

# Mobile Telecommunication and Hiv Nexus in Nigeria. The Case of Cross River and Akwa Ibom States, Nigeria

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## Abstract

The advent of HIV/AIDS has brought severe health challenges to the population and has added to the problem of health care. More case loads are entering the hospitals as new cases of infected persons are reported. It is necessary to look at the salient risk factors which are often neglected and disregarded. The study was carried out in two urban and rural settings of Cross River and Akwa Ibom States of Nigeria. The population of the study was 500 respondents randomly sampled. The results indicated that, Global System of Mobile Telecommunication (GSM) facilitate networking of people within the population. The respondents agreed that this networking often resulted in illicit sexual behaviour which serves as a primary source of contracting HIV/AIDS. The strong opinion of the research is that, there is need to carryout education among the populace on a more positive use of GSM facility. The education are to be directed on youths within the population for behaviour modification on the use of GSM facility.

**Index terms**— HIV/AIDS, Social networking, Global System of Mobile Telecommunication, Commercial sex workers.

## 1 Introduction

HIV/AIDS has come to be the most difficult health challenge since it was isolated among homosexuality in United States of America in 1981. It has turned out as the major setback to reproductive health both in developed as well as developing countries. The global figure of those infected by HIV/AIDS is 33.6million people [WHO, 2008]. It is now a major cause of morbidity and mortality across the globe, yet new infections are occurring.

The mortality rate is high to the extent that adults, youths and children are devastated by HIV/AIDS. By 1990, the prevalence rate was at 0.5 to 2.00%. Recent surveys in several countries show HIV seroprevalence rate of 5 to 20% among the urban adult population. In rural areas, though the prevalence rates are lower, they are already significant and on the increase especially as most cases of HIV/AIDS infections are not often reported.

The advent of Global System of Mobile telecommunication [GSM] has increased the web of networking of people, especially among socially active segment of the population [15-49 years]. Communications are occurring across national and international borders. Before the advent of GSM, the prevalence rate of HIV was 0.5% of the population. With the advent of GSM facilities [though not noticed by the health sector], the prevalence rate of HIV rose to 3.5% in 2010. There is the imperativeness to establish the link between HIV/AIDS spread and the networking of people, occasioned by the advent of GSM episode.

In Nigeria, an overview of HIV/AIDS prevalence revealed that the South-South zone has a rate as high as 7.6%. The study areas of Cross River and Akwa Ibom States fall within the hot spots of this zone with the prevalence rate as high as 12.5% and 5.8% respectively [WHO, 2008]. With increasing years, productivity is bound to be affected by people suffering from the HIV and AIDS. The impact of HIV/AIDS is enormous warranting the study on other silent factors furthering the spread of the virus.

## 2 II.

### 3 Objectives of the Study

The major objective of this research is to contribute to the pool of knowledge by investigating the facts about HIV/AIDS. However, the specific objectives are as follows: a) To examine the extent to which modernization has affected the spread of the virus in our communities. b) To proffer solutions to ameliorate the spread of the pandemic. This will be of tremendous help not to policy planners but to implementers as well as the salient factor of GSM episode is facilitating networking of people.

III.

### 4 Statement of Hypotheses

The propositions which have given direction to this research are as follows:

i.

The raising use of GSM facility in Nigeria has increase dating and social networking in our society, thus, facilitating the spread of HIV/AIDS. ii.

The low level of socio economic status (low income, high poverty and low hygienic levels) is aggravating the spread of HIV/AIDS in our society. H ( D D D D ) C IV.

### 5 Empirical Review a) Spread and Progression of HIV infection

The prevalence of HIV/AIDS is high in our society. This draws attention to the mode of spread of this deadly virus.

HIV/AIDS could be contracted significantly from the underlisted sources, (sexual intercourse, blood product transfusion, contact and use of unsterilized syringes blades, knives, shaving sticks and all other sharp objects (Udoh 2000).

There is a common agreement among scholars that sexual intercourse remains the leading source for HIV/AIDS transmission -Udoh 2000, Abia, 2005 ?? Dawin 2005, McSweeney 1991).

These scholars have observed that 80 to 90% of HIV/AIDS infection is through sexual intercourse. McSweeney (1991) has described with precision how sexual intercourse aided the spread of HIV virus. According to the author, HIV/AIDS could be sexually transmitted from man to man (Homosexuality), from woman to man and from man to women. Thus, HIV falls within the category of sexually transmitted diseases (STDs). Tabifor (2000) had submitted that HIV is easily transmitted where there is any other form of sexually transmitted diseases like syphilis, cancrroids, herpes, Chlamydia and trichomonas.

