

Socio-Cultural Factors Affecting the Spread of HIV/AIDS among Adolescents in Sierra Leone

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Abstract: This study investigated the socio-cultural factors affecting the spread of HIV/AIDS among adolescents in Sierra Leone. One hundred and twenty adolescents with a mean age of 16.20 years and 40 undergraduate (bachelor) students with a mean age of 25.10 years, participated in the study. The study used focus group discussions, key informant interviews and structured questionnaires to collect the data. The result indicates that adolescent social practices that expose them to HIV includes alcohol usage, video shows of pornographic contents, cultic practices, risky cosmetic factors, vulnerable sexual practices and blood swearing covenants. Culturally, practices such as rights of passage, not circumcising boys, contraceptive strings and early marriages were found to be making adolescents more susceptible to HIV. Findings highlight the importance of socio-cultural intervention in tackling the spread of HIV/AIDS particularly among adolescent.

Key words: Socio-cultural factors, HIV/AIDS, adolescents, susceptible, pornographic, Sierra Leone

INTRODUCTION

The experimental and exploratory nature of adolescents means that they are vulnerable to a lot of vices in society today including the Human Immunodeficiency Virus (HIV). The spread of the virus among adolescents have been linked to some societal and cultural practices. Socio-cultural factors influencing the spread of HIV have been investigated in countries such as Uganda in Africa (Asiimwe *et al.*, 2003; Sengendo and Sekatawa, 1999). There are however, differences in cultural and societal practices from one country to another.

Adolescence begins with rapid physical changes, tremendous increase in height and weight, changes in body contours and the development of sexual characteristics. Social factors exert their greatest influence through the social clock which includes major events that occur at certain times in the typical life including that of adolescence in a given culture.

In some African societies including the Sierra Leone society, puberty is often celebrated with traditional rites of passage. A formal and extremely important set of ceremonies are performed to mark the transition from childhood to adulthood.

Once the ceremonies are complete, there is a rapid role switch from that of childhood to those of adulthood. These ceremonies which have become part of the culture of the people, serve as a period of initiation in which the young person is educated into the kind of behaviors and attitudes expected of adult members of his or her

community. However, some of the activities that society prescribes for adolescents to take part in may increase their vulnerability. In spite of the fact that some normal societal and cultural practices, they engaged in may prepare them for such virtues as taking up adult roles in society, they also have the potential of increasing the vulnerability of members of the society including adolescents.

This study investigated the socio-cultural factors influencing the spread of HIV among adolescents in Sierra Leone. It has brought out some knowledge that could be used to help fight the infection not only in Sierra Leone but Africa and the world at large.

Socio-cultural issues to the HIV/AIDS epidemic: Culture has been defined as a complex set of distinctive spiritual, material, intellectual and emotional features that characterize and define a society or social group. In addition to arts and letters, it encompasses ways of life, the fundamental rights of the person, value system, traditions and beliefs (Sengendo and Sekatawa, 1999) According to them and citing UNESCO, culture is made up of two essential elements:

- It is not the possession or accomplishment of an but defines a way of being together with others
- It is essentially social
- It is not made up of a given range of activities but consists of all and only those activities through which a society defines and identifies itself

The activities through which society defines and identifies itself are unique but many and vary from society to society. These activities manifest themselves through values norms beliefs and practices which may have positive and or negative implication for the wellbeing or otherwise of the population. Most of these cultural norms and practices are related to human sexuality while others are related to the day to day practices/activities of society.

Some cultural norms and practices relating to sexuality contribute to the risk of HIV infection. Negative attitude towards condoms as well as difficulties negotiating and following through with their use is one of the many problems (Rose-Innes, 2006). According to her, men in South Africa regularly do not want to use condoms because of the belief that flesh to flesh sex is equated with masculinity and is necessary for male health. Certain sexual practices such as dry sex (where the vagina is expected to be small and dry) and unprotected anal sex, carry a high risk of HIV infection because they cause abrasions to the linings of the vagina and anus (Rose-Innes, 2006).

