Perceived Influence of Cultural Practices on Transmission of HIV/AIDS in Benue State: Counselling Interventions

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ABSTRACT
This study investigated perceived influence of cultural practices on transmission of HIV/AIDS in Benue State and proffered counseling interventions. The study determined the influence of female genital mutilation and widow inheritance on HIV/AIDS transmission in the study area. Two research questions were answered and two statements of hypotheses were formulated and tested at 0.05 level of significance. The study adopted the survey research design. Traditional rulers/council wards heads, traders, traditionalists, health workers, civil servants and farmers formed the population of the study. A total number of four hundred (400) adults were sampled from 4,253, 641 people using Taro-Yamen’s formula. A multi stage sampling technique which included stratified sampling technique, purposive or judgemental sampling technique, simple random sampling technique were used at different stages in the study. A self developed questionnaire titled “Perceived Influence of Cultural Practices on HIV/AIDS Transmission Questionnaire (PICPHATQ)” was used for data collection. It contained seventeen (17) items. Descriptive statistics involving mean and standard deviation were used to answer the research questions while chi-square was used to test hypotheses at 0.05 level of significance. The result revealed that female genital mutilation and widow inheritance had significant influence on transmission of HIV/AIDS in the study area. The recommendation among others includes; intensive campaign against female genital mutilation legislation on widows’ inheritance right and counseling centres to be set up in villages and local government headquarters. It finally proffers counseling intervention strategies to slow the transmission of HIV/AIDS in Benue State.

Keywords: cultural practices, HIV/AIDS, female genital mutilation, widow inheritance and counselling.

INTRODUCTION
Cultural practices apply to any person manifesting any aspect of any culture. Nigeria with Benue state in particular, has a rich cultural heritage. Amongst these exist many negative practices which affect the health of women and children. The list is long, but this paper narrows down on female genital mutilation and widow inheritance with attendant HIV/AIDS transmission.

Human Immunodeficiency Virus/Acquired immune deficiency syndrome (HIV/AIDS) is a global epidemic that had emerged as a threat to the health, development and survival of millions of individuals, families and communities throughout the world, with major implication on health, social, religious and economic wellbeing of the people directly or indirectly. Undoubtedly, HIV spread so rapidly. The cause of the epidemic all over the world relates to individuals’ social behaviour such as sexual exposure and intravenous drug use (Federal Ministry of Health (FMOH), 2005). In Nigeria however, the leading driving force for the spread of HIV infection according to Ojoawo, Dairo and Aboyade (2006) include low level of education and high level of ignorance, cultural practices such as polygamy and wife hospitality, crippling poverty and lack of access to appropriate reproductive health services and information particularly for young people and levirate.
The recent revelation that over 319,000 children are living with HIV/AIDS in Benue state alone, with another 708,640 adults also living with the virus should be a cause for serious concern to health authorities in our country (This Day Live, 2015). According to executive secretary of the Benue state Action Committee on AIDS, the HIV epidemic is in the third decade with Benue State contributing significantly to the prevalence of the virus in Nigeria... These figures represent significant increase in number of people living with HIV/AIDS (PLWHA) in the state over some years now. In 2009, the special adviser to the governor on HIV/AIDS and other communicable diseases, disclosed that no fewer than 400,000 persons were identified as carriers of the dreaded virus in the state. Both sources agree that unless the spread of the virus was properly checked, the infection would impact negatively on the productive sector of the state economy.

