulnerable to AIDS (Gallo, 1987). HIV is the virus which attacks the T-cells in the immune system.

AIDS is the syndrome which appears in advanced stages of HIV infection. HIV is a virus. AIDS is a medical condition. HIV infection causes AIDS to develop. However, it is possible to be infected with HIV without developing AIDS. Without treatment, the HIV infection is allowed to progress and eventually it will develop into AIDS in the vast majority of cases. HIV testing can identify infection in the early stages. This allows the patient to use prophylactic (preventive) drugs which will slow the rate at which the virus replicates, delaying the onset of AIDS.

AIDS patients still have the HIV virus and are still infectious. Someone with AIDS can pass HIV to someone else. In India, despite having a diverse culture, the emphasis given on various traditional ethics, customs, rituals etc the incidence of HIV infections is found to be less. India's socio-cultural tradition is very wide in scope and diverse in content but similar in essence in view of rituals, ceremonies, practices, morals, values, norms and ethics. However, some of these socio-cultural practices inadvertently are detrimental to people's health. For example, sexual initiation rites, unprotected sex, polygamy, early marriages, forced marriage, widow inheritance among others are the conduits of HIV/AIDS. Global Programme on HIV/AIDS (World Health Organisation, 2006:14) states that lifestyle, culture and tradition have significant influence on the will in which people respond to HIV/AIDS across the countries. Here, we reviewed how various socio-cultural and economic factors lead to the expansion of HIV infections and thus to AIDS especially in underdeveloped conditions as reflected from various studies

\*Corresponding author: Bhola Nath Ghosh,  
Sociological Research Unit, Indian Statistical Institute, 203, B. T.  
Road, Kolkata 700 108

across the World. Emphasis is given more on the African continent for the pervasive nature of AIDs in those areas.

### Examples of Some Social Customs and Traditions Leading to HIV Infections

Sex is a very natural animal behaviour and intense experience; as such, it can often be linked with other important events as a way of giving those events extra meaning in peoples' lives. It is inevitable for the reproduction and continuation of generations. It is also facilitated through social and cultural activities. Among the Banyankole in western Uganda, there are many special occasions which are supposed to be associated with ritual sexual acts between husband and wife; these include harvesting time, building a new house, and birth of children. Ritual sexual acts are also part of the initiation activities in the Mbandwa healing cult of the Banyoro. Among the Buganda community, on a wedding night the girl's Ssenga (paternal aunt) was required to be present to explain, and sometimes to demonstrate sexually, proper sexual activity to the new bride. Sexual acts are sometimes required as part of the rituals surrounding death and widow inheritance. Among the Sebei, the legal heir has to have sex with the widow to clean out the ashes (erandet) three days after the death. The Baganda consider it normal for young boys and girls and everybody to engage in some sexual escapades during their cultural ceremonies, which literally means the bursting of death.

HIV/AIDS Strategic Planning in Uganda, [worldbank.org/INTHIVAIDS/Resources/375798](http://worldbank.org/INTHIVAIDS/Resources/375798); reports that socio-cultural norms and values dictate HIV/AIDS infection trends among different populations and young people's vulnerability is largely due to the initiation of sex in their lives at an early age where most of the sexual encounters do not consider the use of or lack correct and consistent use of condoms. It is for instance reported in Malawi that some communities conduct a sexual ritual known as Kuchosa Fumbi, which forces young boys and girls to play sex as a way of introducing them to the adult world soon after graduating from the cultural initiation rites. (Gama, 2003: 1). The same author reports further that in some communities; a widow has to engage in sexual intercourse with a selected man supposedly to ebb away misfortunes before she is allowed to re-marry. This ritual is called Kulowa Kufa. These rituals are similarly practiced by some communities in Uganda. It is reported that some tribes in certain areas of Uganda compel young men to practice sex with a number of girls in a given community in order to make the right choice for the right future wife. Although this principle is odd and condemned in western Uganda strangely, it has taken roots especially in elite urban society.

It is common these days to attend church weddings and witness a pregnant bride. Young men have opted to first stay with girls for some time and introduce them to parents and subsequently to church for holy matrimonial ceremony. Whether this practice is committed in the village or in town, the bottom line is that it carries health hazards. Most of the urban dwellers under such practices do not bother to pre-test before they opt to stay together. The few who know their Sero status do not disclose to their partners for fear of losing them in the new relationship. Such impromptu marriages are highly prone to HIV/AIDS transmission due to its very scientific

reason of multiple and careless sex before their formal marriage. Once, a person whether boy or girl is infected with HIV, it is transmitted to other partners in due course. It should be noted however that even in the formal marriage, some section of people take to marriage untested.