With the latter, adolescent girls are more vulnerable because the teenage girl's vagina is not as well lined with protective cells as that of a matured woman. Her cervix may be easily eroded, potentially enhancing risk of HIV infection (Sengendo and Sekatawa, 1999). The cultural practice of male circumcision also has implication for HIV infection. It has been described as the surgical removal of some or all of the foreskin (or prepuce) from the penis. This cultural practice has been shown to significantly reduce the risk of HIV acquisition by men during penile-vaginal sex (CDC HIV/AIDS Scinect Facts, 2008) Circumcision and traditional hygiene are important co-factors decreasing the risk of HIV contraction (Velayati *et al.*, 2007).

The social practice of alcoholism has a pull factor for customers both men and women who converge to the drinking places for a drink or more. A relationship has been established between drinking and sexual assault among young people (Sengendo and Sekatawa, 1999). This may lead to infection. Drinking of alcohol and alcoholism has been identified as the major social factors influencing the spread of HIV/AIDS (Velayati *et al.*, 2007; Asimwe *et al.*, 2003).

Some video shows have been found to be agents of sexual exploration. The scenes screened are tempting to adolescents 1st because they teach them sex and those that watch them with partners sometimes go into real action. Secondly, they arouse curiosity of children and increase their propensity for sexual exploration that often leads to wrong and irrational decision among adolescents

and youths (Asimwe *et al.*, 2003). Tattooing and other scaring methods can also be agents for HIV transmission. The use of one instrument by a group for these activities may lead to HIV infection (Velayati *et al.*, 2007). In the fight against HIV/AIDS, these socio-cultural forces must be taken into consideration.

The context of HIV/AIDS in Sierra Leone: The Acquired Immune Deficiency Syndrome (AIDS) was 1st recognized among homosexual men in the United States in 1981. By 1983, the etiological agent, the Human Immunodeficiency Virus (HIV) had been identified. By the mid 1980s, it became clear that the virus had spread, largely unnoticed, throughout most of the world (UNAIDS and WHO, 2003). The 1st case of HIV/AIDS in Sierra Leone was diagnosed in 1987. Since then, nearly 6,000 individuals have tested positive for HIV more than one-third developed AIDS and >500 have died (Statistic Sierra Leone and ICF Macro, 2009). Consequently, the Government of Sierra Leone has made a strong political commitment to combat the HIV/AIDS epidemic. These efforts led to the establishment of the National HIV/AIDS Council (NAC) in 2002 with the head of state as the chairman and later, the National AIDS Secretariat (NAS).

The national HIV prevalence estimates in Sierra Leone have been derived primarily from sentinel surveillance of pregnant women and national sero prevalence surveys conducted in 2002 and 2005. While the 2002 survey reported a national HIV prevalence of 1%; (2% in the capital city Freetown and around 1% outside of Freetown), the 2005 survey reported a national HIV prevalence rate of about 2% with similar rates of 2% for both men and women age 15-49. Antenatal Care (ANC) sentinel surveillances conducted in 2004 and 2006 reported a national HIV prevalence rate among pregnant women of 3% (the level among pregnant women in the capital, Freetown was 4%) and 4%, respectively (Statistic Sierra Leone and ICF Macro, 2009).

The results from the 2008, Sierra Leone Demographic and Health Survey (SLDHS) indicated that 1.5% of Sierra Leonean adults aged 15-49 have HIV. The HIV prevalence in women aged 15-49 is 1.7% while for men within the same age bracket is 1.2%.

About 1.3% of adolescent girls between the ages of 15 and 19 is HIV positive. Over all, 0.7% (1016) of the adolescents in the study, (n = 6174) are HIV positive (Statistic Sierra Leone and ICF Macro, 2009). Two factors may be responsible for this high incidence: the fact that as young people, they are more likely to be experimenting with sex than older people and secondly that it may not be unconnected with some socio-cultural practices in the Sierra Leone society.