Meyer-Weitz, Reddy, Weijtz, Van den Borne and Kok in Kadiri, Ahmad and Mustaffa (2014) argued that social and cultural conditions of a society play an important role in the sexual behaviour, which in turn has a strong bearing on transmission and causes of HIV/AIDS. The society has its beliefs and practices that govern the daily behaviour and conduct of its members (Kore in Owoyemi & Tinuola, 2010). These beliefs and practices, however, are strongly influenced by the power of culture and may impact the people, either positively or negatively. From time immemorial, the survival of man in an interactive society has been affected by what happens in his environment and how he reacts to it, the causes and prevention of disease in a community cannot be complete unless the cultural practices of the people are considered (Radley in Kadiri, Ahmad & Mustaffa, 2014). Many cultural practices in Benue State might have a positive impact in curbing the prevalence of several diseases including HIV/AIDS. On the other hand, some cultural practices might have helped to perpetuate and increase the prevalence of certain diseases and health problems with particular reference to HIV/AIDS. For instance female genital mutilation is a cultural practice which involves the removal of the clitoral prepuces and tip of the clitoris for the reason of protecting the chastity and reducing the female sexual enjoyment. This cultural practice exposes both men and women to high risk of contracting HIV/AIDS. According to Mannes in Hrdy (2006) female genital mutilation has been postulated to increase the likelihood of AIDS transmission via increased exposure to blood in the vaginal canal. Nxumalo, Okeke and Mammen (2014) conducted a study on cultural beliefs and practices towards HIV/AIDS amongs high school learners in Swaziland. Result indicated that various forms of incisions including female genital mutilation, traditional male circumcision, body piercing and indiscriminate use of sharp objects and kushenda (having extra-marital relationships) had influence on the spread of HIV/AIDS among Swazis.

Kadiri, Ahmad and Mustaffa (2014) asserted that female genital mutilation put women and girls at risk of contracting HIV from unsterilized tools such as knives and broken glass that are used during the procedure. Kadiri et al (2014) investigated HIV/AIDS and cultural practices in Nigeria: An implication for HIV/AIDS preventive communication campaign. The result showed that female genital mutilation was frequently mentioned by respondents as one of the cultural practices that spreads HIV virus. Similarly, Mandara (2001) explained that two forms of genital mutilation known as Gishiri and Chire exist in Hausa land and is performed by a Wanzami, a traditional herbalist barber. Further, he explained that, these operations are normally performed with special knives and under septic conditions with unsterilized tools which expose victims to HIV virus. These are factors for HIV transmission when the tools are used without sterilization and that the effort of good public health interventions has been undermined by beliefs that drive the practices. Cultural practice such as widow inheritance perpetuates and increase vulnerability to HIV/AIDS. Widowhood practices are offensive traditional practices which vary depending on cultural/ethnic groups within Nigeria. Interwoven in the widowhood practices is wife inheritance in which a woman is given out to her deceased husband’s relation often against her wish (Ebisi in Kadiri, Ahmad & Mustaffa, 2014). These practices often place both the man and woman with a different sexual history at the risk of contracting HIV/AIDS. Kawango, Agot, Ann Vander Stoep, Trancy, Billy and Obare (2010) conducted a study on widowhood and HIV prevalence in Bondo district, Kenya. The result indicated that HIV prevalence among inherited
widows varied depending upon why and by whom they were inherited. The study concluded that widowhood inheritance is a risk practice for HIV infection in Bondo district, Kenya.

Similarly, the studies conducted by United States Agency for international Development (USAID) (2009) focused on interrogating culture, women’s right and HIV/AIDS in Namibia and Mozambique. The study identified some of the harmful traditional and cultural practices that were perceived as increasing the vulnerability of women to both gender violence and HIV and other sexually transmitted infections (STI’s). These include: men’s abuse of power; the accepted male dominance and women’s subordinate positions; polygamy; the acceptance of male promiscuity; multiple concurrent partnerships; widow inheritance and widow cleansing; the desire for male child at all cost, which leads women and men to engage in unprotected sex, even when the partner is known to be HIV positive, culture of silence which makes it a taboo for men and women, parents, children, husbands and wives to speak about sex among others.

According to Anyacho and Anyacho (2010) widowhood inheritance is highly risky in this era of HIV/AIDS. The husband’s relation, who inherits her, stands the risk of contracting the virus should she be HIV positive. The same thing happens to the widow should the man be HIV positive. In a similar view, Gbenda (2010) stated that, according to African belief system, the philosophy of marriages is that a woman is married not just to her husband, but also married to the family of the husband and the clan. In the same fashion, a widow may decide not to be adopted by another member of the family of her late husband but remains a member of the family. She is addressed as kwase-ikoson (widow) in Tiv society. In this case, sexual servicing of the woman by a member of the family will not be frowned at in the culture. Alternatively, she may have male friends outside the family and continue to have children. In this era of HIV/AIDS such permissive/obnoxious practices are exposing people involved to HIV transmission, since there is no HIV/AIDS test before starting sexual intercourse.

