

Kuzey Orta Nijerya'da İki Baskın Dinin Liderleri Arasında Evlilik Öncesi HIV Taraması Farkındalığı, Tutumu ve Uygulamaları

[Awareness, Attitude and Practices of Premarital Human Immunodeficiency Virus (HIV) Screening among Leaders of Two Predominant Religions in North Central Nigeria]

ÖZET

AMAÇ: Evlilik öncesi HIV taraması pek çok Afrika ülkesindeki dini topluluklarda sık ve zorunlu uygulamalarda birisidir ve zorunlu yaptırıldığında temel insan hakkına tehdit oluşturan önemli bir sağlık konusudur. Bu çalışma; Ilorin, Nijerya'da dini liderler arasında farkındalığı, tutumu ve evlilik öncesi HIV taraması uygulamasını değerlendirmek için düzenlenmiştir.

YÖNTEM: Bu çalışma 2008 yılında gerçekleştirilen tanımlayıcı kesitsel bir araştırmadır. Toplam 375 dini lider çalışmaya dahil edilmiştir. Katılımcıları seçmek için çok aşamalı örnekleme tekniği kullanılmıştır. Araştırma aracı, görüşmeci tarafından uygulanan yapılandırılmış soru formudur. Soru formu ile elde edilen veriler EPI-INFO programı kullanılarak analiz edilmiştir. Veriler tablo, çapraz tablo ve istatistiksel anlamlılık testleriyle sunulmuştur.

BULGULAR: Veriler gösterdi ki; dini liderlerin HIV/AIDS, evlilik öncesi HIV taraması ve Gönüllü Mahrem Danışmanlık ve Test hakkındaki farkındalığı yüksekti. Evlilik öncesi HIV taramasının çoğu dini liderler tarafından başlatılıyordu. Ayrıca, liderlerin çoğu evlilik öncesi HIV taramasını üyelerinin hakkına aykırı olarak zorunlu kılıyordu. Katılımcıların yarısından fazlası evliliklerini evlilik öncesi HIV taraması yaptırmaksızın gerçekleştireceklerini ifade etti. Yine yarısından fazlası evliliklerini eşlerinin testi pozitif çıksa da gerçekleştireceklerini söylediler. Dinin; evlilik öncesi HIV taramasını zorunlu kılmada, üyeleri arasında evlilik öncesi HIV taramasını reddetmede ve evliliği evlilik öncesi HIV taramasını yapmadan gerçekleştirmede katılımcıların tutumunu etkilediği bulundu.

SONUÇ: Evlilik öncesi HIV taraması iyi bir uygulama olmakla beraber, üyeler taramayı yapmak için ikna edilmeli ve dini liderler tarafından zorlanmamalıdır.

SUMMARY

AIM: HIV premarital screening is one of the practices that is prevalent and compulsory in religious communities of many African countries and is a major health issue that constitutes basic threat to fundamental human right when made mandatory. This study is therefore tailored towards assessing the awareness, attitude and practice of HIV premarital screening among religious leaders in Ilorin metropolis of Nigeria.

METHOD: This study was a descriptive cross sectional survey carried out in 2008. A total of 375 religious leaders were used. Multistage sampling technique involving five stages sampling procedures was used to select participants. The research instrument was structured interviewer administered questionnaire. Results obtained from the questionnaire were analysed using EPI-INFO computer software and data were presented in form of tables, cross tabulation and test of statistical significance.

RESULTS: Result showed that the awareness of religious leaders on HIV/AIDS, premarital HIV screening and Voluntary Confidential Counselling and Testing (VCCT) was high. Most of the premarital HIV screening was initiated by the religious leaders. Also, majority of leaders made premarital HIV screening compulsory which is against the right of the members. More than half of the respondents said they will conduct marriage without premarital HIV screening and more than half also said that they will conduct marriage if one of the partners is tested positive. Religion was found to influence respondents' attitude in making premarital HIV screening mandatory, rejection among respondents members on premarital HIV screening and conduction of marriage without premarital HIV screening.

