PERSISTENCE OF SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS IN AFRICA.

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Abstract
Sexually transmitted infections (STIs) not only affect people physically but can sometimes lead to social discrimination. Although many STIs can be treated, some have no cure, for instance the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS). Providing STI treatment and reducing disease incidence and prevalence is a costly venture; one that requires dedication, commitment and a concerted effort to manage. Many people with STIs are either not aware of it, are aware of it and shy away from treatment for whatever reason, some simply do not have access to treatment. Combating the spread of STIs and improving quality of lives not only requires rethinking existing strategies to addressing the HIV/AIDS (or any other STI) problem, but also calls for a better understanding of community structures and cultural perceptions on sexuality. The challenge to reduce the spread of STIs is global, but the solutions are local and engraved in every community’s lifestyle. Traditionally some societies are more resistant to change; such societies can best be approached by involving religious and local leaders and improving provision of health-care services. Other societies are more open-minded, educated and have access to better medical facilities.

Keywords: STIs, HIV/AIDS incidence, Prevalence, Culture.

INTRODUCTION
For decades, STIs have affected and continue to ravage on the quality of lives of many people. The challenges faced in reducing or even eradicating sexually transmitted infections or diseases (STI/DS) are numerous. This work proposes solutions to reducing the spread of STIs, addresses aspects of cultural influences on the dynamics on STIs. The impact of infections with Hepatitis A, B and C (HA, HB and HC, respectively) in Africa are discussed in comparison to communities elsewhere in the world, in order to draw parallels. Recently a rapid increase in HB vaccine (HBV) cases was reported by researchers at the Kenya Medical Research Institute (KEMRI) (Makori et al. 2014). According to them the speed at which the disease is spreading has over-taken that of human immunodeficiency (HIV)/AIDS. This statistic is not isolated, since globally communities are experiencing similar trends in the rise of the number of new cases for HBV and HCV (Makori et al. 2014; Ziraba et al. 2010) and even HIV/AIDS. A decade ago the HBV prevalence in Uganda was ~10%.

The modes of transmission of HBV is similar to that of HIV/AIDS, namely through sexual intercourse, blood transfusion and general exchange of bodily fluids through close contact. STIs like syphilis, gonorrhea, trichomoniasis and chlamydia, which are caused by bacterial infections, are treatable with antibiotics and yet still continue to be problematic. The treatments are effective if the diseases are identified and treated early (Carter et al. 2011). If left untreated, they can advance to their acute and chronic forms, become life-threatening and result in multiple infections. STIs caused by viruses cannot be cured; but, their symptoms can be cured.

Social workers and medical personnel have battled for years to reduce the spread of STIs. This battle has been much more successful in developed compared to under-developed countries. Even if much is known about prevention methods for the spread of STIs, the speed at which progress has been made still remains frustratingly low throughout Africa – especially sub-Saharan Africa. STIs can have a devastating impact on the economy, e.g. by affecting labour and productivity, life-expectancy, fertility and it puts pressure on the health-care resources. Even with existing STI prevention programs in sub-Saharan Africa, like condom distribution, voluntary counselling and testing (VCT), prevention of mother-to-child HIV/AIDS transmission; social-economic and cultural barriers remain a stumbling block in the fight against STIs. Reducing the number of new cases requires a concerted-effort from all stake- holders: community and religious leaders, politicians, parents and teachers and all the residents in the communities.

Combating the spread of STIs is logistically challenging since the drugs and vaccines are expensive. However, by confronting the challenge head-on through extensive VCT of large groups of people, the number of STI cases can be significantly reduced. Though this is a logistically challenging under-taking, limited resources can be put to good use if the problems of rampant corruption and stealing of drugs/ vaccines are addressed The underlying to ensure a more effective distribution of information and availability of health-care facilities in communities, a more sophisticated approach other than the conventional random targeting of the population is required. Conceivably, adopting an intervention strategy that targets the most socially connected and sexually most active individuals in a community is likely to be more effective. It has been shown through studies of network systems like social, telecommunication, biological, transportation networks that the most effective way of altering the property or significantly impacting on the functionality of a network is to target the most highly connected components (also referred to as hubs) (Faria et al. 2014; Cohen, 2014). In a community, the most highly sexually active and specific age-groups can be viewed as hubs and vaccination and health-care dissemination programs can be prioritized for them.

