



United Nations Development Programme
Sustainable Human Development



Republic of Liberia

FIGHT AGAINST HIV/AIDS

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FOREWORD

The increasing prevalence rate of HIV/AIDS in Liberia and the impact on the socio-economic development of the country informed the Government of Liberia and the United Nations Theme Group on AIDS to commission this study on the socio-cultural barriers against HIV/AIDS prevention initiatives. The results of the exercise would be helpful in developing appropriate STI/HIV/AIDS awareness strategies.

A two months intensive mission was fielded from 23rd April to 23rd June 2001, during a tension-packed period following the imposed United Nations sanction on the country in May 2001 and an ongoing civil conflict in the northern counties of Liberia. In its response, the Government restricted the movement of the officials of Diplomatic Community and the UN agencies to only Monrovia. Consequently, the study had to be re-adjusted from the originally conceived national coverage to only Monrovia, which has ethnic settlements. The exercise was carried out by Prof. Pauline N. Otti (an international consultant) and Dr. S. Benson Barh (national counterpart and co-consultant), supported by national research assistants and facilitators.

The mission's findings and recommendations were based on the prevailing situation at the time, available literature, in-depth interviews with Government officials, heads of UN Agencies, experts, programme managers, people living with HIV/AIDS, representatives of NGOs, influential and community leaders, qualitative data from discussions with 54 focus groups supplemented by quantitative data from respondents. Personal interviews with people living with HIV/AIDS brought out vividly the personal pain and sadness, stigmatization and loneliness of the victims. It is hoped that the findings and recommendations of this study would be useful for timely intervention not only by the Government of Liberia and the UN Theme Group on AIDS but also the collaborative partners and people of Liberia to save the country, which is at the brink of a major social calamity, from the expected steep rise in HIV/AIDS epidemic. We therefore present the report of this study with humility in the knowledge that we are all equal before the AIDS virus and the time to urgently respond is today

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Lastly, special thanks go to members of Non-Governmental Organizations, Mr. Aloysius P. Taylor in particular, and other officials, but above all, to the Liberian people both individually and collectively without whom, there would have been no study.

ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
CBO	-	Community Based Organization
CEDAW	-	Convention on the Elimination of all forms of Discrimination Against Women
CHAL	-	Christian Health Association of Liberia
CNSPM	-	Children in Need of Special Protection Measures
CPR	-	Contraceptive Prevalence Rate
CRC	-	Convention on the Rights of the Child
FAO	-	Food and Agriculture Organization
FGD	-	Focus Group Discussions
FPAL	-	Family Planning Association of Liberia
GOL	-	Government of Liberia
HIV	-	Human Immuno-Deficiency Virus
IDP	-	Internally Displaced Person
IEC	-	Information, Education and Communication
LDHS	-	Liberia Demography and Health Survey
MOA	-	Ministry of Agriculture
MOE	-	Ministry of Education
MOHSW	-	Ministry of Health and Social Welfare
NACP	-	National AIDS & STD's Control Programme
NGO	-	Non-Governmental Organization
OAU	-	Organization of African Unity
PLWA	-	People Living with HIV/AIDS
POP/FLE	-	Population/Family Life Education
RH	-	Reproduction Health
SHD	-	School Health Division

STD	-	Sexually Transmitted Disease
STI	-	Sexually Transmitted Infection
TBA	-	Traditional Birth Attendants
TFR	-	Total Fertility Rate

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UNAIDS	-	United Nations AIDS Programme
UNDP	-	United Nations Development Programme
UNESCO	-	United Nations Education Scientific and Cultural Organization
UNICEF	-	United Nations Children Fund
UNFPA	-	United Nations Population Fund
UNIFEM	-	United Nation Development Fund for Women
WHO	-	World Health Organization

DEMOGRAPHIC CHARACTERISTICS

Population size	2.7 million
Population Growth Rate	3.4%
Infant Mortality Rate	117/1000
Child Mortality Rate	194/1000
Maternal Mortality Rate	578/100,000
Life expectancy	48 years
Total Fertility Rate	6.1
Contraceptive Prevalence Rate	9%
Average birth interval	N.A
Immunization Coverage	59%
■ 6 childhood diseases/Under 5s	
■ Tetanus toxide/pregnant women	41%
% of infants: 0 - 4 months exclusively breast-fed	73%

% of Target Population with knowledge and life skills of STI/HIV/AIDS prevention	30%		
Substance use		N.A.	
Peace-building		N.A.	
POPFILE educa.		40%	
% of females < 20 years of age who have given birth			24%
# of Fully functional EMOCs			
Hospitals	4		
Health centers	0		
Number of key health workers			
TTM	2,589		
CM		274	
OB/GYN		3	
Pediatrician			2

Source: GOL January 2001 p. 137

EXECUTIVE SUMMARY

Liberia, located on the West Coast of Africa, has a population of 2.7 million, total fertility rate of 6.1 and annual growth rate of 3-4%. The country is in her postwar national rehabilitation phase, with sensitive health indicators confirming poor and limited services. Infant mortality rate is 117/1000 LB, and maternal maternity is 578/100,000 LB. There are 16 ethnic groups and “Congo people” (the “settlers”, otherwise known as the Americo-Liberians). Periodic tussle over state power and the civil war in the 90s have made national efforts at socio-economic integration a herculean task. Monrovia, Liberia’s Capital City, has experienced intensification of urban poverty, with considerable implications of HIV/AIDS.

The justification for this socio-cultural study is profound. Of the 36 million people living with HIV/AIDS globally, 35 million are in sub-Sahara Africa. In Liberia the civil war increased the risk of HIV infection. At present, the HIV prevalence rate of 8.2%, is considered very conservative and yet too high for the 2.7 million Liberians, already conflict-torn and poverty ridden. With 42% of the population within the age group of 15-49 years, the country exhibits features of an in-built population momentum. These variables provide a grounds for an inevitable exponential rise in the prevalence of HIV infection in the country.

The social trends in the Liberian society from 1970 to 2000 are profound and phenomenal. There was an explosion of positive changes in the political, social and economic lives of the people in the 70s. In the 80s, there was an unprecedented drastic socio-economic decline, shattering the hopes and aspirations of the Liberian people. In the decade of the 90s, the nation entered the period of disillusionment, characterized by military hostilities, poverty and massive migration of people in and out of the country. These conditions hastened the spread of HIV/AIDS.

The overall objective of this study is to generate socio-cultural information concerning key problems in HIV/AIDS prevention initiatives. The specific objectives include identification of major socio-cultural factors that influence the spread of HIV/AIDS; identification of socio-cultural barriers to effective HIV/AIDS prevention and control; and submission of recommendations for the development of appropriate IEC strategies.

To achieve these objectives, secondary data were collected from literature review. Primary data were obtained from 54 Focus Group Discussions, in-depth interviews with key informants following a stake holders analysis, and administration of a pre-coded questionnaire to 300 youths and adults with 240 respondents. Qualitative analysis and EPI-Info Software were adopted for the analysis of quantitative data.

The study was initially designed to cover six (6) of the 15 political sub-divisions of the country. The plan was later adjusted to restrict the study to Monrovia and its environs due to the civil conflict in northern Liberia, the UN sanctions imposed on Liberia, and the Government's restriction of movement order imposed on UN officials. Clusters of major ethnic groups in Monrovia were studied, although a typical rural setting may well present same or contrasting findings.

The study revealed that Liberia is basically a patriarchal society with unequal gender relationship rooted in the cultural life of the people. The Klaos, Grebos and the Congo people do not practice female circumcision. Other practicing ethnic groups maintained undecided position as to its abolition. Two forms of marriages are recognized in Liberia - customary and legal. Polygamy is prominent, especially amongst the non-literate population.

Widow inheritance is eroding as a cultural practice, while scarification for protection and tribal identification is a common practice. There are active traditional healing systems in the country with claims of preventing and/or managing STDs/HIV,

pregnancy and abortion. “Sick bush”, a traditional “isolation word” for terminally ill patients is practiced. These practices patronize the spread of HIV/AIDS.

The postwar urbanization is a new and complex experience in the advent of disorganization of the family structure. Deprivation and depravity in the society manifest in a host of unwholesome practices that favor rapid spread of HIV/AIDS. Consequently, several forms of sexual orientations were reported prevalent in the Liberian society, which have been adopted erroneously as “safe sex” not requiring the use of condom as a barrier and prevention method.

There is an overt denial of the existence of HIV/AIDS in the country. Also, the misconceptions about condoms and the poor quality of care, including problems with availability and affordability of services, inhibit information dissemination on HIV/AIDS. Another major socio-medical factor is the perennial management and technical constraints that inhibit NACP from fulfilling its mandate to the fullest.

Although there are several IEC initiatives by different actors in the disseminating information on HIV/AIDS, their efforts have been ineffective. The messages do not address the prevailing social norms and practices of the people. Besides, the messages are generic, fragmented, and non-specific for population segments and practicing forms of orientation. This uncoordinated approach is also insensitive to the socio-cultural life of the people. Knowledge on reproductive biology, even amongst university undergraduates, is very limited.