CONCLUSION: In as much as premarital HIV screening is good; members should be convinced to do this screening and not to be coerced by these religious leaders, thus, stepping on one of their human right.

Gönderme Tarihi/Date of Submission: 19.07.2012, **Kabul Tarihi/Date of Acceptance:** 27.09.2012 **DOI:** 10.5455/pmb1.1342647396

**Joseph Gbenga S.¹,
Abu-Saeed Kamaldeen²,
Joseph Folake L.³**

¹Department of Family Health, Federal Ministry of Health, Abuja, Nigeria

²Research Unit, Peace Standard Pharmaceuticals, Ilorin, Nigeria

³Department of Mathematics, Bringham University, Karu, Nigeria

Anahtar Kelimeler:

Farkındalık, Tutum, Uygulama, Dini Lider, HIV Evlilik Öncesi Tarama

Key Words:

Awareness, Attitude, Practice, Religious Leaders, HIV, Premarital Screening

Sorumlu yazar/

Corresponding author:

Abu-Saeed Kamaldeen
Research Unit, Peace Standard Pharmaceuticals, Ilorin, Nigeria
kamal.abusaheed@yahoo.com

INTRODUCTION

To know one's HIV status is a part of the human right to health, it should not be a duty imposed on individuals by the state. For example, it is widely

acknowledged that governments cannot oblige people to undertake genetic testing to determine if they are carriers of haemophilia or impose mandatory testing for genital herpes or hepatitis (1). Today, however, some governments and international agencies,

religious leaders are pressing for changes to HIV testing strategies that can severely erode the rights of individuals to make informed choices about HIV testing and place control over these decisions in the hands of the state, religion institution and the health care system (2). The public health unequivocally supports the right of all individuals to know their HIV status, when and if they choose to be tested, and to have easy and affordable access to VCCT services (3). It also supports scaling up the routine offer of opt-in HIV testing and counselling within healthcare systems, with the primary aim of enabling people who test HIV positive to access adequate support, care and treatment and supporting people who test HIV negative to take measures to maintain that status (4). It recognizes that, as treatment access improves, more individuals will want to know their HIV status, however, increasingly concerned about the direction and nature of international and national debates regarding universal testing for HIV infection. While VCCT was promoted as the HIV testing strategy of choice until recently, there is currently a move toward routine opt-out testing in many diverse settings worldwide, even when the people tested will not have access to support, care and treatment. In some cases, this has translated into proposals for, and implementation of premarital screening, routine imposition of HIV tests.

HIV premarital screening is one of the practices that is prevalent and compulsory in religious communities of many African countries and it is a major health issue that constitute a threat to the fundamental human right (5). The scientific approved screening should be voluntary after adequate counselling of an individual. It is contrary to premarital screening in religious institution. This negates the principle of informed voluntary screening testing and human right to health. The immediate and long term health consequences have been observed in various religious communities in a number of African countries. There are few systematically documented studies that enable care providers to bring out the direction association or linkage between observed problem in HIV premarital screening in religious institutions enforcing by religious leaders and ideal HIV voluntary counselling and testing.

Considering the fact that religion and spirituality have a profound impact on one's life. The role of religious leaders in HIV prevention and transmission in religious communities in Africa in shaping of social value, increasing public awareness of social issues, influencing public opinion and supporting enlightened attitude, their decision on premarital

screening are considered vital decision which need to be evaluated in line with scientific based principle of screening.

Despite the problem of depression, stigmatization, experience in pre marital HIV screening, it is still widely practiced in religious societies. It is therefore the aforementioned reasons that gingered the interest to carry out this study to assess the awareness, attitude and practice of HIV pre marital screening among religious leaders in Ilorin metropolis.

METHOD AND MATERIALS

This study was carried out in Ilorin, capital of Kwara State in Nigeria in 2008. Ilorin is one of Nigeria's largest cities and is strategically located at the geographical and behavioural confluence of the North and South. It is divided into three local Government areas: Ilorin west, Ilorin metropolis and Ilorin south.