MATERIALS AND METHODS

Participants: The participants for this study included forty undergraduate students in the bachelor of education program at the Milton Margai College of Education and Technology and 120 adolescent boys and girls from four secondary (high) schools in Freetown Sierra Leone. The participants were drawn purposively to be representative of the various regional or ethnic diversities in the country, ensuring its heterogeneity. As shown in Table 1, the average ages of the two categories of participants were 25 years for the undergraduate students (range 21-28) and 16 years for the secondary school going adolescents (range 12-19). The undergraduate students have had a secondary (high) school teaching qualification (higher teacher’s certificate), prior to admission into the bachelors program. Some of these have a number of years of teaching experience. They were selected purposively from the various cultural heritages in the Sierra Leone society. The adolescents are just academically normal high school children.

Procedure: This study was a cross sectional study that was on one hand qualitative with the analysis of discussions and interview and on the other hand, used proportions and percentages to depict the extent to which the various socio-cultural activities/practices have exposed adolescents to HIV.

The procedures used for collecting the data included Focus Group Discussions (FGD) and Key Informant Interviews (KII) (Asiimwe *et al.*, 2003) as well as structured questionnaires. The FGDs and KIIs were used to collect data from the youth members (undergraduate students) of the participants about the various social and cultural activities and practices in their regional or ethnic groups that they thought increased the vulnerability of adolescents to HIV/AIDS. Each focused group was made up of ten participants who were given the goal of identifying through discussions, the practices (socio cultural) that exposed adolescents to HIV infection. Each group had a moderator of the discussions and a recorder of findings. Four KIIs (one for each ethnic group) were done with elderly enlightened stakeholders of the four main ethnic groups who validated/confirmed the existence of those practices in their society or culture (Participants had a very high knowledge about the modes of transmission and methods of prevention of the virus).

Table 1: The demographic statistics of participation

Participations	Male	Female	Total	Mean (age)±SD
Undergraduates	25	15	40	25.10±0.74
Adolescent	65	55	120	16.20±0.81
Total	90	70	160	20.65±0.87

The socio-cultural background was put into four main ethnic/tribal groups, mindful of the inter-relationships and commonalities (in social and cultural practices) that exist between the fourteen tribal orientations in the country. These groups included the predominantly South-Eastern Mende tribe, the Northern Limba and Temne tribes and the Western Krio tribe. The FGD and KII produced a catalogue of the socio-cultural activities and practices that increased the vulnerability of adolescents to the virus.

The adolescent participants of the study who were also selected purposively were each given the structured questionnaire after given their informed consent. The questionnaire was made up of items that required the adolescents to tick yes or no to statements like, I have engaged in anal sex, I have done a tattoo as a boy, I am not circumcised, I use contraceptive strings, etc. Because of the sensitive nature of some of the information sought after the respondents were assured absolute anonymity and the point of deposition of the questionnaire was discrete. This questionnaire provided data about the extent to which the adolescents have engaged or participated in the social or cultural activity or practice that exposed them to the virus.

RESULTS

This study investigated the socio-cultural factors/practices affecting the spread of HIV/AIDS among adolescents in Sierra Leone. Two sets of approaches were used in collecting the data and so, the findings are discussed based on these approaches. On one hand, focus group discussions and key informant interviews were used to bring out the socio-cultural factors affecting the spread of HIV/AIDS and on the other hand, structured questionnaires were used to investigate the extent to which adolescents have been exposed to these factors/practices:

Socio-cultural factors/practices affecting the spread of HIV/AIDS among adolescents in Sierra Leone

Social practices: The focus group discussions reported (confirmed by the KII) alcohol and drug usage, video shows of pornographic content, cultism, cosmetic factors, vulnerable sexual practices and blood swearing covenants as social factors influencing the spread of HIV among adolescents.

Alcoholism and drug abuse: Adolescent boys and girls in Sierra Leone are taking to alcohol consumption. This activity often takes place in their social gatherings often in organized dances and night clubs. Sometimes, this

consumption is forced upon them (peer group influence) by their contemporaries. As reported by all the focus groups; boys and girls are often influenced by their mates to drink alcohol during social gatherings and they often yield to these pressures so as to feel part of the group. It is reported that alcohol drinking impairs judgment and loss of control among individuals (Sengendo and Sekatawa, 1999) with the likely possibility of engaging in unintended and unprotected sex.