The viruses associated with these STDs create wounds and ulcerations on the genitals.

Such wounds and ulcerations are avenues through which the virus can easily pass into the blood stream during sexual intercourse. Other sexual activities such as deep or wet kissing have been acknowledged to be a potential source of HIV/AIDS infection ??WHO 1985). Daina (2002), Frumkin and Leonard (1997) have agreed that wet kissing (French kissing) is a potential source of HIV/AIDS infection, especially where copious amount of saliva is exchanged.

Homosexual men are much more likely to develop AIDS than others because the inner lining of the anus (mucus membrane) is much more fragile than that of the vagina. It is easily torn during male to male intercourse, giving ready entrance to the AIDS virus. Even the smallest invisible tear could be serious. In countries where there is much homosexuality, the male to female ratio of AIDS infection is usually 10 to 1, (McSweeney, 1991).

It is worth noting that as community urbanized, there is massive influx and efflux of itinerant, sexually active people to and fro. Orubuloye et al (1994) has documented the role of transportation in the spread of HIV/AIDS. This researcher found that, the highest level of HIV infections have been among commercial sex workers at major nodes of transport and commerce. Such cities as Lagos, Ibadan, Calabar, Enugu, Kano, Abuja, Maiduguri are connected with transport links, where most men especially those from the social class of drivers, take multiple sexual relationship for granted. Drivers fall within high risk occupation which helps relay the disease from one point to the other through their multiple sexual relationships in major trade routes.

To compliment multiple sexual partners, is the very foundation of African system of marriage polygamy -where a man marries as many wives as he can contract. Also, concubination is approved by most African society. It should be noted that poverty has weakened most family solidarity drawing women from their traditional role of housekeeping to economic frontier of being "the bread winner of their families". This has exposed these women (most in polygamy) to illicit sexual relationship from men who are also their creditors. Orubuloye et al (1994) has collaborated that female adultery is common in most African society. It is believed that the young wives of old polygynous men are particularly likely to seek sexual solace elsewhere. In our urban areas, a distinct phenomenon exist among middle class, where girl-friends, mistresses and/or outside wives are maintained. These arrangements provide frontier for sexual networking even among those who have a settled marriage life.

The duration of these unions are often short, however, they may be hidden from their wives, who usually resent them as they drain the needed family resources (Abia 2005). The impact of extra-marital sexual relationship is significant in the spread of HIV and other STDs. The "outside wives" of the middle class are usually young, relatively well-educated women, able to communicate in English and is given to enjoying the good life.

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In African societies, during post partum interval (usually 1 -6 months, depending on the prevailing values) mothers as wives are usually not allowed to stay with their husband. It is assumed that husbands to these women will continue to have sex during this period when their wives are not available (Aldwell, 1977, 1988). Extra-marital relationship is still strong in Nigeria. Orubuloye et al (1994) has pointed out that in the 1974-1975, Nigeria family study of post partum sexual abstinence in Ibadan and rural areas, showed that many wives believed their husbands had multiple girlfriends or visited bar girls or commercial sex workers.

## **6 b) Role of Commercial Sex Workers (prostitution)**

Prostitution is as old as man in Nigeria, Evans-Pritchard (1974:142) noticed that it has been institutionalized in Owerri as far back as 1926. Orubuloye et al (1994) has noted that with the increase and extension in the number of towns and cities, there is equally an expansion in the institutions especially with the "growing commercialization and changing customs" in recent years occasioned by modernization.

A survey conducted revealed that most of these commercial sex workers are young, half under 25 The most agreed reason for engaging in commercial sex is to enhance the economy of the practitioner (Orubuloye et al 1994:113; Anarji and Fayorsey, (1999). It is reported in one of the leading publications "Health Transition Series", that typically a commercial sex worker reports about 30 clients a week at an average payment of about fifty Naira each episode. The amount has gone up over the years since inflation has also caught with the profession. They actually earn more than this because the majority report charging more for special services, night and weekend rounds. Their income is far beyond that of head of a government department (Orubuloye et al, 1994: 113).