The religious activities started since the inception of the city. Islam and Christianity are the predominant religion in the city. It has three government approved HIV screening centres and antiretroviral drugs are given free to patients in these centres. In sentinel survey in 2006, the prevalence of HIV positive is 2.6% in Ilorin. The practice of premarital HIV test is on the increase in the two predominant religious groups in the city.

This study was a descriptive cross sectional survey. Sample size was determined using prevalence of 50% with estimated religious leaders' population of 2500. A total of 375 religious leaders were included in the study. Multistage sampling technique involving five stages sampling procedures was used to select participants. All Islamic and Christian religious leaders were included while traditional religious leaders were excluded. The research instrument was structured interviewer administered questionnaire. Results obtained from the questionnaire were analysed using EPI-INFO computer software and data were presented in form of tables, cross tabulation and test of statistical significance.

Prior to the study, community entry was done through advocacy visit to the Christian Association of Nigeria, Ilorin branch and Muslim Council of Nigeria, Ilorin branch. Advocacy visits were equally paid to various churches and Islamic groups for support. Consent of participants was sought.

RESULTS

Table 1 shows the socio-demographic data of the respondents. The mean and modal ages were 43.1±10.13 and 43 years respectively. Majority of the religious leaders were within 40 and 49 years of age. Majority of the respondent were from Yoruba speaking tribe (351; 93.3%), 19 (5.1%) were Hausa and 5 (1.3%) of them came from other tribes. Close to half of the respondents were Christians (186; 49.6%) and about half were Muslims (189; 50.4%). Majority of the respondents (365; 97.4%) were married while a few were single (10; 2.6%).

A total of 372 (99.2%) of respondents said they are aware of HIV while 3 (0.8%) claimed that they were not aware of HIV. Among those that said they are aware of HIV, their sources of information include radio (269; 71.7%), television (249; 66.4%), health workers (3; 0.8%), churches/ mosques (44; 11.7%) and seminar/ workshop (71; 18.9%).

Three hundred and sixty seven (97.8%) respondents are aware of premarital HIV screening while only 8 (2.2%) were not aware. Their sources of information among those that were aware include hospitals (18; 1.6%), through medical personnel (6; 0.8%), through radio adverts (344; 46.9%), through religious groups (326; 44.4%) and through television adverts (46; 6.7%). More than half (254; 67.7%) of the respondents supports premarital HIV screening and 121 (32.3%) of them do not.

Table 1. Socio-demographic data of respondents

SOCIO DEMOGRAPHIC DATA	FREQUENCY (%)
Age (in years)	
Below 20	1 (0.3)
20 to 29	16 (4.2)
30 to 39	123 (32.7)
40 to 49	133 (35.4)
50 to 59	83 (22.2)
60 and above	19 (5.2)
TOTAL	375 (100)
Level of education	
Primary	19 (5.1)
Secondary	46 (12.3)
Tertiary	215 (57.3)
None	95 (25.4)
TOTAL	375 (100)

When the religious leaders were asked the meaning of VCCT, majority (301; 80.3%) gave correct responses while 74 (19.7%) gave wrong responses. Of the 375 respondents, 256 (68.4%) of

them were aware of the various VCCT centres in Ilorin while 119 (31.6%) said they were not aware. The VCCT centre in Ilorin known by respondents include University of Ilorin Teaching hospital (380; 74.4%), Sobi Specialist Hospital (68; 13.3%) and Civil Service Clinic (64; 12.3%).

Almost all (373; 99.5%) of the religious leaders agreed that VCCT is important in HIV control while 2 (0.5%) of them disagreed. In assessing the knowledge of respondents on the similarities of premarital HIV screening and VCCT, majority (291; 77.8%) of the respondents said they are similar while 83 (22.2%) of them said that they are not similar.

Figure 1 summarizes the religious leaders' responses on the initiator of premarital HIV screening in their various religious groups. Majority were the religious leader, 36 (9.9%) termed 'others' included friend, colleagues and doctors.