Video shows of pornographic content: There has been a proliferation of unregistered and uncensored video centers around the country to the extent that the government is cracking down on them. The postal for advertisement often depict nudity to the full view of the public.

Adolescent boys and girls and often children between the ages of 10-12 years are seen milling around the vicinity, reported the FGD. These boys and girls often see sex at work and because of their experimental nature may take part in often, unprotected sex.

Cultism in schools and colleges: Secrete societies on school and college campuses as agents of socialization, generally referred to as cultic social groups may have also contributed in spreading the HIV virus among adolescents in Sierra Leone. All four focus groups affirmed that during the initiation ceremonies of initiates who are most often adolescent boys and girls and young adults, the initiates are blind folded in a dark room and group sex takes place among them. No one person knows who had sex with him or her and it is often unprotected. This takes place as part of the initiation ceremony into these secretes societies.

In two out of the four focus groups, it was reported that at a final stage of becoming a full fledged member of the cultic society a party is organized for the initiates during which each member of the society pricks his or her finger with a needle and put a drop of blood in a container containing water. The later is mixed with sugar and every member of the group participates in drinking from it. This serves as an oath or vow for the maintaining the secrecy of the society. This social practice of cultism exposes the often unsuspecting initiates to HIV.

Cosmetic factors: Some activities that are undertaken by adolescents for cosmetic purposes make them susceptible to HIV infection. The focus groups reported that in Sierra Leone, it is often said that black gum is healthy and beautiful. As a result, some adolescent girls hire the services of herbalists who bundle sawing needle together (a bundle normally contains between five and ten needles) and use the later to prick the gums of the girls and apply

black powder to the wounded gum. These needles are sometimes used on all clients, thereby exposing them to HIV infection.

Tattooing has become a very common social practice for both boys and girls. Beautiful inscriptions and floral marks on the body can go with a price. The implements used can incise the skin and sometimes these implements are used on more than one client, thereby exposing them to a possible HIV infection.

The focused group targeting the North of Sierra Leone reported the following that the Temne and Limba tribes of northern of Sierra Leone believe in facial marks for aesthetic purposes and identification. Wounds are made on either side of the face using knives or blades and concussions applied to the wounds. These implements are sometimes used on as many clients as possible, increasing their vulnerability (FGD North).

Vulnerable sexual practices: All focused group discussions reported that some adolescent girls in Sierra Leone practice what is called dry sex. This is the act of having sex without the natural lubrication of the vagina. For this category of girls, the vagina is expected to be small and dry to increase the pleasure of the male partner by increasing the friction between the penis and the vaginal walls. This is normally achieved by applying powder meant for cosmetic purposes into the vagina. In extreme cases, girls dissolve alum (anhydrous potassium aluminum sulphate) in warm water and sit in it to achieve the same objective. Sometimes, the solid alum is grounded and applied into the vagina; reported all focus groups. However, during sexual intercourse at this increased friction, abrasions or lesions to the lining of the vagina occur which are perfect conduits for the transmission of HIV.

Some boys and sometimes girls who want to preserve their virginity, engage in anal sex. Anal sex, like dry sex can also cause abrasions to the linings of the anus (Rose-Innes, 2006), thereby increasing their vulnerability.

Blood swearing covenants: In Sierra Leone (as reported by all focus groups), some adolescent boys and girls who fall in love madly with each other take an oath never to separate or leave each other till death do them part. They do this by what is called blood swearing. It involves creating wounds on each others arms and bringing the wounds in contact with each other.

Sometimes the arms are tied together bringing the wounds into contact while swearing an oath never to leave each other till death, reported all focus groups and confirmed by the informant interviews. This brings about blood to blood contact which may lead to HIV infection.

Cultural practices: The focus group discussions brought out some cultural factors that are affecting the spread of HIV/AIDS among adolescents in Sierra Leone. Some of these cultural factors have run through generation and are persisting. They include:

Rights of passage: In the Sierra Leone society, puberty is often celebrated with traditional rites of passage. A formal and extremely important set of ceremonies are prescribed and adhered to mark the transition from childhood to adulthood. Some of these expose the adolescents to HIV infections. There is a lot of secrete around, some of these rights of passage which translate them into what in Sierra Leone are called secrete societies.