It becomes very crucial for guidance counsellors to have a good grasp of the cultural practices that supposedly the causal factors in the spread of HIV/AIDS. Accordingly, Amali (2014) quoting Okoye, Adejumo and Achebe, defines counselling as an interactional relationship designated to facilitate the personal development of information leading to effective decision taking and awareness of self.

**Statement of Problem**

The culture and norms of a particular society are supposed to take care of everything that happens in the society. The researchers observed that some cultural practices may encourage the transmission of HIV/AIDS. Besides, some cultural practices that may perpetuate the transmission of HIV/AIDS are still prevalence in the culture of Benue people. These cultural practices include female genital mutilation and widow inheritance.

Ojoawo, Dairo and Aboyade (2006) remarked that people engage in cultural habits that spreads the HIV infection such as traditional circumcision, tattooing and other risk behaviours in city of Makurdi, Benue State.

Benue society need to be informed, sensitized, enlightened and counseled on the likely ways cultural practices may influence the transmission of HIV/AIDS. It would enable them to be cautious of likely implications of some lifestyles before imbibing on them, thus, the need for this study.

Studies have shown that the poor understanding of cultural contexts by many HIV/AIDS stakeholders may be responsible for the low success levels recorded against HIV/AIDS campaigns (Oladepo & Fayemi, 2011; Uwah, 2013). Hence, the inadequate use of cultural cues of people in Benue State might be one of the reasons for the unsuccessful fight against HIV transmission in Benue State. Thus, understanding the role of cultural practices in the transmission of HIV is critical for the development and implementation of successful HIV/AIDS intervention programmes in Benue State.

In essence, do cultural practices have any influence on the transmission of HIV/AIDS in Benue State? What are these cultural practices that have to do with HIV/AIDS? The focus of this study therefore is to investigate the extent to which cultural practices such as female genital mutilation and widow inheritance are perceived to influence HIV/AIDS transmission in Benue State. It is assumed that cultural practices or behaviours might also likely have their own share of contribution to the spread and transmission of

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HIV/AIDS. It is on this note that the researcher set out to investigate the perceived influence of cultural practices on HIV/AIDS transmission in Benue state and the need for counselling interventions.

**Objectives of the Study**

The purpose of this study is to investigate perceived influence of cultural practices on HIV/AIDS transmission in Benue State. Specifically, this study aims at achieving the following objectives:

i. to determine the influence of female genital mutilation on HIV/AIDS transmission in the study area.

ii. to determine the influence of widow inheritance on HIV/AIDS transmission in the study area.

**Research Questions**

The following research questions will guide the conduct of this study.

i. to what extent does female genital mutilation influence HIV/AIDS transmission in the study area?

ii. to what extent does widow inheritance influence HIV/AIDS transmission in the study area?

**Statement of Hypotheses**

The following research hypotheses were formulated for this study.

i. female genital mutilation has no significant influence on HIV/AIDS transmission in the study area.

ii. widow inheritance has no significant influence on HIV/AIDS transmission in the study area.

**METHODOLOGY**

Survey design was adopted for this study. Four hundred (400) adults were sampled from 4, 253, 641 people using Taro Yamen’s formula. A multistage sampling was used to obtain the sample. In the first stage, stratified sampling technique was used to stratify the state based on the three (3) zones. Zone ‘A’ has three (3) L.G.A, zone ‘B’ has three (3) L.G.A and zone ‘C’ has four (4) L.G.A. A purposive or judgmental sampling technique was used in the second stage to select the local government areas to be studied. A total of ten (10) L.G.A were sampled out of the twenty three (23) L.G.A in Benue state. Ballot simple random sampling technique was used in the third stage to select 3 council wards from each of the selected local government areas.

A self developed questionnaire titled “Perceived Influence of Cultural Practices on HIV/AIDS Transmission Questionnaire” (PICPHATQ) was used for data collection. A total of seventeen (17) items were included in the questionnaire and were grouped into two sections. Section ‘A’ contains 9 items designed to elicit information on the extent to which female genital mutilation was perceived to influence HIV/AIDS transmission. Section ‘B’ consists of 8 items which were meant to elicit information from the respondents concerning the extent to which wife inheritance was perceived to influence HIV/AIDS transmission.