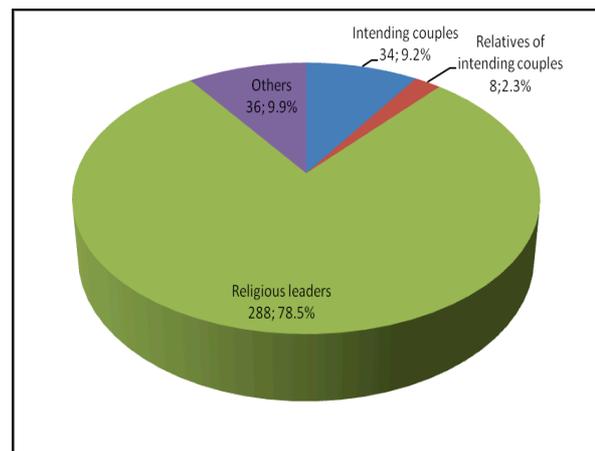


Figure 1. Initiator of premarital HIV screening according to respondents

One hundred (26.6%) of the respondents said that they have encountered members that rejected premarital HIV screening because of fear of discrimination and stigmatization while 275 (73.4%) of them said that none of their members have ever disagreed carrying out the screening test. Figure 2 summarizes actions to be taken by respondents in marriage conduction in respect to premarital HIV screening.

Table 2 presents the various factors that influence the practice of premarital HIV screening among religious leaders. Respondents were able to mention nine different factors. Table 3 tests for statistical significance using p value between the respondents' religion and various parameters relating to knowledge, attitude and practice of respondents as

regards premarital HIV screening. Those having p value less than 0.05 were considered statistically significant and vice versa. 'About 53.9% of the respondents interviewed agreed to conduct marriage when one of the intending couple tested positive while 46.2% of them that disagreed. Also, above half (53.8%) of the respondents said they will conduct marriage without HIV screening while the remaining 46.2% said they will not'

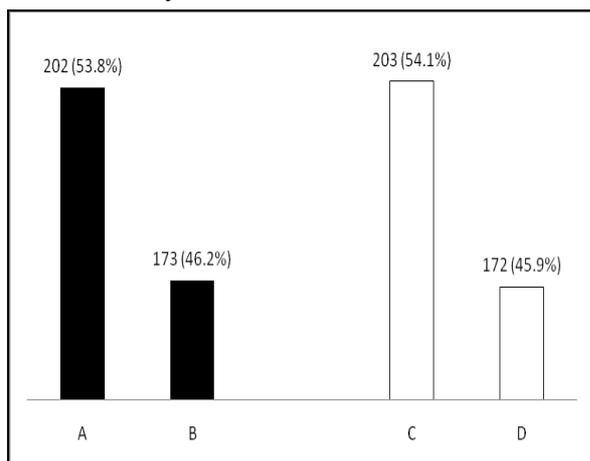


Figure 2. Actions to be taken according to respondents in marriage conduction in respect to premarital HIV screening

KEY:

A: Respondents will conduct marriage without premarital HIV screening

B: Respondents will not conduct marriage without premarital HIV screening

C: Respondents will conduct marriage if one of the partners is tested positive for HIV

D: Respondents will not conduct marriage if one of the partners is tested positive for HIV

Table 2. Factors influencing the practice of premarital HIV screening among religious leaders

FACTORS	FREQUENCY (%)
Awareness	124 (33.1)
Blood donation	9 (2.4)
Faith	71 (18.9)
Finance	27 (7.2)
Fear	45 (12.0)
Stigmatization	45 (12.0)
To prevent spread of HIV to innocent ones	27 (7.2)
Lack of instrument for screening	18 (4.8)
Time factor	9 (2.4)
TOTAL	375 (100)

Table 3. Summary of the influence of religion on various parameters relating to premarital HIV screening

RELATIONSHIP	P VALUE
Relationship between respondents' religion and awareness of premarital HIV screening	0.9813
Relationship between respondents' religion and their attitude in making premarital screening mandatory	0.0000
Relationship between respondents' religion and rejection among religious members sent for HIV premarital screening	0.0001
Relationship between respondents' religion and practices on conduction of marriage without HIV premarital screening	0.0000
Relationship between respondents' religion and practices on conduction of marriage in which one of the intending couple tested HIV positive	0.5589

DISCUSSION

A total of 189 Islamic religious and 186 Christian religious leaders were surveyed; hence there was balanced representation of the leaders of both religious groups.