The focus groups reported that the places of association are located in sacred places where only members are allowed to enter. According to the focus group associated with the Mende tribe of the Southeast, the poro society set up for boys, practices as part of the initiation process, body incisions to the back of the boys, normally making use of the same instrument for all initiates (usually a blade or a traditional knife) without any form of sterilization (FGD South). This practice exposes the adolescent boys to HIV infections. Most of the secrete societies aligned with boys involve sacrificing of blood.

Among these are the akofo and the gbangbani of Northern Sierra Leone and the poro and wonde predominantly of Southeast Sierra Leone. Some areas in the North also practice the poro society (FGD North). Like their male counterparts, the female adolescents all over Sierra Leone have to contend with the female secrete society known as the bondo society. The society is supposed to prepare the adolescent girls for life in their matrimonial homes.

However as part of the initiation ceremony, the girls are circumcised. According to the focus group discussions (all four groups), the circumcision involves the mutilation of the clitoris and the lips of the vagina of the girls (FGD all). This is expected to reduce their appetite for sex, welcome them to womanhood and help them to be faithful to their husbands.

Uncircumcised boys: In the Sela Limba chiefdom of the North of Sierra Leone, the Limba tribe practices a culture of not circumcising their children until late adolescent. They carry their foreskin until they are in their teens (FGD North).

Contraceptive strings: Two out of the four focus groups reported the use of charmed strings prepared by

herbalists and used by adolescent girls as a means of contraception. Adolescent girls in particularly rural Sierra Leone are given these strings usually by their parents to tie to their waist to prevent them from becoming pregnant (FGD North and South). This cultural practice is common in the North and some areas of the South. This practice encourages the girls to be promiscuous, making them vulnerable to the HIV and other sexually transmitted diseases.

Marriages: Another factor that drastically exposes the Sierra Leonean adolescent is the culture of early marriages of the adolescents to most often, elderly men. As reported by all the focus groups, the influential elderly men will most often lure their poor parents-in-law into given away their daughters with their monies. This often takes place without testing for HIV and so endangers the adolescent girls. More often than not the girls are entering into polygamous marriages which further expose them to HIV infection.

The extent of the exposure of adolescents to the high risk socio-cultural factors for HIV infection: Sierra Leonean adolescents have inherited certain socio-cultural practices that expose them to HIV and AIDS infection. These have been passed down the generational line and inevitably, the adolescents are more or less inheriting a suicidal mission.

The extent to which Sierra Leonean adolescent have participated in these risky practices is shown in Table 2. In this study, a total number of 120 adolescents (65 boys and 55 girls) participated after given their consent. From Table 2, it can be seen that 37.5% of the participants have taken alcohol to a point that they became vulnerable to HIV.

Exposure to pornographic materials in the form of videos at commercial centers (cinemas) was reported as one of the most important social practice that could expose adolescents in Sierra Leone to HIV infection. About 45 out of 65 (69.2%) boys and 35 out of 55 (63.6%) girls agreed to have watched pornographic materials at cinemas or at home (when parents are not around).

Cultism is a social vice that is eating into the very fabric of the Sierra Leonean institutions of learning. It exposes the young generation, especially the adolescents to HIV because of the activities they engage in during and after initiation. A total of 40 out of 120 participants (33.3%) agreed to have been involved in cultism either as initiates of initiators. Considering the fact that cultic activities involve bloody activities (FGD), >33% of them have already been exposed to a practice that made them

Table 2: Proportion of Sierra Leonean adolescents who have participated in risky social practices

Social factors/practices (n = 120) (%)								
Sex	Alcohol usage	Porno. shows	Cultism	Cosmetics factors		Vulnerable sex		
				Gumming	Tattooing	Dry	Anal	Blood swearing
Boys	30 (46.1)	45 (69.2)	25 (38.5)	1 (1.5)	9 (13.8)	2 (3.0)	2 (3)	6 (9.2)
Girls	15 (27.3)	35 (63.6)	15 (27.3)	3 (5.5)	11 (20)	5 (9.0)	2 (3.6)	8 (14.5)
Total	45	80	40	4	20	7.0	4	14
Percentage	37.5	66.6	33.3	3.3	16.7	5.8	3.3	11.7