Daina (2002:51) noted that though these women engage in this trade, like in most parts of the world, the imbalances in gender power make it difficult for many ladies and women in Africa to negotiate adequate protection from HIV during sexual encounters. Collaborating further, he stated that the situation is probably worst in most parts of Africa as social, cultural and economic factors play an important role in increasing vulnerability of the women folk to HIV infection. Traditionally, women are considered culturally inferior to their male counterparts; therefore they are not only poor but dependent on the men (whose promiscuity is not in doubt) even in paid sexual activities. This has allowed women very little control over their reproductive and sexual activities.

V.

## **7 Methodology**

The research adopted survey design method enabling data to be obtained from primary source [the respondents]. A set of 43 questions were developed as questionnaire to obtain quantitative data on the problem studied. The general demographic information were obtained. For the purpose of this study -socioeconomic factors leading to the spread of the disease were obtained from the respondents.

The entire sampling size for the community survey was 500 respondents, drawn at the ratio of women to men [300:200] representing 60: 40 percent. This was deliberate because women are the most vulnerable group for the disease. Respondents were to be of reproductive age (16 years and above) and agreed to having a handset which is connected to any network services in Nigeria.

## **8 VI.**

## **9 Historical Perspective of the Study Areas**

This research was a study on social networking in the population via Global System of Mobil Telecommunication (GSM), a risk factor on the spread of HIV/AIDS in two urban and two rural communities of Cross River and Akwa Ibom States, Nigeria. The study communities are presented in Table 1

## **10 Calabar Municipality**

Calabar municipality evolved from ancient city which falls within the "Old Efik kingdom". This is what Charles (1993)

## **11 C**

The population of Calabar Municipality is 183, 681 people, out of which 93,584 were males and 90,589 were females (2006 census report). Calabar is a town that has witnessed modernization in its social and economic life. It has a seaport, airport and good network of roads for intra and intercity movement. It is the seat of tertiary health institution (University of Calabar Teaching Hospital -UCTH) as well as the University of Calabar, Calabar.

Distributive trade is flourishing with the sitting of major industries. Hospitality business is also flourishing with major hotels and Nite Clubs located in this area. Recreational facilities are bound, so the social life of the city is vibrant which earned it the nickname "Canaan city" -where it is perceived as the land flowing with milk and honey.

The geo-political entity of Calabar metropolis is a conglomeration of three ethnic groups namely: Efiks, Efuts and the Quas. For the purpose of this research, the Qua minor ethnic group is reviewed for this study; whose general inhabitants are Big Qua Town, Akim Qua Town and Ikot Ansa.

ii. The economic life revolved around subsistent agriculture which include fishing.

## 12 Akpabuyo Local Government Area -Rural

The people of Ikot Ene community as well as Akpabuyo local government area are of Efik stock and share their culture with that of Old Calabar dynasty (Aye, 1976; Charles, 1993; Charles, 1996). They are highly religious people, dominantly Christians (though of diverse sects). Traditional religious practitioners of Ekpe and Obon cults are not uncommon. The Ekpe fraternity as elsewhere in Efik clan plays a dominant influence in the social life of the people. It wields enormous influence even among Christians.

It is still seen as the embodiment of the norms within the community. b) Akwa Ibom State i.

## 13 Ikot Ekpene Local Government

Ikot Ekpene local government area attained the status of an administrative centre as far back as 1914, when it was a subdivision of the Old Eniong District in Akamkpa Division during the colonial era. In 1951, it became the nucleus of local government administration in the then Eastern region. It is the oldest local government area in Akwa Ibom State and is believed to be the traditional headquarters of Annang people.

It lies between latitudes 4 0 250 and 70 North longitudes 17.150 and 9.300 East. Bounded on the North and the West by Abia State, on the East by Ibibio speaking people.

On the South by Abak local government area and the East by Essien Udim local government area.

The cosmology of the people is linked to the belief in the Supreme God -Abasi Ibom -which controls the affairs of the people. Christianity has a dominant influence on the majority of the people. It is the seat of the Roman Catholic Church. The economic life of the people of Ikot Ekpene rests on farming and handicrafts. Though these are done at the subsistent level, it has acquired commercial significance. Such handicraft in wood and metal products are common, together with the famous raffia products, which has earned Ikot Ekpene the name "raffia city". Hospitality industries are also developing to cater for the need of the tourists.