### Social, Economic and Religious Provisions and Expansion of HIV

Marriage takes place in three legalized ways; religious, traditional and civil. However, there are other illegal marriage arrangements such as cohabitation. The institution of marriage is God given, sanctified and serves both divine and social purposes. However, it is always abused for gratification of carnal desires. Once this perversion takes place, other social and health ills like transmission of HIV/AIDS follows suit. Among the social means in marriage that catalyse HIV/AIDS transmission includes the following; polygamy, arranged marriages, forced marriages, sharing the marital bed (Okwarirana) and widow inheritance and cohabitation. Polygamy is a catalyst to HIV/AIDS transmission, reason being that it is difficult to satisfy all wives and those less or not satisfied at all will look for a way to bridge that missing gap for physiological, psychological, economic and social satisfaction. Whenever such are playing the mischief, it becomes difficult to monitor and control them because they will be more careful to ensure that they are not detected. In course of such situation, if the new 'poaching' man is HIV positive, then infection takes place. The same applies if the dubious woman in that new relationship is also HIV positive.

Green (2002: 2) compliments the above position when he states that primary behavioural change is manifested by fidelity to a single partner. He suggests that reduction in the number of sexual partners is one of the main venues of behavioral change which has been witnessed in Uganda far better than increased condom use. Some religions like Islam has the provision of polygamy i.e., for having more than one wife. The Section IV: 3 of the Quran states that God allows Muslims to marry up to four wives at any given time, according to one's ability to sustain and satisfy them equally with basic needs like food, clothes, shelter and love but the woman marries only one man unless she divorces. Girl married off at a tender age is very indecisive in family affairs. Often, in such marriages in rural areas, the husband unilaterally takes decisions, sometimes hurt his woman. In the rural areas especially among the backward and uncivilized communities particularly the Bahima (an ethnic group of Banyankole of western Uganda), the marital bed is shared by the close in-laws of the opposite sex and the woman has to accept the husband's decision of whatever man he would like to share his wife with (Okwarirana).

This practice of sharing wife has two important consequences; one is social and the other is security. The social reason is to manifest an act of love and solidarity to one's best friends and relatives besides substituting for a malfunctioning (sexually impotent) husband. Sometimes, forced marriage takes place whether the girl is young or old. It happens more often even for an older one if the girl is still dependent on parents. This occurs more usually among illiterate or semi-literate girls. This is more common among the Bahima-Banyankole of western Uganda. It has two reasons. One is economic and the other is

social. The parents of girl sometimes target someone's wealth in the exchange of their daughter. The other is that the boy's family is friendly to the girl's parents or widely socially respected in the area. However, the character of the boy is not good or he is not the girl's choice or has some chronic disease such as Epilepsy or Asthma. But, because of close relationship or social status of the boy's parents the marriage takes place. On both occasions, the HIV infection possibility especially of the boy is not checked and that increases the possibility of such disease. Most women who have not been lucky enough to get good husbands in the second case of marriage and cannot return back to their father's homes because of economic and social burden and owing to their low educational background in most cases, they always look for cheap means of self sustenance. These have been identified for example as local gin selling, which often leads to having multiple partners to supplement their low income by paying rents and other provisions for them but this becomes a conduit for contracting HIV/AIDS in the short or long run. This type of marriage like the previous one is embraced by Muslims world-over and this is found in Hadith and Holy Quran scriptures. To parents belief, Prophet Mohammed says that a parent should give his child a beautiful name, education, training and get him a wife when he attains puberty. The same applies to a daughter. If the father does not arrange their marriage after puberty and they get involved in sin (infidelity), the responsibility for that sin shall be upon their father.

Most cultures urge women to exercise maximum restraint from infidelity and strong punishments are meted against those who do not comply with the rule. However, the law tends to keep a blind eye on errant men to the extent that they even shamelessly import home children born out of wed-lock with impunity. This laxity in cultural laws however leads to conflicts in homes resulting in marital discord, sometimes divorce, or some women having sexual affairs with other men to take revenge on errant husbands. All these lead to HIV/AIDS infection and spread in the short or long run. Among several communities in Uganda, a relative's widow and her children become one's extended family and he owes the society responsibility to protect and make provisions for that family. In addition, the new family members, including the widow and the children have to accept him as the new family head. However, he has to be approved and mandated by the clan first and he cannot abscond before he convenes a meeting to declare that he can discharge the caretaking responsibility to the new family. If the husband had died of HIV/AIDS sickness, the new husband/caretaker and his wife inevitably will be infected by the widow. If on the other hand the new husband is infected, the widow will consequently be infected.