The instrument for data collection was validated by three experts from Measurement and Evaluation and Guidance and Counselling to obtain both face and content validity. To obtain the internal consistency of the study, the Cronbach Reliability Coefficient was used, which yielded on alpha of .785. The data collected for this study were analyzed using mean and standard deviation to answer research questions and Chi-square to test the hypotheses formulated at 0.05 level of significance.
RESULT
Descriptive Analysis
Research Question I: To what extent does female genital mutilation influence HIV/AIDS transmission in the study area?

Table 1: Mean and Standard Deviation of influence of female genital mutilation on HIV/AIDS transmission.

<table>
<thead>
<tr>
<th>S/N</th>
<th>ITEM</th>
<th>N</th>
<th>X</th>
<th>SD</th>
<th>REMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Female genital mutilation is unhygienic and can promote the risk of HIV/AIDS infection.</td>
<td>400</td>
<td>3.43</td>
<td>.79</td>
<td>High extent</td>
</tr>
<tr>
<td>2.</td>
<td>Female genital mutilation poses dangers to the female external genitals including HIV/AIDS transmission</td>
<td>400</td>
<td>3.22</td>
<td>.77</td>
<td>High extent</td>
</tr>
<tr>
<td>3.</td>
<td>The culture of female genital mutilation should be totally abolished in this era of HIV/AIDS.</td>
<td>400</td>
<td>3.29</td>
<td>.92</td>
<td>High extent</td>
</tr>
<tr>
<td>4.</td>
<td>Female genital mutilation is done basically to reduce sexual pleasure for girls and women which may reduce the spread of HIV/AIDS.</td>
<td>400</td>
<td>3.03</td>
<td>.98</td>
<td>High extent</td>
</tr>
<tr>
<td>5.</td>
<td>Female genital mutilation has some devastating effects on girls and women’s sexual pleasure including the transmission of HIV/AIDS.</td>
<td>400</td>
<td>3.26</td>
<td>.87</td>
<td>High extent</td>
</tr>
<tr>
<td>6.</td>
<td>Female genital mutilation is a sexual reproductive health problem for women and girls and even HIV/AIDS infection.</td>
<td>400</td>
<td>3.15</td>
<td>.83</td>
<td>High extent</td>
</tr>
<tr>
<td>7.</td>
<td>Female genital mutilation is not done for medical reasons and may give room to HIV/AIDS transmission.</td>
<td>400</td>
<td>3.27</td>
<td>.85</td>
<td>High extent</td>
</tr>
<tr>
<td>8.</td>
<td>Female genital mutilation increases the likelihood of AIDS transmission through increased exposure to blood in the vaginal canal.</td>
<td>400</td>
<td>3.34</td>
<td>.84</td>
<td>High extent</td>
</tr>
<tr>
<td>9.</td>
<td>Female genital mutilation is likely to put women and girls at risk of contracting HIV from crooked way and unsterilized instruments used during the operation.</td>
<td>400</td>
<td>3.48</td>
<td>.72</td>
<td>High extent</td>
</tr>
</tbody>
</table>

| Cluster Mean | 3.27 | 0.84 | High extent |

Table I reveals that the extent of influence of female genital mutilation on HIV/AIDS transmission is high with the x of 3.27 and S.D of 0.084. This is further reveal by each of the items used in this order: item one has mean of 3.43 and SD .79, item two has a mean of 3.22 and SD of .77, item three has a mean of 3.29 and SD of 92, item four has a mean of 3.03 and SD .98, item five has a mean of 3.26 and SD of 87, item six has a mean of 3.15 and SD of .83, item seven has a mean of 3.27 and SD of .85 while item eight has a mean of 3.34 and SD of .84 and item nine has a mean of 3.48 and SD of .72.
**Research Question 2:** To what extent does widow inheritance influence HIV/AIDS transmission in the study area?

Table 2: Mean and Standard Deviation of influence of widow inheritance on HIV/AIDS transmission.

