

ETHICAL APPRAISAL OF THE PROBLEM OF HIV/AIDS WITH SPECIAL REFERENCE TO TIV SOCIETY, NIGERIA

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Abstract

This research presented HIV/AIDS patients as one of the health problems in Tiv, Benue State of Nigeria. The HIV and AIDS remained an incurable ailment including its negative impacts on local and world scale. Some Tiv people are susceptible to carriage of disease as well as its sufferers. This posed an ethical problem for both patients and members of society. Thus, the study scrutinized HIV/AIDS, the current situations of patients, and the societal response. The findings of the work indicated a sphere of confidentiality about HIV/AIDS as a result of stigmatization associated with the pandemic, especially the public perception of immorality as one of the causes of the health problem. This perception has become a recurrent in Tiv society. The research approached the matter from Christian ethical point of view. In the data gathering and investigation, the work adopted and applied relevant theories to the problem of HIV/AIDS. At the end, the work made a number of recommendations aimed at abating the health challenges posed by the pandemic to Tiv society as well as protecting the human dignity, rights and privileges.

Keywords: HIV/AIDS, Human dignity, Palliatives, Christian ethics, Tiv, Nigeria.

1. Introduction

The discovery of AIDS (the human immunodeficiency virus) was in 1984 by Robert Gallo and his co-workers at the National Cancer Institute of the NIH (USA) as well as the work of Luc Montagnier and his colleagues at Pasteur institute in France. The virus has been around for a very long time in Central and Eastern Africa though its serological evidence had been there as far back as in 1959 with evidence from stored samples from humans in Zaire (Nelson, 2017:111). There are two types of HIV, namely, HIV-1, and HIV-2. The HIV-1 had its origin from pan troglodytes (chimpanzee) in the West and the Central Africa regions; whereas HIV-2 traces its origin to the West African green monkeys.

According to the *Annals of Clinical and Experimental Medicine* (2020: 12), Benue State has been considered among the 'bed zones' for HIV/AIDS in Nigeria. There appears to be paucity of information on the prevalence of the health hazard in the State. Some of the reasons for this dearth of data has been attributed to cultural and religious factors – thus and properly

identified as an ethical problem. Undoubtedly, the affected persons relapse into perennial absenteeism in social and religious matters in their communities or groups.

Given the above statements, the researchers, deployed their tools to critique the HIV/AIDS pandemic in Tiv with focus on the situations: awareness, status and campaign efforts toward eradication of the pandemic; determination of the negative influence associated with patients; and, the ethical and pastoral roles of the Christian faith. In all of these, the study being aware of the societal perceptions associated with the problem and also current trends in its diagnosis and management, considers the following working-pattern as the most appropriate, namely: (a) conceptualization of HIV/AIDS, (b) ethnography of the Tiv people, (c) major cause and effects of HIV/AIDS scourge, (d) Christian ethical application to HIV/AIDS patients, and, (e) conclusion and recommendations. This research plan is tailored towards the realisation of the objectives of the study aimed at arriving at the significance of the work in furtherance of the wellness of the Tiv society in view of the extant problems associated with HIV/AIDS in Tiv people of Benue State.

2. The HIV/AIDS Pandemic: An Overview

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system and if not properly managed could lead to AIDS (acquired immunodeficiency syndrome). There is currently no cure for the virus since it has been designated as a pandemic and a life-long debilitating disease. People living with HIV who get palliatives could live longer and attend to their daily programmes.

According to Nelson (2007:93), the HIV infection in humans emanated from a specie of chimpanzee in the Central African region. Studies have shown that HIV may have been transmitted from those chimpanzees to human beings in the late 1800s. This variance of the virus is identified as the simian immunodeficiency virus. Thus deduced, HIV was probably passed to humans as a result of associated game hunting activities including bush meat consumption and contacts with animal fluids. HIV spread across the African continent and later other parts of the world became affected including the Americas, especially in the United States of America (USA), where the virus had existed since 1980s.