Infertility is known to trigger off sexual relations in search for children. Usually a woman is blamed for infertility and there are various explanations; for instance barrenness is linked with too much sex while still young. It is true in India also across various communities, even in educated upper class. In Buganda the commonest local explanation for barrenness is called ekigalanga that is a condition that associates barrenness with aerophagia (too much gas in the stomach) and loss of weight. As a result of these fears about infertility, there is a big demand for fertility and potency medicines and treatments. In Buganda and among the Banyankole, sometimes the desperate

searches for a cure can be quite risky; among the infertility remedies carried out by some male healers specializing in treatment of barrenness have sex with their patients/clients, which is an obvious route to HIV/AIDS transmission. M.A.Khan (2002: 2) observes that the vulnerability of women is due to their position within families and society where they are often not free to make their own decision about sexual relationships or insist on measures such as the use of condoms or reduction of exposure to HIV/AIDS. Supplementing the above assertion, Khan (2002: 20) states that refusal to use condoms is not only a personal choice but implies that the meaning of the reduced bodily pleasure associated with condom use are socially constructed, "men's emotions and trust expressed through understanding of direct penile-vaginal contact and ejaculation inside the vagina as pure and 'natural' sex oppose condom use". It is also stated, "Sexual prowess in the form of prolonged intercourse without condoms as depicted in western pornography was perceived as 'real man's sexual skills'". They further observe that "men sought to preserve a good man's image by avoiding condom which symbolizes promiscuous men in AIDS educational message". They conclude that social dimensions of masculine sexuality, pleasure, eroticism and the emotional aspect of man's life have to be addressed for effective condom promotion. The above views disclose the unprecedented health risks cultures in view of HIV/AIDS protection. Paradoxically, it is reported that the prevalence rate among the sex workers is low as compared to that of married women or women in permanent partnership. The reason is that the sex workers make decisions about sexual methods. They use condom because they have freedom to do so.

On the other hand, married women do not make decisions on condom use, either male or female condom; the prostitute makes an independent choice. UNAIDS (2000: 63) Report on Global HIV/AIDS Epidemic, states that female condom is not meant to replace male condom; rather, it is meant to increase the options available to fight HIV and other sexually transmitted infections (STIs). This scenario is only possible when one is master of her/his own decision. The above report on their study among sex workers in brothel reveal's that when a female condom was provided with as an extra option for the male condom, women experienced a 34 per cent decrease in the number of new STI. The same study, found that sex workers who had the access to both the male and female condoms, because of freedom to make sex decisions were less likely to make unprotected sex than women who only accessed male condoms. In Zambia and Zimbabwe the female condom may be attractive to sex workers because it eliminates the need for negotiation (to convince the man to wear it) and can be used. This situation is common in Thailand, Zimbabwe, Zambia and Uganda as well.

Men in many African societies have assumed an upper hand in the family. Because they are traditionally seen as the providers, and they believe that they must fulfill this role. Many of these men react negatively if they cannot find work or if they are unable to provide for their family. This redundancy in many cases lead to alcohol or drug abuse, or reckless and violent behaviour may increase both their own and their partner's risk of HIV infection. Employment opportunities for men may restore self-esteem and reduce their tendency to engage in such risky behaviour. However,

employment may also mean that couples have to live apart in certain instances, since men must sometimes migrate or be mobile for their works, as is the case for long-distance truck drivers and soldiers. Due to loneliness and the availability of money, these men may have unprotected sex with other women or men and become HIV-infected. These HIV-positive men may, in turn, infect their wives and other sexual partners. In Uganda, men who move to urban areas for work without their families have in many cases second wives. Women equally take up other men to reciprocally acquire economic benefits and protection from other men who sometimes threaten to rape or kill them should they refuse them sex. This scenario also creates avenue for HIV transmission. One especially dangerous myth, which is found in some cultures among Africans, is that having sex with a virgin will cure HIV. While this is obviously not true as increasing numbers of young girls are also infected as a result of this practice. In addition, many old men prefer engaging in sexual relations with young girls who are presumed to be HIV/AIDS free because of their tender age (defilement). However, it can be noted that some young girls can be HIV positive simply because they got the disease from their parents at birth (mother to child transmission). These young girls though HIV positive have managed to live healthy lives and many have gone to University and finished their first degrees.