The following recommendations have been made for the immediate considerations of all the stakeholders.

1. The Government is to demonstrate political will, leadership and transparent commitment to control HIV/AIDS, and establish HIV/AIDS as a development and gender issue. The draft policies on HIV/AIDS, and population need to be updated and implemented. The establishment of a national IEC Task Force is important to streamline efforts so also is the development of an IEC strategy for the country.

Social marketing of condoms is recommended. Also, capacity building and institution strengthening for the National STD/HIV/AIDS control and prevention Programme are basic for any serious consideration of the possibility of a meaningful impact.

2. The UN Team Group on AIDS is to support Government’s efforts, expand membership of the Team Group to include FAO, provide experts in IEC, support the establishment of IEC Task Force and the development of a national IEC Strategy. In addition, support for poverty alleviation initiatives for women and youth would be required.

SOCIO-CULTURAL STUDY ON HIV/AIDS PREVENTION

PART I:

1. INTRODUCTION

1.1 Background

The Republic of Liberia is one of the countries located along the West Coast of Africa, and covers an area of 61.528 square kilometers. It has borders with three countries - Cote d'Ivoire, Guinea and Sierra Leone, with the Atlantic Ocean forming its coastline of 563 kilometers.

Over the years Liberia has maintained close socio-economic relations with its surrounding neighbours, until the recent incursions with Guinea and Sierra Leone.

Having emerged from seven years of civil war, Liberia is undergoing a transition phase of re-integration, peace and confidence building and reconstruction. In its developmental challenges therefore, the country is evolving strategies to revamp the economy from the effects of the war, which took considerable toll on lives and displaced population, disrupted social and economic life and impacted adversely on physical infrastructures and social services.

The population of Liberia is estimated to be 2.7 million, 50 percent of which are women. Life expectancy at birth is 48 years, (48.7 for females and 47.1 for males). With a total fertility rate (TFR) of 6.1 and a contraceptive prevalence rate (CPR) of 9 percent, the population is growing rapidly at 3 - 4 percent per annum, presenting a high dependency ratio of 90 to 100.

The health profile of the country has not been particularly encouraging. Infant and maternal mortality rates have remained high at 117 per 1000 and 578 per 100,000 respectively. Child mortality rate is 194 per 1000, and 14.8 percent of children are underweight (LDHS, 1999). Crude birth and crude death rates are also high at 16 per 1000 and 23.5 per 1000 respectively, with rural areas having higher rates. Such a profile is not unexpected as the health services and the supportive logistics system were completely dislodged during the civil strife. Only a few centers have been rehabilitated to a functioning level that offers limited services. Thus, 41.2 percent of the population does not have access to health services and also 46.7 percent are unable to access safe drinking water, while only 30 percent have access to adequate sanitation.

Literacy level is quite low at 33 percent with gender disparities (40 percent for males and 26 percent for females) both in enrolment and drop out rates. This differs also from one county to another.

1.2 Social Characteristics

The population of Liberia is composed of 16 major ethnic groups, Americo-Liberians and non-Liberian nationals. Each of the ethnic groups, namely - Bassa, Belle, Dahn (Gio), Dei, Gola, Gbandi, Grebo, Kissi, Kpelle, Krahn, Klao (Kru), Lorma, Mandingo, Mahn (Mano), Mende and Vai, has its own language. A common Liberian English is spoken and understood by all. In towns, members of the same ethnic group cluster together in the same neighbourhood.

It is pertinent to refer to the historical context of the Country, which has made the development of a nation-state a rather challenging one. National efforts at social, political and economic integration of the descendants of Americo-Liberians (repatriated ex-slaves) or "Congo people", also referred to as "settlers", and the descendants of indigenous African population and migrants from neighbouring regions (known as "Country people") have been fraught with intermittent disruptions. Periodic tussle for state power and the almost ten (10) years of civil conflict which is yet to be finally resolved, seems to make the situation a rather herculean task. More so, with the tension - producing pressure of the recently (May 2001) imposed United Nations Security Council sanction on the country.

Similar to most African Countries, Liberia is a patriarchal society, which dictates uneven gender relations and inequity in favor of the men. Majority of the household are male-headed despite war toll on the male population. Only one in ten households is single-headed. Traditional practices co-exist with modernity. About 82 percent of the population are Christians with Muslims consisting 16 percent. Officially, traditional religion does not have much fellowship but in reality, adherents of the two major faiths patronize indigenous worship and healing systems.

Prior to the war, over 75 percent of the population lived in rural areas. Due to the displacement, thousands of the population moved to urban centers. Monrovia alone has an estimated population of at least one million compared to its pre-war population of about half a million. This has compounded the problems of urban areas and as explained by UNDP (2001), intensified the urbanization of poverty in Liberia, with overcrowding, poor quality housing, breakdown of water and sewage system posing environmental problems and ill health conditions.

Formal sector unemployment is very high at 80 percent. In stable periods as in 1999, Agriculture contributed 62 percent of the GDP while mining and manufacture sector contribution was only 7 percent in the same year. Only 38 percent of males and 37 percent female are self-employed.

Poverty is reflected in all strata. For instance 57.6 percent of households headed by professionals, fall below poverty line of US\$1 a day, while 29.2 percent live in severe poverty. However, in contrast to the profile of most developing countries more male-headed household (78.3%) live below poverty line as against female-headed household (68.8%).

This is attributed to the fact that unlike female-headed household, male-headed household engaged in farming as the main source of livelihood (UNDP 2001).

Besides women, young people are the worst victims of the 7-year war in Liberia and with their diverse needs still unattended to. Most of the youth do not attend school, and with the high unemployment rate, they remain unemployed, and seen idle, sitting in front of houses or loitering on the streets. Exposed to minimal, if at all, guidance on sexual responsibility it is not surprising that 80 percent of diagnosed HIV/AIDS patients fall within the 20 - 39 years category.

An emerging feature in urban areas, particularly in Monrovia, is the growing number of children, which include ex-child soldiers and combatants, orphans and others, who are in need of special protection measures (CNSPM). They hawk products, load and off load goods from vehicles, push wheel barrows or hang around in market places and motorcar-parking stations, among others. These children roam the streets, sleep rough in market sheds, abandoned broken down buildings, and old containers which provide dangerous and breeding ground for criminal activities and sexual exploitation of children, with implications for sexual health and the spread of HIV/AIDS/STI. For these children, the four principles or pillars of the United Nations Convention on the Rights of the Child, namely - Survival, Development, Protection and Participation are hardly being enjoyed.

1.3 [Access to Information](#)

Information dissemination in the country is through several means with varying effectiveness. Some of these include electronic media (radio and television), print media (newspapers and handbills), seminars and workshop, and the informal means (grapevine). Each of these has its strength and weakness.

The most effective means of dissemination therefore, is through the electronic media. With the literacy rate put at best at 30 percent, radio and television are the most reliable means of informing people on current events. However, only 12 percent of the population own radio (NACP, 1999) and the coverage of radio is limited. At present, there are 5 radio stations in Monrovia, namely, Liberia communication Network (LCN), Liberia Broadcasting System (LBS), Eternal Love Winning Africa (ELWA - a Christian Radio Service), Radio DC 101.1 and Radio VERATAS. Only Radio Veratas and LCN - Radio Liberia are national in coverage. The rest are not heard beyond 40 miles from Monrovia. There are small community radio stations in Kakata (Margibi County), Gbarnga (Bong County), Ganta (Nimba County) and Zwedrew (Grand Gedeh County) Radios are commonly available in homes in urban areas and to a limited extent in communities in rural areas for news, music and religious Programmes.

Television coverage is limited to only Monrovia and its environs. There are only two television stations - DC-Television and LCN - Television. Generally, people in Liberia believe what they hear on radio and watch on television. There is a belief held amongst the large non-literate segment of the Liberian population that "*Radio Can Not Lie*". This opens an avenue for effective IEC messages on radio and television in the country; the content of which should be appropriate. The most successful artist group in communicating various messages on radio through drama is the TALKING DRUM STUDIO. They produce programmes aired by various radio stations for all Liberians to understand.

The print media only serve the small literate segment of the population. Newspaper readership is only 2.8 percent. Given the poor transportation system in the country, the circulation of newspapers, brochures, posters, handbills, and bumper stickers by and large, is limited to Monrovia and a few cities such as Kakata, Buchanan and Gbarnga.

With regard to access to information, according to UNDP (2001) nearly two-thirds of all Liberian households reported receiving information about national issues through radio. However, only half (50.6%) own the radio they listen to it. The rest (30.5%) receive information mainly by "word of mouth". In terms of rumor and spreading misconceptions about issues such as condoms or HIV/AIDS transmission, this latest group is significant. As information or rumors are passed round by word of mouth, some of the content could be diluted, exaggerated, emphasized, misconstrued and, presented in a manner that could nullify the effort of campaigns on STI/HIV/AIDS preventive measures if not countered. Younger people (72.8% of under 25) however, indicate relying more on the radio as the main source of information than older people (55.6% of 65 years old and above). These are areas to be mindful of in the content of messages, the appeal, approach, and the adoption of appropriate communication channel for IEC delivery to the different segmented audience.