Table 3: Proportion of Sierra Leonean adolescents who have participated in risky cultural practice

Cultural practices (n = 120) (%)				
Sex	Rights of passage	Uncircumcised boys	Contraceptive strings	Early marriages
Boys	30 (46.2)	15 (23.1)	-	-
Girls	40 (72.7)	-	9 (16.4)	2 (3.6)
Total	70	15	9	2
Percentage	58	12.5	7.5	1.7

vulnerable to HIV infection. With reference to cosmetic factors as agents for the transmission of HIV, it was found out that 3.3% of the respondents have engaged in gumming (using a bundle of needles to prick the gum and blacken it) while 16.7% of the adolescents in this study have engaged in tattooing. As reported by the focus group discussions, some adolescent girls in Sierra Leone practice what is called dry sex. Almost six% of the participants in this study is reported to have engaged in dry sex which involves having sex without the natural lubrication of the vagina. Anal sex is also reported among adolescent boys and girls in almost equal proportion (3-3.6%, respectively). The FGD reported that adolescent girls engage in anal sex to protect their virginity.

Another HIV susceptible activity that adolescents in Sierra Leone engage in is what has been called blood swearing covenants. About 9.2 and 14.5% of adolescent boys and girls, respectively reported to have been involved in this act. Sierra Leonean adolescents have inherited and are ready to pass on cultural practices that are deemed friendly to HIV infection. From Table 3, it is clear that despite the education and the high level of knowledge about HIV and AIDS, 58.0% of adolescents participated in risky rights of passage either willingly for reasons of identity or were forced into it by their parents. More girls, almost (73%) were involved in the rights of passage than boys (46%).

About 12.5% of adolescent boys carry their foreskin (uncircumcised). This is a cultural practice that can only expose them to HIV as the foreskin can harbor viruses which can be transmitted through subsequent sexual activities with the uninfected. With the use of contraceptive strings tied to their waist, adolescent girls are not only exposed to unwanted pregnancies but also to HIV. With the strings and the assurance of not getting

pregnant, the girls might engage in indiscriminate and often unprotected sexual activities and 7.5% of them have been exposed to that vice. Like the other cultural practices that expose adolescents to HIV infection, early marriages are often not under the control of adolescent girls. Although, the participants of this study are school going pupils, it came out that even though in school, two of the girls have already been forced into early marriage with their husbands allowing them to go to school.

DISCUSSION

This study investigated the social and cultural practices that impact on adolescents with regards HIV/AIDS. Some behavior that adolescents engage in and society's cultural activities have exposed them to the deadly HIV infection. The findings of this study are discussed from two perspectives, the social and the cultural perspectives.

The result indicates that the social factors that have exposed adolescents to HIV/AIDS include alcohol and drug abuse, video shows of pornographic content, cultism, cosmetic factors, vulnerable sexual practices and blood swearing covenants.

The study revealed alcohol usage by adolescents as one of the behaviors that has exposed them to HIV infection. The use of alcohol is common in adolescent social gatherings, organized dance shows and night clubs. The influence sometimes comes from their peers as reported by the focus groups. The danger is that consuming alcohol to the point of becoming drunk which is a possibility, exposes one to unintended and often unprotected sexual activity. Generally, alcohol impairs judgment and loss of control among individuals (Sengendo and Sekatawa, 1999) which is a recipe for risky behaviors.

It has been identified as a major factor influencing the spread of HIV/AIDS (Asimwe *et al.*, 2003; Velayati *et al.*, 2007). Alcohol usage has been associated with a number of HIV risk factors such as multiple sexual partners and inconsistent condom use (Mitchell *et al.*, 2006) as cited by Shrier. A recent study supported the notion that alcohol usage is associated with increased and diverse sexual risk across a variety of social groups (Li *et al.*, 2010). The

study indicates that >37% of adolescent boys and girls have been exposed to possible infection. Boys are more susceptible to alcohol consumption than girls as twice as much boys than girls agreed to have been in this vulnerable situation.