Scarification is probably the commonest of all practices involving shared instruments. It is found among many groups in East Africa for example among the Banyankore (Okucwa Engondo on the chest, arms and at the back), Karimajong of North Eastern Uganda and among the Nuba and Dinka of South Sudan. Heavy cuts are made for beautification as well as ritual purposes especially on their faces. Linear scars are produced by deep cuts with a sharp instrument. For round cuts a hooked horn is typically used to lift the skin and pulls it up, and a small razor blade or knife is used to slice the raised skin and produce a prominent scar. Keloid formation is often a desired result. Traditional rural healers and midwives are also occasionally exposed to blood during their duties. African birthing practices can involve a minimum of interference for example, pulling the baby from the uterus by force. Among the Efe of Congo, a woman is assisted by other women, one of who inserts her fingers into the vagina periodically to monitor the baby's position. After birth, the umbilical cord is cut with a hunting arrow (ibid: 9). Blood brotherhood was formerly a widespread practice in much of East and Central Africa, especially along pastoral groups such as the Masai of Kenya and Tanzania and the Bokongo of Democratic Republic of Congo (Zaire) and among the Banyankole of western Uganda.

This practice has been decreasing in recent years. The custom involves exchanging a small amount of venous blood by excision. A male may become blood brother with several people, but the custom is usually limited to members of a person's own tribe. It also cuts across other tribes. For example, messages of friendship have been exchanged between Stanley and Ntare (King of Ankole) in 1889 and at Byaruha, some fifteen miles south of Mbarara town (Mbarara-Isingiro road). Stanley and Bucunku, Ntare's representative, and first cousin made blood brotherhood (Morris, 1960, March). Captain Lugard reportedly made blood brotherhood with Bireri a representative of King Ntare V in 1991 in Nybushozi. Also One report identifies a case of AIDS possibly

acquired from blood brotherhood, but other risk factors may have been present (Morfeldt-Manson and Lindquist 1984: 2). Researchers Gregory Boyle and George Hill (put Year of pub) in a study published by Australia's Thomson Reuters, base their argument on a recent male-to-female transmission of HIV study in Uganda, which showed that more women contracted the virus after unprotected intercourse to infected circumcised male partners (Daily Monitor, 6<sup>th</sup> March 2012: 1). Migration also causes the spread of HIV/AIDS. Some cultures encourage widows or socially disapproved women like those who have lost virginity to venture into new places where they are less known or not known at all so as to start a new life and find a new husband. Here the new arrival may come with the HIV virus or may contract it from the new partner in the new place. Also, men who are known to be HIV positive and who sometimes have lost their partners, move to new places to begin a new life. There, they start infecting unsuspecting partners. Economic hardships, quest for education, employment opportunities and social amenities, among others issues that force people to shift from rural areas to urban areas. However, what can be noted is that at times most of their expectations are never met. As a result, they find themselves in a hostile and precarious environment that forces them to indulge into social and economic crimes such as alcoholism, drug abuse and prostitution among others. In case of young ladies, rich men in town take this opportunity in their favour and the end result is HIV/AIDS contraction and unplanned pregnancies.

There is also a vague concept of AIDS that is associated with witchcraft (super natural forces and powers), although it is no longer the case with urban and elite people. In villages however, it is sometimes identified with God's wrath to punish sinners, the more reason why PLWHA mostly convert to Christianity in the quest of spiritual healing, prayers and counsel become source of hope for healing. Many claim of partial or total healing which is yet to be medically verified. Prayers and counseling can bring hope and hence prolong life. Others come back totally physically wasted due to long periods of fasting and abandoning ARV's. Many of them however die in transit. Examples are the clients of Bisaka, Kakande and Nabaasa Gwajwa. These cult leaders draw people away from western medicine to supernatural powers of healing including traditional medicines and charms only to send them back when they are at the verge of death; lest they die in their place and they carry responsibility. Social conflicts sometimes lead to armed conflicts and wars. This ultimately ends into displacement. Displacement consequently leads to poverty which emanates from the loss of lives and property. This situation creates many widows, widowers, orphans, the poor and destitute.