1.4 Justification for the study

HIV/AIDS Situation

The African region has been hit hardest by HIV/AIDS. Available figures from UNAIDS indicate that, of the over 36 million people living with HIV/AIDS, 25 Million are in sub-Saharan Africa and within 20 years, HIV/AIDS could kill up to 16 million Africans. By the end of 1999, 10 million African men were living with HIV as compared with 7.5 million infected worldwide. (Doupe, 2001).

The threat of HIV/AIDS and the concern for Africa's future generation were earlier reflected in the 1992 OAU Declaration on AIDS in Africa. It is pertinent to extensively quote a part of the Declaration, thus:

“... the hope of Africa is its younger generation who still have a chance to escape infection we must seize this opportunity and ensure that today's girls and boys, who will be the mothers and fathers of tomorrow's children, are safe from HIV. (UNECA, 1992 - P.146).”

For some years, national responses to HIV/AIDS control and prevention in most African countries, did not reflect notable seriousness in implementing the above Declaration until recently, when the stark reality, emanating from the HIV/AIDS situation in such countries as Botswana, South Africa, Uganda, Zambia, among others, re-awakened regional concern and a need to develop a continent-wide strategy. Thus, year 2001 theme of African Development Forum was “AIDS: Africa's Greatest Leadership Challenge”.

This culminated in the organization of the recent 2001 Summit on HIV/AIDS held in Abuja, the adoption of a Regional Plan of Action and the establishment of Global Funds for HIV/AIDS pandemic.

Similar to other countries that have experienced civil conflict, Liberia's population is disproportionately at risk for STDs and HIV/AIDS infections. Displacement, being experienced by a large number of Liberians because of the previous war and also the ongoing (June, 2001) conflict in Lofa County, promotes further possible prevalence groups. The risks are heightened therefore, not only for the refugees and the displaced, but also, for everyone even in later stable phase.

Although gross under reporting and irregular testing are acknowledged, a sero-prevalence rate of 8.2 percent is rather high for Liberia's population size of 2.7 million, coupled with a trend that indicates steep rise from 1989 when the first 5 HIV/AIDS cases were reported. What is evident therefore, is the likelihood of exponential situation, which Liberia is yet to appreciate with its rather slow and weak national response. Soldiers, housewives and marketers ranked high on the list of AIDS cases in descending order. The male to female ratio of AIDS infected cases is 1:3.

Besides being conflict-torn, Liberia is poverty-ridden - “a driving force for the spread of HIV/AIDS”. Recent findings (UNDP, 2001) indicate that 76.2 percent of household in Liberia live below the poverty level of \$1 a day. This has facilitated a situation that propels further, the level of promiscuity and prostitution as options for economic survival and thus, provides conducive environment for further spread of STI/HIV/AIDS. As explained by Government (2001):

“... with little formal education (female illiteracy is 76 percent) and marketable skills single girls and mothers are ill-equipped to adequately care for themselves and their

off-springs. They become entrapped in a circle of commercial sex and ill perceived economically beneficial childbearing..." P. 133

Furthermore, about 42 percent of the population are within the reproductive age groups of 15 - 49 years. According to UNDP (2001)

"the practice of early marriage (over 50 percent of females marry before the age of 18), the low utilization of family planning services and frequent births threaten further, maternal health and raises reproductive health concerns including HIV/AIDS."

More so, as 75 percent of rural women and 60 percent of urban women who deliver at home, and attended by traditional birth attendants (TBAs). Such health seeking behaviors have implications for the management of reproductive health conditions, and the spread of HIV/AIDS infections, which should be examined.

In outlining the emerging issues of this century, the Preparatory Committee for the Special Session on Children, of UN General Assembly in 2001, highlighted the deepening poverty and inequality, proliferating conflict, deadly spread of HIV/AIDS and continuing discrimination particularly against women and girls, as formidable challenges, globally. These problem areas constitute pertinent aspects of the prevailing context in which Liberia has found itself. These issues, particularly gender relations and the spread of HIV/AIDS have made this study necessary. The effort is to identify barriers to condom use as a prevention and control measure against HIV/AIDS infection, and to examine the reasons for the failure of IEC to effect meaningful impact on the spread of HIV/AIDS.

Also, one of the recommendations made at the National workshop for the development of a 3-year multi-sectional strategic Plan of Action for the prevention and control of HIV/AIDS/STI in Liberia, participants stress the need for a socio-cultural study (NACP 2000 a, P-4) to highlight facilitating factors in the spread of HIV/AIDS, and to assess the knowledge, attitudes and practices of men and women in relation to condom use.

These considerations informed the need for this study. It is a realization of the importance of social dimensions in addressing the spread of HIV/AIDS epidemic, the human angle and not merely the medical model. It is therefore a recognition that social behaviour contributes to a large extent to the spread of HIV/AIDS/STI.

IEC Initiatives

Without cure or vaccine, the prevention and control of HIV/AIDS must utilize effective information and education and communication (IEC) strategies. The Ministry of Health and Social Welfare (MOHSW) has a division on Information, Education, and Communication, which has been conspicuously inactive since the postwar reconstruction period. In realization of the unique role of the Division in HIV/AIDS control activities; the MOHSW has recently reactivated the Division, with the appointment of a new Director and a professional media personnel as one of the four technical staff of the Division.

Besides the above Government establishment and the National AIDS & STD's and Control Programme (NACP), the Liberian Family Planning Association (LFPA), the Christian Health Association of Liberia (CHAL) among other Non-Governmental Organizations (NGOs) and the UN Agencies, are all involved in health and HIV/AIDS related IEC activities in their respective projects and programmes with sector Ministries, such as the Ministry of Education which has integrated Family Life Education (Pop/FLE) into the school curricula from Grades 3 - 12.

In spite of these efforts, no appreciable level of behavioral change has occurred as observed in the limited adoption of condom use as the barrier to transmission of HIV/AIDS. This has called into question the effectiveness of the HIV/AIDS IEC initiatives in the country.

2. REVIEW OF LITERATURE

A move away from the earlier consideration of HIV/AIDS as simply a health issue has become imperative. As observed by Food and Agriculture Organization (FAO 2001), HIV/AIDS is a rural issue that threatens not only agriculture and food security but also women and girls. Thus, Poit (2001) asks:

“How can agriculture be maintained when farming skills are lost (to HIV/AIDS)” P.33

The World Health Organization and other agencies have further warned also that nearly half of newly infected adults each day are women, and the peak of age of infection in girls is lower than that in boys. The Liberian AIDS situation of one male to three females' cases confirms this position.

In this regard, UNIFEM (1999) has advanced cogent and justifiable reasons why HIV/AIDS should be considered a gender issue. Some of these refer to the position of women in society in that 'women are more vulnerable because of biological, epidemiological and social circumstances. Also, the rapidity of the spread of HIV/AIDS among women can be shared only if concrete changes are brought in the sexual behaviour of men. Moreover, the feminization of poverty is a key characteristic of the socio-economic impact of HIV/AIDS and existing legal framework as pertains to such areas as inheritance, cultural sexual practices; sex education in schools, needs to be reviewed to ensure sustainable changes.

The above viewpoints, among others, buttress the fact that from whichever perspective is adopted, HIV/AIDS has become a problem of critical importance to national development.

In general, war promotes sexuality and thereby the spread of STI/STD/HIV/AIDS through heterosexual contact, mainly due to military activities, displacement of persons, social and economic disruptions and emotional stress. In Liberia, the uprooted rural population and the ongoing conflict in the northern counties have disrupted traditional ethnic based community structures, eroded positive values, social control, and promoted sexual and gender based violence as exhibited in rape and sexual abuse.

In recalling their experience of sexual violence by soldiers and fighters Swiss (1998) observed in a random sample of 205 Liberian women and girls, that 15 percent of the respondents reported rape, attempted rape or sexual coercion. Younger women were at increased risk of violence.

Similarly, Cain (1999) in a study involving 450 Liberian women found also high level of sexual violence as 33 percent reported rapes during the seven-year period.

As Mcquinn (2000) aptly puts it, “much of rape’s potency as a weapon in war or peace derives from societal acquiescence”.

UNICEF (2000) has appropriately weaved together sexual and gender-based violence in a succinct manner, that cannot be ignored in any HIV/AIDS control and prevention consideration. It asserts that:

“... A range of interconnected cultural economic, legal and political factors perpetuate violence including sexual violence. Some of these are pertinent to such situations as forced migration, disturbance of cultural norms and family composition, women’s economic dependence on men, and their limited access to basic necessities.” P.179

It is against this context, which is applicable to the situation of Liberian women and their rather passive participation in the prevailing patterns of sexuality, which is a major factor in the spread of HIV/AIDS, could be understood.