The discovery of the underlying cause of AIDS (the human immunodeficiency virus) was in 1984 by Robert Gallo and his co-workers at the National cancer institute of the NIH (USA) and by Luc Montagnier and his co-workers at Pasteur institute (France) (Nelson. 2007:93). The disease has been around for a very long time in the Central and the regions of Eastern Africa where serological evidence abound as early as 1959 (Nelson. 2007:111). There are, perhaps, two different types of HIV, namely, the HIV-1 and the HIV-2. The HIV-1 had its origin in Pan troglodytes (chimpanzee) within the West and the Central African regions and has probably been transmitted to humans through hunting activities. The HIV-2, in turn, originates from the West African specie of the green monkeys and this type of the pandemic is actually less virulent than HIV-1 though both types could cause the deadly immunodeficiency syndrome (AIDS) (Nelson. 2007).

Since the discovery of the infectious agent that causes AIDS (in 1984), the HIV has spread to almost all corners of the world and is in this present time considered as the most prevalent in

sub-Saharan Africa. In this geographical area, the prevalence amongst adults is over 7%. In comparison to the world total adult HIV prevalence which is 1.1%, 7% is very high (Nelson, 2007). One of the major global concerns of the plague is the mother-to-child transmission of the disease. The Mother to child transmission is the most frequent way of passing of the HIV infection after sexual intercourse. According to (Dowuese, 2021: 33), approximately 600,000 infants are born with HIV each year. To him, a child could be infected prenatally, during delivery, or postnatally via breast feeding; the intra-partum transmission is a common type.

In observational studies, the cumulative transmission rates are between 25% and 45% when compared to 10-30% in developed countries. Nelson (2017: 40), asserts that the risk of intra-uterine transmission is 5-10%. Intrapartum transmission carries a 10-20% risk, and estimates of breastfeeding transmission vary from 10-20% depending upon the circumstances. Risk is directly associated with the mother's viral load and inversely with her CD4 count. In addition, Iorshe (2007: 7), notes that the infected mothers should deliver by caesarean section. Postpartum mothers are generally advised not to breastfeed since this is another potential route of transmission. Transmission of HIV through breast-feeding is facilitated by the mother's recent HIV acquisition, high viral load, terminal HIV/AIDS disease and mastitis.

3. An Ethnography of the Tiv People

The story of Tiv origin is full of intrigues and biblical parallels; the Tiv do not seem to associate their origin with a divinity, rather, their story touches a number of ancestral personages who are not venerated as divinities. Shon has been identified as the progenitor of the Tiv people and is considered to have begotten two sons: Ornyian (white man-literally redman) and Orii (black man). Orii, Shon's favourite son, had the responsibility of bringing firewood for warming his father. In his advanced age, Shon called his first son, Orii, and blessed with the required inheritance. While Shon was talking to Orii, he left quietly at some point to bring more firewood and his younger brother, Ornyian, who had been hanging around and listening, quickly took his brother's place. At that point, Shon blessed him and gave him the knowledge of technology. Sadly, when Orii returned, he realized that Ornyian had taken the inheritance meant for him. Shon, however, blessed him and passed on to him the knowledge of farming. The Tiv who are the descendants of Orii, have up to this century, lauded for their exploits in agricultural products.

Another version of history of Tiv is attributed to yet another ancestor known as Takuruku who had two sons, Tiv, and Uke (Wegh and Moti, 2001:9-12). Based on this account, it implies that Tiv ethnic group are descended from Tiv, while other peoples of the world are descendants of Uke. Nonetheless, there is a general thinking that Takuruku may have been the father of Tiv but many writers are puzzled that Tiv people hardly identify with such an ancestral root. Takuruku is addressed as Takuruku Anyamazinga (Takuruku the Tigercat). Anyamazinga is used metaphorically to buttress the qualities of Takuruku. The Tiv thus trace their ancestry origins to Tiv; the name of Tiv is also tied up with socio-political experience of the people, and for that reason and unlike Takuruku, Tiv has remained relevant to the people's culture and tradition. Tiv in turn had two sons, Ichongo (the circumcised) and Ipusu (the uncircumcised). The Tiv say that their father Tiv did not know about *ichongo* (circumcision), until he saw him amongst *ato-tiev* (foreigners). He then requested *ato-tiev* to teach him how to circumcise and after he had acquired the knowledge, he took one of his sons and circumcised

him, and then named him Ichongo. For a long time, circumcision was practiced as one of the rites of initiation in Tiv and it usually marks the end of childhood.