Role of culture on STI transmission and control
Traditionally, female genital mutilation (FGM) and/or male circumcision have existed for decades in numerous societies around the world; for instance the Kalenjin ethnic group in Uganda, Kikuyu tribe of Kenya, and Masai of Kenya and Tanzania. Extensive research is required to unravel the complexity underlying these practices. The governments should devote resources to effectively train more health-workers. The lack of will and poor policy implementation and corruption further weakens the effort to reduce the spread of STIs. Unlike developed countries, the poorer countries have their resources prioritized to fighting poverty, health-care provision and other developmental projects. These initiatives are necessary, but with rapidly increasing populations, there is need to proportionally up-scale efforts and allocation of resources.
Scientific technicalities are not discussed here, but rather emphasis is put on the social-economic, cultural and public health aspects of combating STIs. The correct use of primary intervention methods like condoms has been demonstrated to reduce the spread of STIs. Advocacy for the use of condoms and/or abstinence from sex still remains largely ignored in sub-Saharan Africa. The situation is even more alarming in communities that traditionally practice loose sexual morals, polygamy and/or spouse-inheritance (brother of the late inherits the deceased’s wife), especially in sub-Saharan African (Hayase and Liaw, 1997).

**STRATEGIC INTERVENTIONS**

An often overlooked factor in the spread of STIs is the practice of polygamy which increases the likelihood of unfaithfulness in a relationship; upon contracting a STI, a man could easily spread it to his wives. To address the problem, education programs aimed at educating the public, alongside the formal education programs for the girl-child have been put place in various communities around the world. Some of these programs have succeeded while others have failed. The practice of FGM might be deeper-rooted than currently known. Often, there is no data from remote areas of e.g. Somalia and some Nubian communities in Sudan and South Sudan. Conservative societies are most likely to be loyal and reliant on clan elders and religious leaders for guidance on cultural practices and adherence to the cultural norms (Fig. 1). These leaders are seen as custodians of culture and any shift or modifications of cultural practices such as FGM must be first approved by the clan elders. This underlines how vital it is to involve these leaders to work alongside health-care providers in the bid to reduce engagement in risky sexual practices in the communities.

**Scientific facts versus myth and risky practices**

The use of sanitized and safe surgical equipment other than the traditionally unhygienic tools should be promoted by health care-centres and hospitals. To-date, there remains a heated debate and no consensus among scientists as to whether the use of circumcision as a biomedical approach increases or reduces the risk of contracting STIs (Rodriguez-Diaz et al. 2012). As long as scientists hold divided opinions on the facts about the effect of circumcision and STI infection, many more lives continue to be put at risk – especially with the ongoing advocacy for male circumcision in e.g. Uganda and Rwanda. If circumcision is not performed with sanitized equipment, many men could be put at risk of contracting STIs. Whether circumcision reduces the odds of contracting STIs or not, some men might hold the belief that it robs them of their manhood; therefore, leading them to shy away from it. Such fear needs to be allayed if campaigns for male circumcision are to succeed. This reduces to separating scientific facts from cultural norms and/or social beliefs. Alternatively, even if circumcision significantly reduces the odds of contracting STIs, promoting the practice might only make some people believe that their odds of contracting any STIs are zero; hence, likely to engage in unprotected sex. This most likely increases disease incidence in such communities; hence, people need to be informed of the facts on how to stay safe.

To-date, some people still believe that STIs like HIV/AIDS, gonorrhea and syphilis are a myth and misfortune cast upon them by the white people in the western world. For often unknown reasons, some people have resorted to offering animal and child-sacrifices as a cure off HIV/AIDS. Such a strong held belief is deep-rooted within the individuals and therefore, hard to change. Never-the-less, such beliefs can be gradually changed through education, community sensitization, and counselling along-side the provision of alternative means of livelihood. Simply criticizing involvement in risky practices can be counter-productive and even detrimental. However, offering alternative solutions to those involved is arguably more productive. Poverty still plays a central role in increasing the incidence and prevalence of many STIs. Often, poorer members of a community remain vulnerable to sexual exploitation. These situations often put them at risk of contracting STIs; this is a common problem in slums world-wide, especially in Africa, South America, India and Asia.