The mean age of 43.1±10.13 indicated that most of the religious leaders were adults. The respondents' ages may probably contribute to their experience and the respect accorded to them in accepting their instructions. The majority of the religious leaders were married males with few married females. The society respects a married individual's opinion on marriage issues probably because of their experience. Almost all respondents were from the Yoruba speaking tribe. This may be because Ilorin is a Yoruba town. This study also revealed that more than half of the respondents had tertiary education. This shows that a good number of the respondents were well educated although it is also worthy to mention that about one-quarter of the respondents had no form of formal education.

Majority of the respondents have heard about HIV/AIDS, premarital HIV screening and VCCT. This is similar to a study conducted by phase A resident doctors in Matang in University of Malaya that put the level of awareness of premarital HIV test at 91% (6). This shows that the level of awareness of premarital HIV testing is high. It could probably affect the promotion of voluntary confidential counselling and testing programmes which help in

preventing HIV transmission in the society. The major source of information was the mass media. This could be attributed to the fact that all the respondents were residents of Ilorin city thus having better access to information via mass media. Hence awareness is not a problem among the study population. Majority (77.8%) of the respondents however could not distinguish between premarital HIV screening and VCCT. Further enlightenment in this regards may be necessary.

The attitude of respondents showed that about 67.7% of the total respondents supported premarital HIV testing. This is in agreement with a study conducted in Ilorin where 90% of respondents supported premarital HIV screening (7). A higher percentage (86.8%) of religious leaders as revealed by this study are of the opinion that compulsory HIV testing for intending couples will help in the campaign against the spread of HIV. This will run contrary to the intending couple's human rights. Further analysis revealed that there was a relationship between respondents' religion and their attitude in making premarital screening mandatory ($p=0.000$). Greater percentage of Christian religious leader seem to agree to making premarital HIV screening mandatory when compared to the Islamic religious leaders. This shows that premarital HIV screening among the Christians are more mandatory than in the Islamic religion. Most respondents said premarital test is not voluntary but compulsory for intending couples before marriage. This is contrary to the conventional voluntary counselling and testing where informed consent is essential. Coercing will affect the behavioural change that is seen in conventional voluntary counselling and testing. This study conducted in Cape-town shows that voluntary counselling and testing led to behavioural changes (8).

The current study shows that most HIV tests undertaken by intending couples are not voluntary because the religious leaders are the major initiator of premarital HIV screening (78.5%). The rejection of premarital HIV screening among members of respondents' religious step up was low. This might be due to the respect accorded to religious leaders generally. Members may not be able to air their views in order not to offend these religious leaders. The influence of religion in encouraging premarital test was statistically significant ($p=0.000$). This is evident in the fact that mandatory premarital HIV test which is routinely practiced by Christian religious leader was much higher compared to the Islamic religious leaders. It is in agreement with the findings in similar

study in Ilorin where 68.3% of respondents also agreed that premarital HIV screening be made mandatory (7). The international covenant on civil and political rights state that, no one shall be subjected to arbitrary or unlawful interference with his privacy. This implies that the right to privacy include obligation to seek inform consent for HIV testing and obligation to maintain the privacy and confidentiality of all HIV related information (9, 10).