<table>
<thead>
<tr>
<th>S/N</th>
<th>ITEM</th>
<th>N</th>
<th>$\bar{X}$</th>
<th>SD</th>
<th>REMARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A widow is physically separated from the husband by the act of death which may give room to HIV/AIDS transmission through wife inheritance.</td>
<td>400</td>
<td>3.26</td>
<td>.84</td>
<td>High extent</td>
</tr>
<tr>
<td>2.</td>
<td>A widow is sexually separated from the husband by the act of death which may give room to HIV/AIDS transmission through wife inheritance.</td>
<td>400</td>
<td>3.17</td>
<td>.80</td>
<td>High extent</td>
</tr>
<tr>
<td>3.</td>
<td>A widow is emotionally separated from the husband by the act of death which may give room to HIV/AIDS transmission through wife inheritance.</td>
<td>400</td>
<td>3.28</td>
<td>.82</td>
<td>High extent</td>
</tr>
<tr>
<td>4.</td>
<td>Widowhood inheritance can increase the risk of contracting HIV/AIDS.</td>
<td>400</td>
<td>3.14</td>
<td>.86</td>
<td>High extent</td>
</tr>
<tr>
<td>5.</td>
<td>Widowhood inheritance is highly risky in this era of HIV/AIDS.</td>
<td>400</td>
<td>3.19</td>
<td>.88</td>
<td>High extent</td>
</tr>
<tr>
<td>6.</td>
<td>Multiple man friends as sexual partners can expose a widow to contracting HIV/AIDS.</td>
<td>400</td>
<td>3.39</td>
<td>.79</td>
<td>High extent</td>
</tr>
<tr>
<td>7.</td>
<td>A man that inherited a widow without knowing her HIV status could be at risk of contracting HIV/AIDS.</td>
<td>400</td>
<td>3.42</td>
<td>.76</td>
<td>High extent</td>
</tr>
<tr>
<td>8.</td>
<td>A widow can be infected with HIV/AIDS if the HIV status of the man is not ascertained.</td>
<td>400</td>
<td>3.35</td>
<td>.82</td>
<td>High extent</td>
</tr>
</tbody>
</table>
<pre><code>| **Cluster**                                                                                                                                                                                               |    | **3.66** | **.82** | High extent |
</code></pre>

The result in Table 2 shows that the extent of extra-marital affairs on HIV/AIDS transmission is high with the $x$ of 3.66 and SD of .82. This is further reveal by each of the items used in this order: item one has mean of 3.36 and SD of .84, item two has a mean of 3.17 and SD of 80, item three has a mean of 3.28 and SD of .82, item four has a mean of 3.14 and SD of .86, item five has a mean of 3.19 and SD of .88 while item six has a mean of 3.39 and SD of .79, item seven has a mean of 3.42 and SD of .76, also item eight has a mean of 3.35 and SD of .82.
Test of Hypotheses

Hypothesis 1: Female genital mutilation has no significant influence on HIV/AIDS transmission in the study area.

Table 3: Chi-Square of Influence of Female Genital Mutilation on HIV/AIDS Transmission in the Study Area.

<table>
<thead>
<tr>
<th></th>
<th>DF</th>
<th>( \chi^2_{cal} )</th>
<th>( \chi^2_{tab} )</th>
<th>Sig level</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-square</td>
<td>24</td>
<td>156**</td>
<td>36.415</td>
<td>0.05</td>
<td>Rejected</td>
</tr>
<tr>
<td></td>
<td>400</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significant result**

Table 3 reveals that \( \chi^2_{cal} (156) \) is greater than \( \chi^2_{table} (36.15) \) at 0.05 level of significance and df of 24. This implies that there is significant perceived influence of female genital mutilation on HIV/AIDS transmission in the study area. Thus, the null hypothesis which states that female genital mutilation has no significant influence is rejected.

Hypothesis 2: Widow Inheritance has no Significant Influence on HIV/AIDS Transmission in the Study Area.

Table 4: Chi-Square of Influence of Widow Inheritance on HIV/AIDS Transmission in the Study Area.