The widows and their counterparts (widowers) are forced to engage in new marital relationship haphazardly for sexual and economic survival especially widows looking for financial and moral support and protection. Orphans also become vulnerable and girls take to random marriage and early pregnancies for economical survival. Some are the poor and destitute who have no chance but to surrender to whomever demands sex to provide for their needs. Either way, children or grownups become vulnerable to HIV/AIDS contraction. Some cultures peg wives, daughters and sons to depend economically on the head of the family, in this case the husband and father. This

dependability leads to deprivation and therefore to poverty. This state of affairs renders people needy and therefore prone to money temptations. In case of women and girls, it opens the avenue to sex-work for self-sustenance. The factor of illiteracy or little education increases chances of sex-work for survival. This scenario also leads to a state of despondence which leads to random and unprotected sex. Generally, economic dependence of women puts them at a big disadvantage especially the rural semi-literate and illiterate ones. Lack of self autonomy inhibits women to negotiate safe sex. Some studies however report that some methods of safe sex like condoms meet some barriers which include lack of negotiation skills, inferior social and economic status, lack of awareness and illiteracy.

### Concluding Remarks

This paper discussed how socio-cultural and economic factors accelerate the spread of HIV/AIDS. The discussion has stressed the family and marriage setting as the institutions that can easily lead to the spread of AIDS through a number of ways. The most common ways identified and discussed include; early marriages, forced marriages, widow inheritance, arranged marriages under some circumstances and initiation rites among others. The traditional cultural belief also has important bearing on the issues related to the HIV or AIDS problem. It can be noted that, many of these practices are associated with the disadvantage of one group - the women who cannot make any decision on their own. It becomes worse among the backward communities due to the low level of education among the girl child in those societies, which is common in most of the developing nations especially of Asia and Africa. These girls are therefore made to remain dependent on their parents for sustenance (are economically disadvantaged), which puts them in a situation where parents can do whatever they wish for their daughters' lives. Most of the time, they are guided by social norms and compulsions, traditions, cultures, economic conditions and opportunities. These girls cannot even make decisions on sex matters which ultimately exposes them to HIV/AIDS scourge. The other predisposing factors that promote HIV/AIDS have been identified as peer influence, migration, gathering places, and socio-political conflicts among others. Culture is an important aspect of society but glorifying certain cultural aspects in the face of health challenges is improper. There is a need for the government, civil society organizations such as religious bodies to come out openly and discuss the dangers associated with certain cultural aspects.

For example traditional male circumcision among some communities in eastern Uganda should be shunned for medical male circumcision that is medically proven to control HIV/AIDS spread. Again many traditional beliefs common among the Banyankole of western Uganda such as widow inheritance and sharing the marital bed should be stopped although the practices are no longer much pronounced. Condom use, some traditional beliefs are against it on the basis of the argument that it denies them pleasure, denies women chance to make decisions on safe sex and it promotes promiscuity. However, there is need for the government and the other concerned parties/stakeholders to put much more emphasis on HIV/AIDS prevention through condom use. There is need for increased sensitization and awareness about the cause and effects of HIV/AIDS and the possible mitigation measures including use of condoms. Sex education in school without any hesitation can also reduce the menace to a large extent.

### REFERENCES

- World Health Organization 2006. Global programme on AIDS: *Source Book for HIV/AIDS Counseling Training*, Geneva.
- Green, E.C. 2002. *Christian connection for international health*. Harvard. Available on <http://www.cc.ih.org/0110-02htm> (accessed on 14 February 2009).
- Khan M. A. 2002. Knowledge on AIDS among female adolescents in Bangladesh. Evidence from the Bangladesh Demographic Health Survey Data, *Journal of Health and Population Nutrition* 2002; 20: 130-37.
- Morfeldt-Manson L and Lindquist L. 1984. *Blood brotherhood: A risk factor for AIDS?* *Lancet* 1984; 2:1346
- Gallo, R. C. and Montagnier, L. 1987. *Nature*, Vol.2, pp. 326-435
- UNAIDS 2000. *Report on the global HIV/AIDS Epidemic: Joint United Nations Programme, HIV/AIDS*. Geneva: Switzerland.
- The Daily Monitor, 6<sup>th</sup> March 2012, *Circumcision does not reduce HIV spread*, by Flavia Lanyero. Also available online at <http://www.monitor.co.ug/News/National/-/688334/1360190/-/axfghjz/-/>.
- Women*: available at <http://gateway.nlm.nih.gov/meeting/abstracts/102255223.html.7/24/2007>, (accessed 13 April 2010).
- worldbank.org/INTHIVAIDS/Resources/375798
- The murder of H.HT.G.GALT : H.F. Morris, *The Uganda Journal, The Journal of the Uganda Society*, Vol. 24, No.1, March-1960

\*\*\*\*\*