Also, the age-structure of the population in Liberia, being youthful, provides for an in-built population momentum and presents vulnerable young people who not only engage in early sexual behaviors but also in risky sexual practices. The findings of a study of 2,670 school children in Liberia by the Ministry of Education (2001) revealed that Liberia is beset with very sexually active adolescents (70 percent), with 8 years as minimum age at first intercourse. Nearly a quarter of the students in the study had already contracted STDs at one time or the other. Over 38 percent were involved in multiple sex partners with only 23 percent using condoms at all times. The implications of such pattern of sexuality with regard to the spread of HIV/AIDS cannot be over-emphasized. In its concern the Government of Liberia (2001) states:

“The trend towards early sexual experience combined with limited access to basic health services and IEC has increased the risk

of unwanted teen pregnancies STD, including HIV/AIDS among reproductive women. P. 172”

Another dimension raised by Subah-Belleh Associates (1999) is the problem of large household sizes, multiple and mixed occupancy in Liberia, in which a room is shared by both boys and girls. This, as he explained, presents sexuality concerns, since:

“such a situation does not provide for, healthy and responsible development of children’s personalities and sexualities” (P. 16).

The authors also observed that:

“...teenage pregnancy is a problem. According to a recent study conducted by WHO and the Ministry of Health, Liberia has the highest adolescent pregnancy rate in the world” P.8

In considering the totality of the country’s predicament, he adequately described the Liberian scenario as a compound-complex development situation. It is a situation that seems to be getting more complicated rather than improving as a recent survey (LDHS, 2000) found:

“The practice of exchanging sex for money, gifts or favors is highest among males (10.6 %) than females (7.3%). It is also more widespread among teenagers and young adults than among older Liberians.” P. 149

This was considered a conservative estimate of prevalence of commercial sex. It has also brought out an interesting development of more males being involved in sex for money than females.

A related area of growing concern in Liberia is sexual abuse of children who become silent and innocent victims in the transmission of STI/STD/HIV/AIDS, and thus violating the rights of the child. Although no reliable data exist, Belleh (1999) asserts that in the Montserrado County, 2.1 percent of the children were subjected to sexual abuse. Money, he argues:

“... lures them (children) to incidents of sexual abuse - not limited to outsiders; parents, relatives and friends also (sexually) abuse children”. P. 3

He also found that the awareness of children on the transmission mode of HIV/AIDS was very limited. According to him:

“only 47 percent of children 9 - 17 believe that AIDS is acquired through sexual intercourse, while 31 percent believe HIV/AIDS could be gotten through blood transfusion”. (P.8)

These findings have been confirmed by a recent study of school children (MOE, 2001), which found that 43 percent of the children said contamination blood products was responsible for HIV/AIDS infection; 20 percent considered mother to child; while 11 percent mentioned sexual intercourse. With the apparent level of limited knowledge of

HIV/AIDS transmission among children, it became necessary to examine these findings in the course of this exercise.

Furthermore, pertinent to this study is the observation made by Maté Kovacs (2000) that:

*“prevention (HIV/AIDS) has to be based on local cultures ...
It has to be adapted to the targeted populations so they
grasp the message and spread the word themselves.”
(see L’Homme, 2000 P.4.)*

In agreement, L’ Homme (2000) admits that despite numerous public warnings that HIV/AIDS status is a death sentence, sexual behaviour continues to be a major cause for the spread of AIDS. She therefore, called for a new culturally based approach to prevention, which would get the message across in imaginative new ways. This suggestion provided one of the possible considerations during this study.

Of relevance too, particularly against the background of Liberia’s experience, is the view expressed by Mazars (2000) thus:

*“When a person’s main concern is finding enough food, they do not think
about buying condom... If you want to talk to someone about AIDS,
you’ve got to help them solve their food and shelter problems first.”
(in L’Homme, 2000 P.4.)*

Poverty and uneven gender relations were recurring social concerns throughout the study, and in one form or the other they impacted on every day life of the respondents, including sexual behaviour.

In prevention and treatment, the role of the traditional healer in developing countries and in Liberia in this case, cannot be ignored, as an alternative to modern scientific medicine’s behaviour. While Subah-Belleh (1999) had asserted that:

*“cultural beliefs and tendencies lead Liberians to the
herbalist, the traditional healer first, only when this fails,
they then proceed to a modern health facility”; P.8*

however, UNDP (2001) found the contrary in its study and stated:

*“Contrary to expectation, less than 5 percent reported visiting the herbalist
or “country doctors” as the first source of treatment”. P.27*

The two conflicting findings point to the need for further exploration in this area; for, patronizing any of the healing systems is an important variable in the spread, prevention and control of STI/HIV/AIDS.

Available literature (LDHS, 2000) indicate low usage of condom and lack of behaviour change in risky sexual practices in Liberia. It is noted (Adetunji, 2000) however, that by making substantial efforts to involve men in contraceptive use, condoms are presently being used not only in non-marital sexual relations but as the method of choice among single sexually active men in Zimbabwe.

The issues raised in this section on the review of literature, contributed to the background information for this study, insight into areas of concern, and the direction of the research.

2.1 Content Analyses

Liberia is rich in idiomatic and proverbial expressions that throw light on many social issues in the society. With the advent of HIV/AIDS and the subsequent emphasis on reproductive health and Family Planning, these proverbs and parables may provide an effective way of communicating health information.

The local dailies carry information on HIV/AIDS, especially since the organization called Media Against AIDS was launched some months back. The May 7th edition of the Inquirer Newspaper for instance, carried the following message on AIDS:

“Don’t use needles, syringes and razor blades that have been used by others to prevent AIDS. Use condoms or single sex partner.”

Besides being loaded, this message has the fundamental problem of ambiguity and lack of clarity that is mostly to turn people away. Does the message intend to warn people to avoid using items that other people preventing AIDS have used? Of course not. But what comes out is dull and ambiguous. The second part of the message says:

“Use condoms or single sex partner.”

The idea of **“USE A SINGLE SEX PARTNER”** creates a social inhibition. Why should one partner be used instead of AIDS is to be avoided. Socially, with reproductive rights for women being propounded, the idea of **“using a sex partner”** is prohibitive.

The May 7th issue of the News Newspaper has two messages on AIDS. The first one has similar problem like that in the Inquirer Newspaper. It reads:

“Stop the spread of AIDS. Use condoms or single sex partner.”

The second message in the same paper is clearer but introduced another element in the message with the potential of making it inhibitory instead of reader-friendly. It reads:

“AIDS means death. Watch out. Use condoms or be a faithful sexual partner.”

“AIDS MEANS DEATH” is heavy, hard and repugnant. A mental barrier may be created, preventing the assimilation of the essence of the truth in the rest of the message. The messages in the two local dailies on May 7 have imbedded problems of ambiguity, lack of precision and of inhibition. Nevertheless, the desire is to disseminate accurate information on HIV/AIDS to the Liberian society. What is needed is specificity of the messages for population segments and refining them to be effective and responsive to the social and cultural variables.

In general, radios and television carry programmes and messages on health. The “Talking Drum Studio” is acknowledged in the media sector for its effective communication of messages in the language and with the emotion that most, if not all, Liberians can identify with. These dramas and songs are infused with typical Liberian idioms, proverbs and parables. Liberian families usually discuss issues of concern and

importance by using a number of proverbs, parables and/or idioms. This aspect of the culture and social life of the Liberian people provides possibilities for dissemination of information on HIV/AIDS.

Some of the parables, expressions and proverbs whose meaning could have relevance and be adopted for HIV/AIDS control and prevention messages are thus:

- You are eating sweet and forgetting about toothache.
- The leaf that is sweet in Bill Goat's mouth is what runs his stomach.
- Town trap is not for rat alone.
- "I don't care" is the road that leads to the city of "If I had known".

Music and arts have a place in soothing a traumatized mind. However, some of the messages conveyed could be misdirecting the young minds in particular. For instance, "rap music" has become popular especially amongst children and youth. In nightclubs, bars and on radios, two songs have become most popular: "It Wasn't Me" and "Dugbor Ma". These two most popular songs have one thing in common, "unfaithful sexual relationship" but not condemning it. Arts, music and cultural dances are considered very instrumental in HIV/AIDS prevention and control. However, until the actors are themselves convinced about the reality and dangers of AIDS in the Liberian society, these songs and arts are more likely to facilitate the spread of HIV than otherwise.

2.2 Inventory & Social Commentary

As a development issue, HIV impacts on all fabric of society. Also the social dynamics of society have the propensity to influence the trend of the disease in the population. Some of these include the recreation and entertainment activities, current social events, issues of national debates and dialogue, and social movements.

The imposition of sanctions on Liberia is a current event that has impacted the entire citizenry of the country. The psychological response to this news may drive others in despair with a collapse of emotional coping mechanisms. The very few who have some stable means to sustain acceptable standards of life may exploit those of weak characters, exposing both to high risk of HIV infections. Another current social event in the country is the rebel war in Lofa. People are displaced in the thousands from towns, villages and hamlets into camps. Others are on foot moving into unknown areas hoping to find refuge. Those that land in the cities with their relatives have destabilized the already fragile social and economic equilibrium of the families. These social changes have the potential to alter behaviour negatively, exposing individuals to high risks of HIV infection.