Owing to lineage segmentation, one recognizes several lineages with their various ancestors. Through these ancestors, the lineages are linked with Ichongo on the one hand and Ipusu on the other. In other words, all the Tiv who are descended from Ichongo are known collectively as Ichongo (the children of Ichongo), and all those who are descended from Ipusu see themselves in the same way. It is generally accepted that the account of Tiv genealogy tallies with Tiv social organization. Political and governmental organizations also reflect the Ichongo/Ipusu segmental opposition. Generally, political appointments are equitably distributed between the two; the office of the Tor Tiv (Tiv paramount ruler) is alternated between Ichongo and Ipusu who enjoy equal status.

3.1 The Tiv People and the Christian Religion

The early missionary Strijdom quoted in Rubingh (2019:76) summarized Tiv-Benue religion as follows: "Their religion consists of the worship of a series of gods (*akombo*) to which sacrifices are regularly given. There is a god for the hunt, for harvest, for sickness, for birth and many other activity and phenomena". Gbenda (2001:5) contended that it is difficult if not impossible for Africans doing away with their past simply because of its shortcomings or in the name of Christianity. This assertion of Gbenda is an explanation to the question of why the *akombo* persisted and is still a colouring element of the Tiv-Benue worldview.

In the same vein, Oyinloye (2010:146) maintained that today among many African Christians, the gospel seems not to be effective. The evidence of this is seen in the double standards amongst some Tiv Christians whereby they attend the church in the morning and in the evening, end up at the *akombo*. In some quarters, it is believed that the message of the gospel is not properly internalized by the people. The missionaries who brought the gospel to Africa were to some extent inculcated for not incorporating the socio-cultural contexts of the Tiv-Benue converts in their presentation of the gospel. The people were excluded from their existential context and the result of this is a gospel that failed to address the totality of the people's experience. Nonetheless, the Tiv-Benue consider themselves as one family because they trace their origins to a common ancestor. The people have a common religion that defines the Tiv-Benue worldview, a world-view that reveals the fundamental urge for the unification of all knowledge and activity within a man-nature continuum. It is on this note that firstly, the study interrogates the traditional religion of the Tiv-Benue people before navigating the influence of Christianity on the Tiv-Benue People.

3.2 Marital Life in Tiv Society

Matrimony according to Iorshe (2007:134) is of traditional as well as modern application. Traditionally, marriage means a contrast or a legal relationship between a husband and wife. In its traditional meaning, marriage involves a relationship between husband and wife, contracted most often, for the primary purpose of raising children. Those who recognize the traditional view of marriage associate it with family system and most often use the two terms are used interchangeably. In its modern application, marriage means a socially approved sexual union of some permanence between two or more people. To Gbenda (2015), this union is usually inaugurated through a socially approved ceremony such as a wedding by a

religious official, a registration of the union by a judge or other government servant or even in some society by an informal agreement between the parties or their parents.

In the Nigerian society, choice has been made in favour of monogamy and polygamy. Monogamy is a marriage practice that involves one husband and one wife, while polygamy is a form of marriage that involves one husband and more than one wife. In Tiv society, monogamy and polygamy are highly appreciated as ideal way of matrimonial arrangements through which the dream of a Tiv family was realizable. The Tiv people identify the traditional concept of matrimony as a relationship between a husband and a wife, contracted most often, for the primary purpose of a sustained marital union. Also, children are a product of marriage and the main purpose of the union is for continuity in the transmission of life. For Tarbo (1980:56), the following is evidential:

The Tiv believe that it is necessary to transmit life from oneself to another person, and are not satisfied with having someone else's children. To the Tiv, all other devices for having children such as adoptions, child gifting etc., are considered unnatural. To the Tiv, having children means an eternal life. It means to cooperate with God for the continuity of one's life and the community in general.

Marriage in Tiv society is essentially contracted to form a family and the word for family is *tsombur* (umbilical cord). The umbilical cord is treated with respect because it symbolizes the union between mother and child. Before birth, the child is joined to the mother through *tsombur*. What is implied by this metaphor is that family members are joined together in a sort of organic unity and are made up of one common blood.

The family as posited by Wegh (2003:125) is the smallest genealogical unit and may just be a small one; husband and wife, with their children or it may be a large family in which one man has several wives with whom he procreates several children. It should be stressed that the fact that a family includes grand-children, both married and unmarried does not mean that it is seen in terms of extension as in the western world. It is just one big family; this basically is the conception of the family among the Tiv.