<table>
<thead>
<tr>
<th></th>
<th>DF</th>
<th>( \chi^2_{cal} )</th>
<th>( \chi^2_{tab} )</th>
<th>Sig level</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-square</td>
<td>24</td>
<td>74</td>
<td>36.415</td>
<td>0.05</td>
<td>Rejected</td>
</tr>
<tr>
<td></td>
<td>400</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significant result**

Table 4 shows that \( \chi^2_{cal} (74) \) is greater than \( \chi^2_{table} (36.415) \) at 0.05 level of significance and df of 24. This implies that there is significant perceived influence of widow inheritance on HIV/AIDS transmission in the study area. Thus, the null hypothesis which states that widow inheritance has no significant influence on HIV/AIDS transmission in the study area is rejected.

DISCUSSION OF FINDINGS

Based on the results, the following discussions were made:

Hypothesis I states that female genital mutilation has no significant influence on HIV/AIDS transmission in the study area. However, findings as revealed in Table 5 showed that there is significant influence of female genital mutilation on HIV/AIDS transmission in the study area. Therefore, the null hypothesis which stated that female genital mutilation has no significant influence on HIV/AIDS transmission is rejected. The rationale for this cultural practice is to reduce the sexual libido of the female which is recognized as a way of checkmating her risky sexual behaviour. In all ramification, female genital mutilation is bad. It does not stop any one from being promiscuous. For instance, it was observed that the female is meant to undergo female genital mutilation to reduce her sexual libido. On the other hand, male circumcision is done for the male to increase his sexual libido. In other words, anyone who wants to do what he or she wants to do will still do it. The belief and myth surrounding female genital mutilation is a mere misconception. This is purely ignorance, because no one has spoken with the female about the importance of human sexuality, their physical make-up and their responsibility and right to intimate sexual fulfillment in marriage. Hence, female genital mutilation is used to subject them to sexuality control and a form of human degradation. Notwithstanding, since female genital mutilation is done in
septic conditions with unsterilized tools like razor and knife; persons involved are prone to transmission of HIV/AIDS.

This finding supports the study of Kadiri Ahmad and Mustaffa (2014) which stated that female genital mutilation was one of the dominant theme frequently mentioned by informants that female genital mutilation is performed by old and unqualified individual who use unsterilized knives and razors which can lead to an increased transmission of HIV/AIDS. Such revelation appeared to be consistent with those of Nxumalo, Okeke and Mammen (2014) who found that various forms of incisions including female genital mutilation had an impact on the spread of HIV/AIDS among Swazis. The present study is also in confirmation with the earlier view of Mannes in Hrdy (2006) in which female genital mutilation has been postulated to increase the likelihood of AIDS transmission via increased exposure to blood in the vaginal canal. Female genital mutilation is likened to gender discrimination and human degradation since the stimulating part of their female genital is cut off. In this era of HIV/AIDS the practice is considered to influence the transmission of HIV virus.

Hypothesis II investigated that there is no significant influence of widow inheritance on HIV/AIDS transmission in the study area.

Table 4 revealed that, there is significant influence of widow inheritance on HIV/AIDS transmission in the study area. Chi-square analysis shows therefore, that the null hypothesis which stated that widow inheritance has no significant influence on HIV/AIDS transmission in the study area is rejected. This implies that there is significant influence of widow inheritance on HIV/AIDS transmission in the study area. A widow undergoes some ordeals which a widower does not necessarily undergo. The widower can remarry as soon as he wants, while the widow is shared along with the property of her late husband. A times she would be leveled with fabricated accusations and be driven away. Where the culture allows the brother of a woman’s late husband to inherit her is disgusting. The culture does not consider the fate of the man’s wife in question or feelings of his late brother’s wife. This husband’s brother and this widow may have different sexual history. Nevertheless, if the inheritor or his real wife is inflicted with HIV virus it is possibly transmitted to the inherited widow and vice versa. On the other hand when the widow is left with nothing to continue her life, she may indulge in promiscuous life which may eventually expose her to contraction of HIV infection. In the same vein, when a widow as a result of her husband’s death jumps from one man to another; the end of the road may lead to HIV infection.