Avenues for national debates, dialogues and discussions that touch the life of every Liberia are available. Intellectual Discourse Committees on the campuses of universities in Monrovia create some outlets for people to air out their views and concerns. There are also informal gatherings around the "Atayi shops" in central Monrovia where young people, during their leisure hours openly and without inhibition, discuss national issues while they enjoy the flavor of the oriental brew, "Atayi". Radio stations in Monrovia, such as DC-101.1 FM and Radio Veretas, carry daily live discussions of current issues where listeners call to express their views, though the coverage is limited to Monrovia. Religious leaders are also active in dialoguing national issues, and providing a sense of hope and courage to their followers.

Besides the students, marketers and social clubs who sometimes articulate their views, there is a tendency of late for mass action to express a common interest. The anti-sanction parade and the anti-war march in silence are examples. Exist also, are anti-AIDS clubs in schools and in some communities. Football has become a crowd-puller, especially with Liberia's involvement in World Cup Qualifying Series. There are also a few bilateral friendship organizations like the Nigeria Community in Liberia and the Fula Community in Liberia. These social movements and organizations are good and effective potential avenues as outlets for HIV/AIDS information dissemination.

2.3 Analysis of Social Trends In Liberia: 1971 - 2001

In the last three decades, Liberia experienced a series of social and societal metamorphosis that could be placed into three categories: The Decade of High Expectations, the Decade of Unprecedented Decline, and the Decade of Disillusionment.

2.3.1 The Decade of High Expectation: 1971 - 1980

From 1971 to 1980, Liberia experienced phenomenal positive social changes as the result of behavioural change in the citizenry. The occurrences were rather fast for national leadership to adequately control and direct in the desired direction. Consequently, there was an infusion of negative dimensions in the process of change.

Many of the socio-cultural and socio-economic barriers to national development were destroyed during this decade. There was a step rise in number of students in grade schools and Universities, whose parents were economically handicapped. The demand for reform in the social and political systems was great. The Government responded by providing and strengthening of health services in all the counties and the education sector. Some major highways were paved. There was national coverage of radio services and limited but effective television network. Emphasis on Agriculture yielded a dividend that addressed the food security situation of the nation.

Politically, the struggle for True Whig Party (the then ruling Party) to respond to the changes was felt in the society that was experiencing an unprecedented economic growth and development. The youth became enlightened and began to question many of the political, social and cultural norms and values. This quest led to agitation, civil strife and public disobedience. The Progressive Alliance of Liberia (PAL) and the Movement for Justice in Africa (MOJA) became very vocal and critical. The youth and middle-aged Liberians saw these rival political groupings as their messiahs. Hopes were high, and expectations were great. A constructive agenda and plans to address the desire of the Liberian people was however, lacking.

2.3.2 The Decade of Unprecedented Decline: 1980 - 1990

This period spanned from 1980 through 1990. PAL and MOJA operated on the mood of the emotionally charged, ill informed, misinformed and misdirected largely illiterate population. There was an obvious lack of an organized and systematic plan to harness the potentials of the increasingly polarized society. The situation became uncontrollable and the decline on a steep slope began with the bloody military coup d'état of April 12, 1980. President William R. Tolbert, Jr. was killed along with his senior security officers

and Government officials. From then on, aspirations and hope of the Liberian people became shattered.

People's Redemption Council (PRC) was formed and both the political and social scenario changed. The economy plummeted downwards and corruption became rampant. The nation increasingly became a consumer and no longer a producer.

Social services began to decline in quality and in quantity. Sectionalism and Ethnic divisions resurfaced and the nation became fragmented. Various national institutions and sectors declined qualitatively and quantitatively, and lawlessness prevailed. It was during this same decade the first HIV/AIDS case was diagnosed. The decade ended with the nation being in severe economic depression.

2.3.3 The Decade of Disillusionment: 1990 - 2001

In order to rescue the nation from further doom, the then National Patriotic Front of Liberia (NPFL) considered it timely to call for the removal of the military regime of Samuel K. Doe. The situation eventually led to his death. It was a decade characterized by warring factions that destroyed every village, town, city and the social fabric. Society and family structures became disorganized. A considerable number of children were recruited as soldiers while others became "adults" overnight and the breadwinners of their dethroned powerless parents. Meanwhile, attempts at national reconstruction and reconciliation were made. Due to sexual laxity Liberia then became a ready ground for the rapid spread of HIV/AIDS. Already, the country was going through a period of economic depression, unplanned mass migration resulting in pathetic sights of displaced persons and refugee camps. Coupled with this, is the "denial phase" of the existence of HIV/AIDS, the impact of which will linger on, for a considerable period, if appropriate interventions are not made.

This study has therefore opened up new areas to be targeted and recommendations proffered for timely strategies, to combat the already increasing prevalence rate of the deadly scourge of HIV/AIDS, which Liberia could ill afford.

1. RESEARCH FRAMEWORK AND METHODOLOGY

3.1 Theoretical perspectives

It is necessary to point out from the onset that the principle of cultural relativity was observed throughout the study and that explanations and discussions as contained were not from a judgmental stance. This is based on the premise that each culture is different, and adapted to meet a specific set of conditions, both physical and social. The study therefore, seeks to understand socio-cultural issues that impede the success of Information Education Communication (IEC) initiatives and condom usage, in order to prevent and control the scourge of HIV/AIDS pandemic.

The widely accepted definition of culture refers to the embodiment of knowledge, belief, art, values, morals, custom and such habits acquired by man as a member of society. It is therefore, a frame of reference, shared understanding and organized disposition that guides behaviour and is expressed in behaviour, characteristic of a group.

To analyze and understand a culture involves identifying its major values and norms and seeing how they are reflected in social behaviour. Any aspect of culture exists because it serves an important social function. The study therefore adopted a functionalist framework.

For the purposes of the study, questions were raised as to the importance of cultural patterns and the power they exerted on sexuality - a social behaviour, with particular reference to HIV/AIDS. In other words, what beliefs and attitudes affected people's reproductive health behaviour and thereby, their vulnerability to contracting STI/HIV/AIDS? What are the socially constructed meanings of reproductive health conditions? In addition, as Harris (1985) has pointed out, no custom can survive if it does not help adapt a population to its environment. In this study, it became pertinent to find out the nature of Liberian society. Did ongoing practices provide ways of adapting to specific environment and social situation in Monrovia? Has cultural diffusion impacted on their sexual practices and HIV/AIDS prevention and control? What beliefs and attitudes have conditioned individuals not to adopt preventive measures? Some of these provided the guiding questions in this study.

However, it is to be observed that society does not have an all-embracing culture. Sub-cultures do exist. Cultural meanings therefore, indicate possibilities rather than requirements hence, often times, it is difficult to adhere or act in accordance with cultural expectations. In such situations, individuals evolve innovative behaviour to suit their particular circumstances. For instance, culture usually upholds morality; yet, promiscuity and commercial sex work flourish in the same society.

Although the functional approach discussed is pertinent, it was however necessary that since this study sought to explore the role of cultural barriers to successful IEC intervention for HIV/AIDS prevention, the interpretive perspective as contained in symbolic interactionism complemented the guiding theoretical framework. The paradigm is premised on the following, as expounded by Ritzer (1983) and others: meanings and

symbols allow people to carry on distinctively human actions and interaction; people are able to modify or alter the meanings and symbols they use in action and interaction on the basis of their interpretation of the situation, which allows them to examine possible courses of action (e.g., use condom or not), assess the relative advantages and disadvantages and then choose one (e.g., opt for risky sexual behaviour or not).

In effect, meanings of actions arise from the process of interaction and are the result of continuous evaluation and interpretation of the situation by individuals who then adjust accordingly. Thus, Peacock (1993) posits:

“Reality is what people think it is and meaning comes from placement of one’s acts in contexts including culture.”

The issues involved therefore were how have Liberians defined their situation? What did they regard as the context of their action? What factors were involved in their reproductive health practices, the result of which is HIV/AIDS epidemic? What social construction of their action and definition of their circumstances guided their actions.

These two schools of thoughts - the functional perspectives and the above approach of symbolic interactionism provided the theoretical tools for exploring prevailing knowledge, attitudes and practices in Monrovia, and eliciting necessary responses with regard to limited success of IEC prevention and control of HIV/AIDS. Undoubtedly, as other studies have shown (Mwale and Burnard, 1992; Hankins, 1995) cultural practices and necessities could well continue to define sexual and marital options, which invariably impact on the spread of HIV/AIDS.

However, cultural change is both necessary and inevitable. The natural and social environments do change and so must the human society within them change, and behaviour adapted to the new situation.

3.2 Objectives

General Objective of the study is to:

Generate basic socio-cultural information concerning key problems in HIV/AIDS prevention initiatives.

Specific objectives are to:

- Identify major socio-cultural factors that influence the spread of HIV/AIDS;
- Identify barriers to effective prevention of HIV/AIDS;
- Assess the knowledge, attitudes and practices of both men and women in relation to condom use;
- Make recommendations as to the way forward in the development of appropriate Information, Education and Communication (IEC) strategy.