The Tiv philosophy of *yamishe*, which governed marriage practice among them, actually meant the exchange of one human being (woman) with another. According to Iorshe (2008:176- 177), this system of marriage registered a number of advantages, ranging from check on premarital sex, family cohesion to discipline. But on the other hand, this kind of marriage system had a number of disadvantages that forced upon the practitioners to accept an abolition of the system by the colonial masters by 1927.

4. The HIV/AIDS Pandemic: The Tiv Experience

There appears to be an increase in HIV/AIDS awareness in Tiv society, yet the infected age group needs more education to abate the ensuing health problems of the pandemic. This awareness has the potential to be translated into a healthy sexual behaviour, reduce their vulnerability, and increase tolerant attitudes towards HIV patients. It is for this reason, that the Benue State government has taken more vigorous steps in addressing the issue in schools,

churches and other religious and social organizations. Subsequently, this section of the work considers some of the factors associated with the widespread of the pandemic in Tiv society.

4.1 Life of promiscuity: A Major Identified Cause of HIV/AIDS in Tiv

Given the above dangers associated with the pandemic, concomitant ignorance regarding sexual health and HIV/AIDS is widespread; young parents, especially women are also biologically prone to infection due to cervical immaturity resulting in an increased HIV-susceptibility. These factors, no doubt, contribute to the large discrepancy in HIV prevalence between young females and males.

HIV can be transmitted via the exchange of a variety of body fluids from infected people, such as blood, breast milk, semen and vaginal secretions. HIV can also be transmitted from a mother to her child during pregnancy and delivery. According to Amadi (2020:6), individuals cannot become infected through ordinary day-to-day contact such as kissing, hugging, shaking hands, or sharing personal objects, food or water. Amadi further opine that it is important to note that people with HIV who are taking ART and are virally suppressed do not transmit HIV to their sexual partners. Early access to ART and support to remain on treatment is therefore critical not only to improve the health of people with HIV but also to prevent HIV transmission.

Behaviours and conditions that put individuals at greater risk of contracting HIV according to Oriji (2018) include (a) having condomless anal or vaginal sex;(b) other sexually transmitted infection (STI) such as syphilis, herpes, chlamydia, gonorrhoea or bacterial vaginosis; (c)engaging in harmful use of alcohol and drugs in the context of sexual behaviour;(d) sharing contaminated needles, syringes, and other injecting equipment and drug solutions when injecting drugs;(e)receiving unsafe injections, blood transfusions and tissue transplantation, and medical procedures that involve unsterile cutting or piercing; and (f)experiencing accidental needle stick injuries, including among health workers.

4.2 Effects of the HIV/AIDS Pandemic on the TIV People

In Tiv, the effect of HIV/AIDS related stigma and discrimination refer to prejudice, negative effect, and abuse directed at people living with HIV and AIDS. One of the major effects of the pandemic is discrimination which leads to vulnerability of the people to the pandemic. Those most at risk of HIV/AIDS continue to face stigma and discrimination based on their actual or perceived health status, region, socio-economic status, age, sex, sexual orientation or gender distinctiveness, or other grounds. This leads to the argument advanced by Annals (2020:12) that stigma and discrimination manifest themselves in many ways and he goes further to state that discrimination of human rights violations occur in healthcare settings thus barring people from accessing health services. The former governor of Benue State, Samuel Ortom said that some people living with HIV and other key affected populations are shunned by family, peers, and the wider community, while others face poor treatment in educational and work settings, erosion of their rights, and psychological damage. For Bur (2013:7), stigma and discrimination are often directed towards key affected populations such as men who have sex with men (sometimes referred to as MSM), people who inject drugs, and sex workers.

HIV/AIDS-related stigma can lead to discrimination as stated earlier, for example, when people living with HIV are prohibited from travelling, using healthcare facilities, or seeking employment. Some of the forms of stigma and discrimination melted on the HIV/AIDS patients in Tiv-Benue land may include but are not limited to self-stigma/internalized stigma, governmental stigma, healthcare stigma, employment stigma, community and household level stigma, among others.