The finding of this study corroborates the finding of Agot, Ann Vander Stoep, Trancy, Billy and Obare (2010) who found that widow inheritance is a risk practice for HIV infection in Bondo district, Kenya. Equally similar to this finding, are the Mozambican and Namibian studies (USAID 2009), which identified some of the harmful traditional and cultural practices perceived as increasing the vulnerability of women to both gender violence and HIV and other sexually transmitted infection to include widow inheritance. The finding of this study, also supports Anyacho and Anyacho (2010), who stated that widow inheritance is highly risky in this era of HIV/AIDS. The husband’s relations who inherits her, stands the risk of contracting the virus should she be HIV positive and vice versa. It further agreed with Gbenda (2010) who noted that sexual servicing of a widow by a member of the family will not be frowned at in the culture. Alternatively, she may have male friends outside the family and continue to have children. That in this era of HIV/AIDS such permissive obnoxious practices are exposing people involved to HIV transmission, since there is no HIV/AIDS test before starting sexual intercourse.

CONCLUSION

There is need for recognition and approval of expected behaviour. The significant others should act as models for behaviour modification in the culture. This research has revealed that cultural practices under study in Benue society should not be neglected on fight against the transmission of HIV/AIDS in Benue State. Cultural dimension of HIV transmission needs attention in Benue State to curb the spread of this deadly infection. It craves the indulgence of guidance counsellors, Benue society and nation at large as results of this research revealed that female genital mutilation, and wife inheritance are indispensable in transmission of HIV/AIDS. It is important to have a good knowledge of the influence of these cultural
practices investigated on the transmission of HIV/AIDS in Benue state and to advance possible preventive measure to be taken under the auspices of culture. Counseling as a helping profession aimed at achieving better self exploration, self understanding leading to action to achieve better adjustment, growth, development and maturity will solve the problems of influence of these cultural practices on HIV/AIDS transmission if proper cares are being taken.

COUNSELLING INTERVENTIONS AND RECOMMENDATIONS

1. In view of female genital mutilation, the guidance counselor has a duty to educate men on the experiences a woman may go through during genital cutting. They should be involved in understanding the importance of different parts of female external genitals as well as the dangers posed by female genital mutilation and illogical beliefs about female genital mutilation.

2. In the view of health consequences of female genital mutilation, coupled with transmission of sexually transmitted infections including HIV/AIDS; there is need to intensify efforts towards reaching people both in rural and urban areas in Benue state. The enlightened ones, professionals in field of sexual and reproductive health and rights, community based organizations, community leaders, human right activists and other stakeholders should embark on state-wide campaign towards eradicating female genital mutilation in any sub-culture in Benue state where it is still obtainable.

This can be done through increased community dialogue about the practices, address cultural issues that reinforce the practice and mobilize the community members to abandon the practice. The female genital mutilation is done only to reduce sexual libidio. This is highly dehumanizing practice with overwhelming negative side effect painful sexual intercourse, attendant infections and above all the HIV/AIDS infection. Culture that still condones this practice should be modified through intensive counselling. Whereby a wife cannot perform her sexual function due to loss of libidio, there is every tendency for the man to indulge in extra-marital affairs which in turn leads to contraction and transmission of sexual transmitted diseases including HIV/AIDS infection.

3. Workshops could be organized to educate the widows on the transition from being married to single life. They should be counselled and enlightened on the ways of enhancing their economic status as well as development of positive self-concept. This is to help those who were already caught up with widowhood to be able to enhance their wellbeing. This would enable them to develop and manage their families effectively and avoid promiscuous life that may expose them into contacting HIV virus.

4. As the findings from the study revealed, widow inheritance plays role in transmission of HIV/AIDS. The state House of Assembly should legislate on the inheritance right of the widow. As observed by the researcher, the realities of the present time show that widows have strength to carry on when their husbands die. They do not carry the man’s properly to their father’s homes. They use the assets to make the family reach the goal set by the men before they die. Everybody should rise up to the challenge of fighting widow’s right over their husbands’ properly and not chattel for inheritance even in this era of HIV/AIDS. All should rise up in defense of the widows against stigmatization in the society.

5. Counselling centres should be established in villages and local governments headquarter, where professional counsellors will be deployed to render counselling on aspects of life such as effective socio-cultural counselling.
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