3.3 Research Design

Geographical Coverage and Target Groups:

There are 4 linguistic groupings in Liberia based on their social and cultural similarities. The Mende group in the West that comprises of the Dei, Gola, Via and Mende tribes. The Mel group in the North and Central Liberia, comprise of the Belleh, Gbandi, Gissi, Lorma, Kpelleh, Mano and Gio (Dan). The Kwa group is in the Southeast and the Southwestern Regions comprises of the Bassa, Kru, Krahn and Grebo. The fourth group is the Congo or Americo-Liberian group with their distinct culture, beliefs and language is found in communities called settlements along the costal plains from Maryland County in the Southeast to Cape Mount County in the West. The selection of participants in the Focus Group Discussion took into consideration these groupings to ensure fair and adequate representation in the process.

Initially, 6 of the 15 political subdivisions (counties) were selected to be visited for the focal group discussion. These included Cape Mount County in the West, Bong County in the Central Region, and Grand Gedeh in the Southeast. Along the coast, Sinoe, Grand Bassa and Montserrado counties were selected. The characteristic urban setting and the easily noted influence of western culture along the coast would have given the needed urban-rural comparison in this study.

Due to the restriction of movement imposed by Government of Liberia, on the United Nations personnel including the international consultant, as a result of UN Security Council sanctions on the country; coupled with the military incursions in Northern Liberia, which resulted in further movement of displaced persons from the up country counties to the Central, Eastern, and Southwestern regions, the initial research design had to be readjusted so as not to violate Government's movement directives. Activities were therefore restricted to Monrovia. Consequently, only the ethnic groups residing in Monrovia were included in the first phase of this study. The groups reflect a national coverage, considering the 4 linguistic groups in the country, thus:

Vai speaking people - from the West (Mende group)

- found in Cape Mount & Bomi counties

Lorma speaking people - from the North (Mel group)

- found in Lofa County

Kpelleh speaking people - from the Central Region (Mel group)

- Found in Bong, Lofa, Margibi and Montserrado Counties

Mano speaking prople - from the Northeast (Mel group)

■ *Found in Nimba County*

Kru speaking people - from the Southeast (Kwa group)

■ *Found in Sinoe, Rivercess and Maryland Counties*

Bassa speaking people - from the Southwest (Kwa group)

■ *Found in Grand Bassa, Montserrado, Margibi & Rivercess Counties*

Grebo speaking people - from the Southeast (Kwa group)
- Found in Grand Kru, Maryland, Rivergee & Sinoe
Counties

“Settlers” - Americo-Liberian English speaking people found in coastline counties.

With this selection, all the counties were represented. As explained earlier, with the exception of settlers, these ethnic groups cluster in communities and with a traditional leader, maintain their cultural identity and closeness, they name each settlement by their respective ethnic identity. Thus, what is evident for instance, are “Kru Town”, Vai Town”, “Bassa Community”, etc., all within Monrovia and environ.

3.4 The Study Area

Monrovia is the capital of Liberia. It is situated on the coastline of the country and located in Montserrado County, which has the second highest HIV Positive rates (5.8%) in the country next to Maryland. It has a population of almost one million (UNDP, 1999), and makes up two-thirds of Montserrado County population. Most of the displaced people from conflict areas in other counties stream down to Monrovia to stay with already overburdened relatives, and also at the Internally Displaced Persons (IDPs) camps.

The population is involved in both formal and informal sectors. Similar to the national picture, Monrovia is characterized by a large number of unemployed youth. Major enterprises are owned by foreigners.

Efforts are being made by Government and Donor to rehabilitate broken down physical infrastructure and re-activate social services. For instance, the health facilities about 30 in number, which includes four hospitals and the Universities in Monrovia are functioning at a limited level as can be expected under the circumstance. All over the town the blown off roofs, burnt, bullet marked, dilapidated buildings serve as constant reminders to the April 6, 1996 military offensive on the town by warring parties. Numerous Churches of different orientations exist at almost every corner and street. They are fully patronized and attendance has become more of social events.

With the embargo and sanctions (May 2001) on the country, only limited numbers of ships, which usually bring in sailors who contributed to the bubbling social life in Monrovia, have almost stopped docking. Nonetheless, the town still has active social life - with two cinemas, various video clubs, drinking places, nightclubs, hotels and brothels. Parties go on but mainly by University students and the top echelon.

3.5 Methodology

Types of Data

Data sourcing for this study entailed desk research, in depth interviews and field activities, which involved qualitative and quantitative analysis.

3.5.1 Data Collection

Secondary Data

Documentary method was employed in the Literature review. This entailed secondary analysis of available information already published, reports, documents, studies and policies, as a first step of exploration and to increase the familiarity with the issues involved in the study. This helped to establish linkages with the current research, which would offer historical and comparative analysis, and look at the different ways other researches or stakeholders have approached the problem under study.

Stakeholders Analysis

A Stakeholders' Analysis was carried out to guide the selection of relevant primary, secondary and key stakeholders - ranging from beneficiaries, partners/allies, the uncommitted, to adversaries to be interviewed; their official position and vested interest in the prevention and control of HIV/AIDS; facilitating and constraining factors to the issues involved, possible influence and impact of the study and tentative action required.

Primary Data

In Depth Interviews

Discussions and interviews were held with Policy Makers and Representatives of relevant line ministries and agencies, United Nations (UN) Agencies, NGOs, key influentials and experts to seek explanations of officially sanctioned positions of establishments/agencies involved in HIV/AIDS prevention initiatives so far, and to obtain expressed views and position of informed members of immediate communities in Monrovia and environs. Their respective perception and evaluation of the problem under study, future expectation and direction were obtained.

Qualitative Methodology

Due to the nature of the research question, qualitative methodology was adopted as the main approach, which is based on observation, questioning and documentary analysis. It is an approach that draws on the theoretical framework of symbolic interactionism discussed earlier.

Qualitative methodology is exploratory and places emphasis on context, respondents setting and the subject's frame of reference. Possibility of everyday life is reflected fully and clearly. It is a flexible method that allows personal expression and individuality not only in approaching subjects but also in generating and analyzing data, since the study aimed at delving into complexities and processes, explore new areas, look for details and offer understanding of the research problem. Why, for instance is IEC not making the desired impact on condom usage? Qualitative methodology therefore, captures the meaning of regularities of social action with a view to understanding people and their behavior (risky sexual behaviour or otherwise).

The data is descriptive and is enriched by presenting the respondents' own words, their views and experiences.

Focus Group Discussion (FGD)

In this type of study, representatives relate more to quality rather than quantity. Focus Group discussion was adopted as a procedure of qualitative methodology, and to

achieve a bottom-up rather than top-down approach. The FGD offered opportunity for specific and increased information from respondents. A guide for facilitators was prepared to ensure some measure of user-reliability in data sourcing, with hints on the moderator's role, main themes and questions to be raised and the social categories. Since the Facilitators and Research Assistants were already familiar with the process, only one day's sensitization meeting was held on the objectives of the study and to rehearse the methodology. The social domain comprised of for instance, in/out school adolescents and youths both male and female, parents-male/female; Christians and Muslims male/female; commercial sex workers - male/female; soldiers male/female; teachers and nurses - male/female; 8 different ethnic groups male/female among others. (Annex - I) Each focus group had 0 - 12 members. Some of the themes and questions, referred to prevailing cultural practices; Gender Relations; Sexuality; Nuptiality; STI/HIV/AIDS prevention and control; condom usage; traditional healing systems, People Living With HIV/AIDS (PLWA). Questions were drawn and discussed from these and other themes.

Quantitative Methodology

The above-discussed methodology is subjective. Inter-method triangulation was employed to obtain a variety of information on the same issue, and to overcome the deficiencies of single method. The strengths of each method were used to overcome the deficiencies of the other and achieve a higher degree of validity and reliability. An objective orientation was therefore applied to the study through quantitative methodology as a complementary approach. This offered empirical relevance to the study through the adoption of a clear procedure that is value-free and would allow replication and re-testing.

Questionnaire

A Questionnaire was designed as the instrument for quantitative methodology. It contained mainly closed questions with a few open-ended questions (such as - Give reasons). Respondent's identity was not requested for. The structure of the questions included response categories, which made post coding easier. As the study progressed, it stumbled on unexpected findings that became necessary to apply the questionnaire as an instrument to cross check or validate or not some selected pertinent responses, obtained from the focus group discussions; and elicit further information on awareness, knowledge, attitudes, behaviour and practices with regard to STI/HIV/AIDS, pregnancy prevention, and condom usage.

The sample respondents were 240, comprising of 60 in-school adolescents and 60 youth in school and 120 adults randomly selected 60 males and 60 females from seven different locations in Monrovia, namely - Central Matadi, Central Monrovia, Gardnersville, Lakpazee/Wrototown, Sinkor, St. Paul Bridge area and the Red Light area. In view of their particular risky sexual behaviour as discussed in the earlier section, they are deemed to be a relatively endangered vulnerable group requiring special focus. An adjusted format was designed for adults. The questionnaire was pre-tested on the targeted population and adjusted accordingly. Further critique from experts was enlisted and the comments served as further inputs into the final edition before the questionnaire was administered. An interviewer guided the self-administrated questionnaire, particularly for the adolescents and youth that completed their copies in a classroom setting.