Many disadvantaged youth from poor neighbour-hood like slums as well as children/youths from war-affected areas often lack parental-guidance, sensitization on health programs and have little or no access to formal education, unlike their counter-parts in the more developed countries. Poverty and lack of employment drives them to engage in prostitution – especially for the girls. On the contrary, there are fundamental differences between the sexual habits (Gage and Meekers, 1994) and education of the youth in Europe (Lazarus et al. 2010) and those from under-developed countries. These youth need assistance from those who are socially and economically well-placed, but instead they are often ignored and treated as rejects in society. Community and religious leaders and local government authorities should work together with other organizations to fund-raise and address issues on public health. Surprisingly, in the last decade, Europe has fallen short of meeting its 2015 millennium development target by recording an increase of ~80% new HIV cases by 2014 compared to 2004 (World Health Organization report). Community out-reach programs and the risk of contracting HIV/AIDS is emphasized than e.g. in sub-Saharan Africa. This could explain the increase in the number of new cases in Europe.

The HIV/AIDS has a history dating back to the 1920’s in Kinshasa, Zaïre (Kiss et al. 2006; Jones et al. 2012) (now, the Democratic Republic of Congo). This disease alongside many other STIs has claimed many lives and devastated countless livelihoods (Mayaud and McCormick, 2001). Many other STIs are curable and yet they still claim many lives due to lack of treatment. Perhaps we should ask ourselves if such loss of lives is due to negligence or simply a lack of access to health-care. The answer to this question depends on which communities have access to specific resources. Some communities do not have health educators. This is a problem that cannot be addressed by provision of health-care units alone, it requires long-term strategic planning. Simply pouring in financial resources and buying STI health-care. The answer to this question depends on which communities have access to specific resources. Some communities do not have health educators. This is a problem that cannot be addressed by provision of health-care units alone, it requires long-term strategic planning. Simply pouring in financial resources and buying STI health-care medicines and/or vaccines will not necessarily solve the problem (Fig. 1). Further progress is needed in the development of affordable vaccines for treatable STIs like syphilis, gonorrhea and chlamydia.

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**Fig(1)Challenges and proposed solutions to reducing incidence and prevalence of STIs.**
Figure 1 indicates factors that affect the spread of STIs. Improved accessibility to health units with support of responsible institutions should be provided. More assistance should be provided to community cultural institutions; voluntary counselling and testing should be made more available to the remote and less-privileged areas. Existing government and cultural institutions should be financially strengthened.

**Tackling the challenge head-on**

STIs are mainly spread through sexual contact, blood-to-blood contact, blood transfusions and mother-to-child during gestation or during birth. The risk of HIV/AIDS transmission can be drastically increased when one has other STIs (Omony and Orowe, 2014). It is conceivable that persons infected with other STIs are more likely to contract HIV/AIDS. School teachers and parents in African often shy away from educating the children about engaging in risky sexual behaviours. Currently, providing sexual education and counselling to children aged below 18 years remains a taboo in sub-Saharan Africa. Perhaps the barriers should be broken by establishing education schemes that train and educate school teachers to help parents tackle sensitive topics that can be life-saving.

Common risk factors for contracting STIs are: having sexual intercourse with multiple partners (with or without using a condom), having a history of STIs, not taking or lacking access to prescribed medication for specific STIs, having sex with (commercial) sex-workers and engaging in sexual activities with people showing symptoms of STIs, not getting treated for STIs early enough after contraction and using drugs through self-injections. Some people still engage in risky activities even if they are aware of these associated risks. Severe poverty drives people to engage in commercial sex or have multiple sex partners for financial or material gain, especially women. As long as people still lack access to education while the poor get poorer, the battle against the spread of STIs will not only provide hints to better approaches to combat the spread of STIs, but also improve quality of lives for many people.

**CONCLUSION**

In retrospect, much has been achieved in the last two decades in reducing the incidence and prevalence of many STIs, including HIV/AIDS. Even if the exact demographic statistics of some specific communities are hard to find, the battle against the spread of STIs rages on. By rallying various influential members of society and gaining their trust to be part of the solution in the bid to fight the spread of STIs, we can certainly gain grounds on reducing the global prevalence of specific STIs. There is still need for better organization of both financial and medical logistics, along-side training of more health-care personnel to improve service delivery and community sensitization. It is vital that key factors influencing people’s behaviour be further investigated based on community cultural background and economic welfare. This will not only provide hints to better approaches to combat the spread of STIs, but also improve quality of lives for many people.

**References**