## 14 Essien Udim Local Government -Rural

Essien Udim by all standard is a rural community. Before the civil war, the portion described as Central Annang, with it full autonomy as a council was merged with Ikot Ekpene urban and Otoro County Council. Essien Udim was created out of this structure on 3, 1989, Author's Fieldwork 2003.

## 15 Data Presentation

From table 2: presented shows that out of 369 respondents affirming (Yes) GSM through networking of people, while 64.2% upheld that it increases the frequency of dating. The number of respondents believing that GSM is facilitating networking of people for business purpose is 9.6%, 26.2% of the respondents affirmed negatively that GSM does not facilitate dating.

## 16 viii.

Discussion of Findings a) GSM as a factor on the spread of HIV/AIDS virus Global system of mobile telecommunication has expanded the flow of information across the globe. It should be stated that GSM has not been directly linked with the spread of HIV/AIDS. It facilitates dating and networking of people in the society. From the study 64.2 per cent of the respondents agreed that, "GSM increases the frequencies of dating especial in our society where multiple sexual partners are common, Abia (2005). 9.6% of the respondents opined that, it facilitate networking of people for business purpose. Respondents stating, that GSM has not increased frequency of dating was only 26.2 per cent. There is a high level of promiscuity in recent years and this is to be further compounded with GSM communication which enables contact even at short notice. Before the advent of GSM, communication was through, land phone, and postage services which took days to reach its destination. As the GSM facility is expanding in Nigeria, so also is the virus. It increases networking of people and facilitate dating especially among people of reproductive age. The incidence of HIV/AIDS is bound to increase especially as more people are acquiring the GSM facility with its attendant networking of people. The advent of internet software phones compounded networking as amorous episode of raw sex are downloaded into phones. Some of these images are transferred from phone to phone as video clips, through Bluetooth. The ringing tones of some of these phones are very suggestive and place as strategies to induce the minds of callers either on men or women.

## 17 IX.

## 18 Conclusion

GSM has come to stay in Nigeria. 64.2% of the respondents in the study areas affirmed that GSM facility facilitates networking of people which often resulted in dating. From this study, interconnectivity of people has further expanded with the advent of GSM. The current prevalence rate of 3.5% is high as compared to the initial period of GSM where the seroprevalence rate was 0.5%.

GSM facility is a recent development in Nigeria. As many people are connected to it, so is the danger of abuse of the facility. This study has highlighted the need to carry out public education and campaign for behavior

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212 modification as to the use of GSM facility. This is very important, especially among the reproductive segment  
of our society, in schools, colleges and universities to avert the negative use of our phones. <sup>1 2 3 4</sup>



Figure 1:

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## 18 CONCLUSION

1

| S/n | State                            | Status |       |       |
|-----|----------------------------------|--------|-------|-------|
|     |                                  | Urban  | Rural | Total |
| A   | Cross river state                |        |       |       |
| 1   | Calabar Municipality (Qua Clan)  | 1      |       | 1     |
| 2   | Akpabuyo L.G.A. Ikot Ene         |        | 1     | 1     |
| B   | Akwa Ibom State                  |        |       |       |
| 1   | Ikot Ekpene LGA Urban            | 1      |       | 1     |
| 2   | Essien Udim LGA Ikpe Annang Clan |        | 1     | 1     |
|     | Total                            | 2      | 2     | 4     |

Sources: Authors' Fieldwork (2003).

a) Cross River State

i.

Figure 2: Table 1 :

Figure 3:

Figure 4:

Ekpene local government area is 141,408 persons -  
male 71,738 and female 69,670 (CENSUS 2006 NPC)

ii.

Figure 5:

Figure 6:

2

| Study Area | Opinion about GSM                | Facilitates Networking of | No         | Total |
|------------|----------------------------------|---------------------------|------------|-------|
|            | Increase frequency of dating (%) |                           |            |       |
| CRS 1      | 107(21.4)                        | 11(2.2)                   | 32(6.4)    | 150   |
| CRS 2      | 38 (7.6)                         | 26 (5.2)                  | 36 (7.2)   | 100   |
| AKS 1      | 110 (22)                         | 9 (1.8)                   | 31 (6.2)   | 150   |
| AKS 2      | 66 (13.2)                        | 2 (0.4)                   | 32 (6.4)   | 100   |
| Total      | 321 (64.2)                       | 48 (9.6)                  | 131 (26.2) | 500   |

Figure 7: Table 2 :

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