3.5.2 Analysis

Newman's typology was adopted for the analysis of data from focus group discussions, using analytical comparison and cultural analysis to synthesize the results.

After post-coding of the questionnaire, EPI-INFO software was used for the analysis to determine frequencies and simple cross tabulation of variables.

3.6 Limitation of the Study

Some limitations of this study should be noted. The exercise originally conceived to have a national coverage but due to the in-country civil conflict, which exacerbated further the number of Internally Displaced Persons. Over 70,000 additional people to the 90,000 already being coped with in the face of limitations); the sanctions imposed on the country and Government's reaction by restricting the movement of UN Officials to only Monrovia, the study had to be limited to Monrovia and its environ as a phase I project, till normalcy returns to the country.

Focus group discussions were therefore, held with the major ethnic groups in Monrovia. However, it is to be noted that a degree of urban influence is expected to alter, to some extent, their perception of the world around them. It would be the task of phase II of this study to undertake a comparative exercise on the same ethnic groups in their original location in-country, in the other 4 counties originally selected.

Furthermore, such special groups as the orphans due to HIV/AIDS were not considered in the study since the country was, during the study period in a "denial" phase. Consequently, from the population's viewpoint since they had not seen anyone with HIV/AIDS in Liberia, it follows that, orphans due to AIDS have not been so identified. The disabled or physically handicapped were also left out in the study, as they constitute special groups undergoing unique experiences and needing particular focus: Other studies could specifically examine the circumstances of these groups in relation to HIV/AIDS.

The attempt made to hold two focus discussions with the Internally Displaced Persons (IDPs) at their VOA settlement was frustrated due to a disagreement between the IDPs and the officials, over the method of selection of participants for the focus group discussions. The misunderstanding arose from the expectation that some cash benefit or gifts would be distributed to the participants. With the fracas, the situation became rather uncontrollable and not conducive to hold healthy and undisturbed qualitative discussion. The research team had to abort the effort in order to avert further confusion and conflict. There is need for further studies to examine the special needs of IDPs with young people at heightened risk, in abject poverty and vulnerable to rape among others. Such settlement camps provide facilitating conditions for risky sexual behavior, reproductive health problems and the spread of HIV/AIDS (Otti, 1996). Furthermore, the short duration of this study and the disrupted environment did not offer conducive opportunity for a larger sample to be captured in the survey component of the exercise. Although Monrovia contains 30 percent of the total population of the country, and has clusters of ethnic settlements, it might not necessarily capture complete representation and all the typical socio-cultural facets of other urban and rural settings in the country.

The study is therefore, a beginning that has opened up new areas with implications for the spread of HIV/AIDS, which hitherto had received no attention.

3.7 Problems Encountered

The study was undertaken during a tension-packed period. Civil conflict was raging in the northern counties of the country - Lofa and Nimba in particular. Liberia was therefore in a state of uncertainty over the possibility of UN Security Council sanction on the country, which eventually materialized in May (2001). The people's dismay and eventual reaction led to protests but uneventful matches by different groups to the Embassies and UN Offices in the country.

The atmosphere was therefore tense with unpredictable national response making the environment not particularly conducive at the time, for a sensitive study as this and/or feasible for a national coverage exercise.

In reaction to the sanctions, Government placed the Diplomatic Community and UN International Officials on restrictive movement - not beyond Monrovia (State Capital) except to the Airport and back. Consequently, the initial research design had to be re-structured as all appointments made for outside the capital, and the research activities - in-country, and in the counties had to be cancelled after much and detailed preparation.

Throughout the study period, political uncertainty and apprehension prevailed. However, relevant social categories in Monrovia cooperated and were duly covered. Very insightful and encouraging responses were obtained, which unfolded new areas that led to the inclusion of pertinent questions in the design of the quantitative survey instrument. (Annexes - II & III)

1. FINDINGS OF THE STUDY

4.1 Cultural Issues and HIV/AIDS

4.1.1 Liberian Society and Uneven Gender Relations:

Culture is a crucial bond that emphasizes values, which provide basis of justification for a person's behavior. However, culture is often used to perpetuate gender bias, division of labour, inequity and lower status of women, that are inimical to women's status and sexual health as found in Liberian society. The patriarchal structures limit the reproductive rights and choices open to women.

The findings of this study reveal that women are still powerless and helpless when confronted with male sexual demands. Traditional gender roles and the accorded status of decision-makers to men, act as obstacles to women's ability to participate as equals in sexual decision making. Consequently, they are unable to control their sexual health and take appropriate steps to protect themselves from unplanned pregnancy and being infected with STI/HIV/AIDS. This was highlighted by the different female focus groups. Thus, a female undergraduate lamented:

“When you the woman try to insist that the men use condoms, it could cost you losing your relationship. So we don't have any choice because we want to keep our relationship.”

Such a statement is demonstrative of the gender dynamics surrounding even the use of condoms. Since relationship between the sexes is a valued cultural expectation approved of, the low status of women conditions them to make extra effort, to ensure the successful outcome of the relationship, so as to keep their partners or husbands, even at the risk of being involved in unsafe sex with possible consequences.

Part of the problem is rooted in cultural definition and meaning of sexuality itself. From the discussions in the focus groups, to the majority of Liberian men, sex is more of asserting their masculinity, biological release of sexual feelings and procreation than emotional attachment. The statement by a male civil servant from the Mano ethnic group during a focus group discussion embodies this belief thus:

“As heads of homes, men have the right to take decisions regarding when to sleep with their wives and the number of children to have.”

Majority of females themselves, education, marital status and ethnicity notwithstanding, are passive participants in this situation and acquiesce to it as reflected in the remark of a female Americo-Liberian in one of the focus groups that:

*“Men make decisions and should have authority.
Women are there to procreate, raise decent
Children and lend support to their husbands.”*

The findings of this study illuminate further that although Liberia has elements of cultural diffusion from other countries, both western and neighbouring African countries, gender norms preserve the status quo and continue to prevail, as offspring are socialized to adopt gender roles. This inhibits the exercise of reproductive and sexual rights by Liberian females. Besides the Manos, such a position is found particularly among the Lorma, Grebo and Kpelle ethnic groups. Also, this study confirms the findings of Liberia

Demographic and Health Survey (LDHS, 2000) in which all respondents - both males and females agreed that women are always dependent on men.

4.1.2 Nuptiality and Family Forms

In all parts of Liberia, two types of marriages co-exist - traditional or customary marriage and civil/court marriage. Both are recognized in law and each type is embedded in sets of rights and obligations. Whichever type is adopted, marriage in Liberia is a union of the two families, though, the centrality of the couple involved is recognized. Procreation is very important in the sustenance of marriage but it is the birth of a male child in particular that cements further the conjugal union. In general, the family unit exhibits typical features of an extended one.

While civil marriage limits the individual to only one spouse at a time, traditional marriage allows one or more wives. Polygamy is therefore practiced in Liberia. About 30 percent of currently married men are in polygamous unions. Education and location (2.8% and 2.7% in rural and urban areas respectively), made no difference.

Polygamy

On the issue of polygamy, no consensus was arrived at by all the focus groups. While both male and female Christians considered the practice wrong on religious grounds, the same reasons were advanced by the Muslim groups for its retention. The arguments were not also clear-cut on gender and ethnic lines. For instance, the Kru and non-literate male groups considered:

“Polygamy - sign of popularity, macho and wealth and provides more hands on the farm.”

The other groups - Kru, military, non-literate and Kpelle female groups, Via, Kpelle, and single male groups among others mentioned the following key reasons why the practice should be discouraged.

“A group of women will not be satisfied by one man, so they will go out to find somebody else. This could bring "infections" (STIs) to the family and disgrace.”

“Polygamy creates chances for the spread of diseases - infections in particular.”

“It breeds jealousy and ill feelings among the children.”

An interesting ambivalent position was adopted by educated male parents discussion group as presented by a participant:

“Polygamy should be encouraged in the rural areas where women work in the farm but discouraged in the urban areas due to financial constraints.”

It is evident that the present day realities are already fostering new attitudes, which pose challenges to the cultural and perhaps the religious basis for the practice of polygamy. Meanwhile, when a married man is searching for second or third wife he could possibly

“try out” other women, infecting them should he be sero-positive or he himself could get infected in the process and spread the infection to his wife/wives. When safer sex is not practiced outside these marital unions all the partners involved, remain exposed to the risks of contracting STI/HIV/AIDS, and spreading it further.

4.1.3 Widow Inheritance

From the responses of participants in focus groups, it was found that the practice of inheriting a deceased brother’s wife by another brother is gradually becoming a dying cultural practice.