The focus groups reported pornography as one of the activities that has exposed adolescents to HIV infection. Over 66% of them agreed to have been involved with it. This high prevalence of involvement may not be unconnected with the proliferation of unregistered and uncensored commercial video centers. Their exploratory nature would galvanize them towards these activities. Pornography provides the perfect platform for adolescent's sexual experimentation because of its stimulating nature. It arouses the curiosity of children and increases their propensity for sexual explorations (Asiimwe *et al.*, 2003). These sexual escapades may take place at the time of viewing or shortly after and the adolescents may not be prepared to practice safe sex making them vulnerable to HIV infection.

One worrying state of affairs in Sierra Leone today is student's cultic practices. It has already left a couple dead through violent initiations. The covert initiation process has been found to expose adolescents to HIV infection. Activities such as group sex which may be unprotected, pricking of a finger (usually with the same device) to donate blood for drinking by all initiates can only expose them to HIV infection. Over 30% of the participants reported involvement in cultic practices.

Cosmetic activities such as gumming (bleeding the gum with a bundle of needles and applying black powder) is a beautification practice that makes those who participate in it susceptible to viral infection more so because the same bundle of needles can be used for more than one adolescent. The same also goes for tattooing. This is a very common practice in Sierra Leone today with boys and girls opting for these beautiful inscriptions and floral marks. While 3.3% of adolescents were engaged in gumming, 16.7% have done tattooing.

This study reveals that dry and anal sex are vulnerable sexual behaviors by adolescents and young adults. Having sex without the natural lubrication of the vagina can expose adolescents to HIV infection. The young girl's cervix may be easily eroded, paving the way for infection (Sengendo and Sekatawa, 1999). Dry sex and unprotected anal sex, carry a high risk of HIV infection because they cause abrasions to the linings of the vagina and anus (Rose-Innes, 2006). The study also shows that even girls do engage in anal sex which maybe a way of protecting their virginity. About 5.8 and 3.3% of adolescents in this study reported to have been involved in the high risk behaviors of dry and anal sex,

respectively. The materials used in drying the vagina may also have untold consequences for the girls. To love and be loved is a natural process at every stage of development and such love has to be protected. Adolescent boys and girls have a way of protecting their love. In Sierra Leone, they do it through what is called blood swearing. This study reveals that 11.7% of adolescents have been involved in blood swearing which involves cutting each other's skin and bringing the cuts or wounds together while taking an oath never to leave each other. The contact of the two wounds is a perfect conduit for viral infection should any of them be infected. Culturally, practices such as traditional rights of passage, not circumcising boys, the use of contraceptive strings and early marriages have made adolescents vulnerable to HIV infection.

In Sierra Leone and many other African societies, puberty is celebrated by secrete traditional rights of passage which marks the transition from childhood to adulthood. The Poro society for the boys makes use of a scaring process to the back of the boys. The use of sharp blades or traditional knives to make the incisions to the back of the boys exposes them to HIV infection. This is because the same blade or knife could be used for more than one initiate, often without sterilization. The bondo girls also undergo genital mutilation with the use of similar implements as in the case of the boys. This exposes the adolescent girls to infection. Even with the high level of knowledge about HIV/AIDS, 73% of adolescent girls and 46% of boys in this study have been exposed to the HIV infection through these practices. This is in agreement with a report that suggested that with these activities, the risk of HIV infection is high (Ras-Work, 2006).

The focus group discussions also reveal that the culture of not circumcising boys until they are in their teens is prevalent in the Sela Limba chiefdom. This practice has the potential of exposing the adolescent boys and their female partners to HIV infection. The foreskin may have greater susceptibility to tears during intercourse, providing portal of entry for pathogens including HIV (CDC HIV/AIDS Science Facts, 2008; Muula, 2007). This study reveals that 12.5% of Sierra Leonean adolescents could be vulnerable to HIV as a result of not being circumcised. The traditional practice of using charmed strings (tied to the waist of adolescent girls) for contraceptive purposes is one that could expose them to not only unwanted pregnancies but also sexually transmitted diseases including HIV.