About 53.9% of the respondents interviewed agreed to conduct marriage when one of the intending couple tested positive as against 46.2% that disagreed. The reason given by the respondents that agreed to join in marriage HIV positive and HIV negative partners is faith that God can do all things, while those that disagreed said it is harmful to marry such partners together so as to prevent transmission of HIV. This is at variance with similar study conducted in Ilorin where 93.2% supported that marriage should not be conducted if one of the intending couple tested positive while 6.8% agreed to conduct marriage when one of the intending couples tested positive (11). This study shows HIV positive are probably joined with HIV negative. It could be said that such practice may promote the spread of HIV in the society at large if not properly checked and monitored. Religion did not affect conduction of marriage when one of the intending couple tested positive was not statistically significant ($p= 0.5589$). Just above half (53.8%) of the respondents said they will conduct marriage without HIV screening. It is also important to discuss here that there was statistical relationship between respondents' religion and practices on conduction of marriage without HIV premarital screening ($p< 0.05$). It was observed from this analysis that more of the Christian leaders will not conduct marriages without HIV premarital screening than the Muslim leaders. This might be attributed to the fact that this might be a strong rule in various Christian sects before a couple gets married when compared to the Islamic religion. Most of the Islamic scholars may be following the basic requirement by the Quran on marriage conduction which does not involve premarital HIV testing in any way. In connection to this, there was statistical relationship between respondents' religion and rejection among religious members sent for HIV premarital screening. Rejection was found to be more among the Islamic leaders. Members of the Islamic religion may reject more due to the fact that premarital HIV screening is not among the basic requirement for conducting marriage in Islam according to the Quran. Awareness was the leading factor influencing the practice of premarital HIV

screening among religious leaders. This is a good factor that can help bring out the number of people with HIV/AIDS and can aid in prompt diagnosis and treatment. This factor in another way will help reduce its spread. A good number of respondents also attached faith as one of the factors responsible for the practice of premarital HIV screening. Religious leaders believe that faith could do all things and sometimes may further want to show or buttress their point by showing that faith can cure diseases even HIV/AIDS.

CONCLUSION

The awareness of religious leaders on HIV/AIDS, premarital HIV screening and VCCT was high. Most of the premarital HIV screening was initiated by the religious leaders. Also, majority of leaders made premarital HIV screening compulsory which is against the right of the members. More than half of the respondents said they will conduct marriage without premarital HIV screening and more than half also said that they will conduct marriage if one of the partners is tested positive. Religion was found to influence respondents' attitude in making premarital HIV screening mandatory, rejection among respondents members on premarital HIV screening and conduction of marriage without premarital HIV screening. In as much as premarital HIV screening is good, members should be convinced to do this screening and not to be coerced by this religious leaders, thus, stepping on one of their human right.

REFERENCES

1. World Bank. World bank Development Indicators Database. www.worldbank.org/data/countrydata.html. [Assess date 24-11-2007].
2. Nigeria Demographic and Health Survey: Findings and Implications for Action. Southeast Zone. 2004, July.
3. Papajohn G, Mount C. Illinois wedding licenses soar after repeal of AIDS test law. Chicago Tribune October 11, 1989; 2: 4.
4. Goodman RD. In sickness or in health: the right to marry and the case of HIV antibody testing. Rev Paul Law 1989; 38: 87-126.
5. Segun Odukomaiya. The use of Religious Television programmes by students of a typical Nigerian urban University. Babcock Journal of Management and Social Sciences 2004, 3 (1).
6. Knowledge and attitudes towards HIV/AIDS and premarital screening in Matang and Selama, community residence programme by Phase 3A resident doctor, 2004.
7. Musa OI. Health workers attitude and perception towards routine premarital HIV screening. Africa Journal of Clinical and Experimental microbiology, 2005. 6 (1): 46-52.
8. Anderson B. 'HIV testing: Voluntary, Mandatory or Routine?'. Paper presented at the AIDS legal Network (ALN) Public debate on HIV testing Cape Town, 2006; 18th July.
9. United Nations. Universal Declaration of Human Rights, Article 23; 1948.
10. M. Alexander. 'Information and Education Laws', in Dr. Jayasuriya (ed.) HIV, Law, Ethics and Human Rights, UNDP, New Delhi, 1995, p. 54.
11. Ades AE, Sculpher MJ, Gibb DM, Gupta R, Ratcliffe J. Cost effectiveness analysis of antenatal HIV screening in United Kingdom. BMJ 1999; 319(7219): 1230-4.