Self-stigma, or internalized effect, is a form of stigma or discrimination within one's self. This is a process as well as an act where a person stigmatizes his/herself as a result of being HIV positive. This act reduces one's self-esteem and sense of reasoning. So, in Tiv, self-stigma, or internalized stigma, has an equally negative effect on the mental wellbeing of people living with HIV/AIDS or from key affected populations of the people. This fear of discrimination breaks down confidence to seek help and medical care. Onwuka (2020: 35), asserts that self-stigma and fear of a negative community reaction can hinder efforts to address the HIV epidemic by continuing the wall of silence and shame surrounding the virus in Tiv, especially the people of Guma. Negative self-judgment resulting in shame, worthlessness, and blame represents an important but neglected aspect of living with HIV. Tenyila, in sharing his experience, opines that self-stigma affected his ability to live positively, and limits meaningful self-agency, quality of life, adherence to treatment, and access to health services. Shreds of evidence from fieldwork (oral or literal sources) suggest people from key affected populations are also disproportionately affected by self-stigma.

The HIV & Criminal Law (2020) Nigeria's *Sexual Offences Bill* makes it illegal for a person who knows they have HIV to intentionally, knowingly, and wilfully do anything or permits anything to be done that they should reasonably know is likely to transmit HIV. The law does not require HIV transmission, or for the person to have an intention to transmit HIV and carries a penalty of between 20 years and life imprisonment. The law specifically states that it applies whether or not the parties were married. Criminalisation of key affected populations according to Barré-Sinoussi (2018) remains widespread with 60% of countries reporting laws, regulations or policies that present obstacles to providing effective HIV prevention, treatment, care and support.

Healthcare professionals who are supposed to medically assist people infected or affected by HIV/AIDS, and also provide life-saving information on how to prevent it, are now alleged involved in HIV-related discrimination in healthcare and as such, remains an issue and is particularly prevalent in some local governments in Benue state, especially Katsina-Ala Local Government Area. This form of stigma takes many forms, including mandatory HIV testing without consent or appropriate counselling. Consequently, (Doowuese, 2021:6) opines that health providers may minimise contact with, or care of, patients living with HIV, delay or deny treatment, demand additional payment for services and isolate people living with HIV from other patients. This is detrimental to women living with HIV (Amadi, 2020:19). For him, denial of sexual and reproductive health and rights services could be devastating.

Community-level and house level of stigma and discrimination towards people living with HIV/AIDS in Tiv led to some people leaving their homes and abandoning their works.

In many contexts, women and girls often fear stigma and rejection from their families, not only because they stand to lose their social place of belonging, but also because they could also lose their shelter, their children, and their ability to survive. The isolation that social rejection brings could lead to low self-esteem, depression, and even thoughts or acts of suicide. The International Centre for Research on Women (ICRW 2020) reports that in Nigeria, more than half of women living with HIV have experienced stigma from friends or neighbours with attempted suicides.

Ngutor, a confirmed HIV positive carrier, observes: "My family were embarrassed and did not want to talk to me on noticing my present HIV status. My mother essentially said, 'Ngutor, you are on your own.'" A survey of unmarried HIV-positive women (15–29 years) in Tiv by Annals (2020:42), stated that she found out that majority number of HIV positive women experienced stigma and discrimination from their family and community. Older women with husbands and from households with lower economic status were significantly more likely to experience stigma and discrimination from their husbands' family as well as from friends and neighbours.

4.3 The Problem of HIV/AIDS and the Tiv Society: Christian Ethical Response

When Christians look to the Bible for solutions to their ethical dilemmas and problems, they are faced with the problem of bridging the gap between the world of the Bible and the world of today. What principles influence one's attempt to bridge this gap so that the Bible, which Christians hold as normative and authoritative, may speak to the world of today? This issue becomes far more urgent when one is faced with modern medical questions. Concerning contemporary challenges, Christian ethics looks at different approaches that are currently presented as directions for making an ethical decision. Before the obvious Christian ethics makes practical illustrations especially referring to the ethical issue of sexuality and diseases like HIV/AIDS. This may be the reason why Shishima (2010), opines that directly speaking, a 'medical' issue is indeed an issue of psychological relevancy and as such is ethically tackled medically and religiously.