This is because the string does not have any physiological bases for preventing pregnancy and also encourages the girls to be promiscuous. In this study, 7.5% of the participants reported to have used these

contraceptive strings making them susceptible. Giving adolescent girls out into marriages especially to elderly men sometimes two to three times the age of the girls is a risk factor for HIV infection. This is common in particularly rural Sierra Leone. Most often, the girls are entering into polygamous homes without testing the men for HIV, making the girls vulnerable.

Limitations: One limitation in this study is the limited availability of research literature. Generally, socio-cultural factors affecting the spread of HIV/AIDS have had little attention in the area of research and this has implication for theory. The discussion is therefore limited in this regard. Furthermore for the extent of exposure or vulnerability to HIV infection, only 120 school-going adolescents participated, excluding the non-school-going ones. Although, they represented every region and tribe in the country caution should be taken in generalizing the results of this study.

CONCLUSION

The study confirmed that there are social activities and cultural practices that negatively influence the spread on HIV/AIDS among adolescents in Sierra Leone. The overall 0.7% prevalence of HIV among adolescents in Sierra Leone may just as well be a result of these social and cultural practices. As a result, adolescent social behavior and cultural practices must be taken into consideration in the fight against the disease. If the fight against the HIV/AIDS disease is to be successful, it is recommended that further studies be carried out in the various African settings to investigate the social and cultural activities that are negative influencing the spread of the virus.

REFERENCES

- Asimwe, D., R. Kibombo and S. Neema, 2003. Focus group discussion on social cultural factors impacting HIV/AIDS in Uganda. Final Report, Makerere Institute for Social Research. http://hivaidsclearinghouse.unesco.org/search/resources/social_cultural_factors%20Uganda.pdf.
- CDC HIV/AIDS Science Facts, 2008. Male circumcision and risk for HIV transmission and other health conditions: Implications for the United States. <http://www.cdc.gov/hiv/resources/factsheets/pdf/circumcision.pdf>.
- Li, Q., X. Li and B. Stanton, 2010. Alcohol use and sexual risk behaviors and outcomes in China: A literature review. *AIDS Behav.*, 14: 1227-1236.
- Mitchell, C.M., J. Beals, C.E. Kaufman and The Pathways of Choice and Healthy Ways Project Team, 2006. Alcohol use, outcome expectancies and HIV risk status among American Indian youth: A latent growth curve model with parallel processes. *J. Youth Adolescence*, 35: 726-737.
- Muula, A.S., 2007. Male circumcision to prevent HIV transmission and acquisition: What else do we need to know. *AIDS Behav.*, 11: 357-363.
- Ras-Work, B., 2006. The impact of harmful traditional practices on the girl child. Proceedings of the Expert Group Meeting Elimination of all Forms of Violence Against the Girl Child, Sept. 25-28, Florence, Italy, pp: 1-13.
- Rose-Innes, O., 2006. Socio-cultural aspects of HIV/AIDS. *Health 24*, Oct. 2006. http://www.health24.com/news/HIV_AIDS/1-920,23100.asp.
- Sengendo, J. and E.K. Sekatawa, 1999. A cultural approach to HIV/AIDS prevention and care. UNESCO/UNAIDS Research Project. Ugandan's Experience. <http://unesdoc.unesco.org/images/0012/001206/120611e.pdf>.
- Statistic Sierra Leone and ICF Macro, 2009. Sierra Leone demographic and health survey 2008. Calverton, Maryland, USA.
- UNAIDS and WHO, 2003. A history of the HIV/AIDS epidemic with emphasis on Africa. Proceedings of the Workshop on HIV/AIDS and Adult Mortality in Developing Countries, Sept. 8-13, New York, pp: 1-12.
- Velayati, A.A., V. Bakayev, M. Bahadori, S.J. Tabatabaei, A. Alaei, A. Farahbod and M.R. Masjedi, 2007. Religious and cultural traits in HIV/AIDS epidemics in sub-Saharan Africa. *Arch. Iran. Med.*, 10: 486-497.