Many Christian denominations and Christian charities provide services for people living with HIV/AIDS. One example is the Drug Resources Enhancement against Aids and Malnutrition (DREAM), a program promoted by the Christian Community of Sant Egidio. The Evangelical Lutheran Church (TLWF 2016), in America annually observes World AIDS Day to remember all who have been and continue to be affected by HIV and AIDS and to raise awareness and recommit to a faithful and dedicated response. Lutherans have held conferences on being catalysts for ending discrimination of people with HIV or AIDS through de-stigmatization. The United Evangelical Lutheran Churches in India runs voluntary blood testing camps and counselling centres to help those affected by HIV/AIDS. According to Tarbo (2021), these outlets also provide training for nurses and paramedical staff distribute information to the villagers, host AIDS awareness rallies, educational puppet shows and video documentaries about the disease. The Catholic Church in Nigeria approaches the scourge from their agency: Justice, Development, Peace and Caritas (JDPC) in their different dioceses – cascading down to parishes and basic communities.

Gbaakon (2018:116), repeatedly linked the AIDS pandemic to LGBT issues and stated, "AIDS is not just God's punishment for sex immorality like (commercial sex hawkers, homosexuals, and others), it is God's punishment for the society that tolerates homosexuals. He further said that "the Church of Jesus Christ of Latter-day Saints prohibits HIV-positive individuals from serving as church missionaries unless the disease is in remission. For Gbaakon, the Catholic Church opposes the use of condom and any artificial means of contraception. In line with his argument, Kerker, and Anyam (2015), a state that Pope John Paul II strongly opposed the use of artificial birth control and rejected the use of condoms to prevent the spread of HIV. Also, Pope Benedict XVI stated in 2005 that condoms were not a sufficient solution to the AIDS crisis, and then in 2009 claimed that AIDS cannot be overcome through the distribution of condoms, which even aggravates the problems. The Moscow Patriarchate gave support to Benedict XVI's position and in response to the latter, he believed that the United Church of Christ issued a statement encouraging condom distribution at places of worship. For Brookmeyer (2009:222), the Vatican City clarifies that Benedict's statement has neither stoked any controversies nor created confusion. The position of the Church on the use of condom is against God's commandments.

5. Conclusion and Recommendations

HIV/AIDS remains a major health issue in Tiv and the people are suffering its direct and indirect consequences. This has raised some ethical questions bordering on Christian pedagogy with respect to medical procedure and/or societal response to the affected people within the Tiv ethnic group. Christian ethical teachings to a large extent contribute in regulation of sex and reduction of HIV/AIDS in Tiv. Human beings, no doubt, are difficult to deal with in matters concerning their sexual orientations or activities. Some are very active with their sexuality and others are steeped in confidentiality. Ethics play a major role in moderating morality in society; nonetheless, not every member of community plays according to the rules. Immorality has its price including sexually transmitted diseases such as HIV/AIDS. Besides factors fuelling this scourge, promiscuous lifestyle remains a major cause of the pandemic in Tiv. The effects of the HIV/AIDS are sweeping the area under discourse and with their untold hardships: sickness, stigmatisation, deprivations, death, etc. Religion helps its adherents to apply the fruits of faith to lived situations in life; likewise, ethics interrogates human conduct and makes a case of following the good intention and right ways. In all of these, some members of the Tiv society chose immoral life or abandon themselves to their fates through an unexamined life. Thus, deduced and from the Christian ethical lens, humans are rational and spiritual beings who ought to apply the merits of their intellectual and religious resources to living styles of life. Some do so while others are swayed by the vicissitudes of life. It follows that if the ethical principles for wholeness of living were embraced by the members of the Tiv society, such diseases such as HIV/AIDS would be reduced.

To this end, the researchers make the following recommendations:

- a) Tiv cultural heritage and cherished language should be encouraged and promoted in all spheres of Tiv life. This will go a long way in reducing rampant cases of immorality amongst the young members of the Tiv society.
- b) Christianity in Tiv should adopt a holistic approach to sex education and ethics for their children in schools and homes.

- c) Tiv ethnic group should organize regular cultural activities that are imbedded with ethics and morals as a way of moulding a new generation that takes pride in virtues and values as Tiv youths.
- d) Different leaders in Tiv society should establish a body charged with provision of medical and allied palliatives so as to support their population being ravaged by the scourge of HIV/AIDS.

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