The rationale for the practice was based on the belief that since a wife is seen as a property, paid for through dowry and is married into a family, when her husband dies, another member of the family preferably a brother, inherits her. Also being a dowry property herself, a wife does not own anything including herself. However, what is evident is that the decision to leave or stay after the death of a husband differs from one ethnic group to another. The Kpelle, Mano and Lorma ethnic groups strongly maintain the practice even in Monrovia, as being compulsory. The reason adduced was that widow inheritance maintains family ties, preserves deceased husband’s property and the care of the children left behind. Non-literate females in their focus groups discussion also subscribed to this position. On the other hand, the Grebos and Vai female traditional healers and educated males opted to maintain the practice with an proviso that it should be optional for the wife but she is expected to pay back her dowry should she decide to leave and cannot take her children along. The Bassa groups consider the practice out-moded and no longer practices it, while from the non-literate male focus group felt as asked by one of the participants:

“Why force me to marry someone I may not like?”

The majority of the focus groups including the “settlers” maintained that widow inheritance should no longer be practiced. In the words of a Tradition Birth Attendant (TBA) which reflected the consensus in her focus group:

“Give the woman (widow) a chance to choose her future.”

While the male marketers’ focus group at the Red-light Market area stressed fears about the implications of the practice for reproductive and sexual health. One of them asked:

“How are we sure what her husband died of? ... it could be this new AIDS thing.”

It was not surprising that majority of the focus groups both males and females strongly felt that widow inheritance should be discontinued. The urban context, education and Christianity, increasing number of marriages based on romantic love, impact of the civil war and the resultant displacement of persons from rural to urban areas have, in differing ways, influenced the shift in perception and viewpoints of these participants on this issue of widow inheritance. As the marketers pointed out, the practice has STI/HIV/AIDS implications for the widow, her acquired new husband and his other wife or wives, if her deceased husband died of HIV/AIDS.

4.1.4 Initiation and Circumcision

In a typical African setting, culture creates a degree of social distance between parents and children, particularly on sexual matters. Having limited inter-generation discussions initiation schools were instituted by some African societies and delegated with the task of sex education of the young people.

Liberia is no exception and its own types of schools are called “Poro” for the boys and “Sande” for the girls. The initiates’ range from 8 years upward and the training programme could go up to one year or more in some cases. While the study was going on (May 2001) 14 schools closed down in Grand Bassa County because the children (boys and girls) had left to attend the initiation schools in the bush.

In Poro Society besides circumcision, the boys are taught gender roles, principles of manhood as future husbands based on the culture and such survival skills as climbing trees, farming and hunting among others. Marks are made on the body as members of the “Poro Society”. The girls undergo clitoridectomy in the Sande Society which is assumed would reduce promiscuity. They are tutored on womanhood and how to be dutiful wives. Identification marks round the waistline are also made on the girls as initiates of the society. Rites are performed to confirm the status of both the boys and girls as initiated members of their respective societies bound by an oath of secrecy, which shrouds the whole exercise. The girls are deemed marriageable from age 14 on their return from the initiation schools.

The concern of this study and other interests relate mainly to four areas, namely, disruption of school attendance for both boys and girls; early marriage of girls; the medical implications of clitoridectomy for future maternal health; and in particular, the use of the same unsterile blade for every initiate on the day of the genital surgical procedure and incisions on the body. The latter activity provides facilitating opportunity for the transmission of HIV from one individual to another, should any or some of the initiatives be sero-positive.

From the focus group discussions, it was found that three ethnic groups do not engage in initiation practices for the girls, namely the Kru, Grebo and the “Settlers” (Americo-Liberians).

Besides these, other focus groups were divided on the issue of Sande Society but majority of the groups (30) from different social domain, including such ethnic groups as the Mano (male, female) felt strongly that the practice was now out-moded and should be stopped. Reflecting this view one of the participants said:

“It has lost real meaning, and should be done away with. Moreover, it does not stop promiscuity - rather the opposite, look around, see what is happening?”

A male nurse reminded his focus group that:

“Recently, in Bomi Hills, some of the initiates ambushed and beat up their Zoes (traditional healers) who had starved them of food in the process, what type of training can this be?”

Some of the other focus groups remained insistent that the practice continues, the Kpelle, Vai and Lorma groups in particular. This brought heated arguments. In their words:

“It is our tradition which our forefathers passed on to us. We must keep it.”

While an officer from the Military group said:

“Calling the practice FGM is white man’s strategy to rub Africans of their culture.”

A few others were undecided and suggested retention of the practice but with modification, to avoid disruption of the school system, and the choice to be circumcised or not left for the girls to make such decisions, when they are older.

It is evident that in the urban setting most people, including former initiates, no longer found the usefulness of the exercise, a female undergraduate in a focus group voiced out:

“The experience was terrible. I tried to run away but couldn’t. It (female circumcision) has served me no purpose but regrets. The practice is unbiblical.”

From the observations made in Monrovia by majority of participants in all focus groups, considerable measure of cultural change is already taking place in this regard, more so, with Christianity, education, displacement of people and the disruptions in the social fabric due to civil war. In the rural areas the inclination may well be the same or different. This provides an area to be explored by another study.

4.1.5 Traditional Healing System

The crucial role of traditional healing system in Monrovia came out vividly in all the focus group discussions. Individuals of both Muslim and Christian faith patronize traditional healers - both the herbalists and the diviners (called “Zoes”) who are practitioners of traditional religion. The focus group sessions revealed deep-seated belief among the participants in the existence of sorcery, which in effect usually nurtures irrationality and fatalism.

A unique development in Monrovia is the distinction made between educated and non-literate traditional healers, which guides the methodology adopted. The medical laboratories at the hospitals are patronized by the educated traditional healers who acknowledge their own limitations in the diagnosis of illness condition. On consultation, clients are sent to the medical laboratories for diagnosis and return to the traditional healer with the result for treatment, after which further laboratory tests are carried out to confirm the cure of the ailment. This group of practitioners therefore utilizes the best of both systems, by adopting both modern and traditional methodology in their diagnosis, treatment and prognosis, and thereby gain more confidence from the people.

The second category of healers depend on intuition, experience, guidance from the “spirit world” and ancestors who communicate with them on causation of an ailment and options for appeasement of the “gods”.

Another category is the traditional bonesetters. They are, through the Division of Complementary Medicine in the Ministry of Health and Social Welfare involved in collaborative efforts.

These systems provide ready conceptions of illness, which guide behavioral patterns and in seeking for sexual and other health services. Since the ethnic groups in this study acknowledge their respective “spirits” and believe in sorcery and reincarnation, one’s perception of affliction will determine which treatment system to adopt. All the participants in the focus groups including the Christian and the educated expressed confidence in the traditional healing system. Indeed, one of the Christian females said:

“The marks (by traditional healer) on my skin for protection make it possible that if anyone wanted to poison my food, once I touch the food the pan will drop or crush.”

And the military officer in his group remarked:

“They (traditional healers) provide means of foretelling the future which medical people cannot offer!”

While other groups expressed their belief this way:

“Traditional medicine has healed where medical treatments failed - as in snake bite, swollen body (elephantiasis).”

A problematic area however, is the claim to cure STIs/STDs, which are gateways to HIV/AIDS, and the treatment practice of inserting corrosive herbs and local chalk into the vaginal wall or pumping herbs through the rectum. This incurs lacerations to these parts of the body, which if not healed, makes the affected area ready environment for easy transmission of HIV. The traditional healers also refer cases to hospital most often rather late. As stated by one of the healers in the focus group discussion:

“Yes... we believe in referring cases when such a person can no longer be cured by us!!!”

While the educated traditional healer added:

“...and to establish the level of damage STDs have done to the body.”

In general, the healers were unsure whether to admit or not their lack of knowledge of or capability to cure HIV/AIDS, but stated that “we are looking into the matter (HIV/AIDS)”.

4.1.6 Abandonment of the Chronically ill to the “Sick Bush”

From the focus group discussions, it was gathered that often times the chronically ill, (which includes AIDS patients), are sent back by relatives in Monrovia, to the traditional healers in the rural areas or kith and kin in the villages. At one point, or the other the healer and family members would decide to transfer the patient to the bush where he/she is to be isolated to die on alone unattended. The rationale as explained by the participants is that this occurs when relatives become tired of shouldering the burden of

caring for the patient, and also entertain fears that the prolonged illness could infect the other family members or the bad “spirit” involved attack and transfer into immediate relatives. The “sick bush” practice is likely to aid the spread of HIV/AIDS to the rural areas, as unsuspecting relatives, attendants or friends, including the traditional healer himself, could be exposed to such contacts as exchange of body fluid, blood or unsafe sex, and thereby contract HIV.

4.1.7 Self Medication

In all the focus group discussions, mention was made of the prevailing practice of self-medication which according to participants, they had learnt from tradition. Roots and herbs are tried first in conditions such as malaria and STIs. In cases of abortion, besides the modern approaches, a common method adopted by most young females is the insertion of sticks of cassava plant, to stimulate the cervix to prompt the uterus into contraction to expel the fetus. In their explanation, majority of the female out-of-school adolescents maintained, as stated by one of them:

“we cannot pay for clinic or hospital abortion... and everybody will also know...!!”

Such harmful practices however, are most likely to, not only introduce infections and injure the reproductive tract, but predispose it further to HIV/AIDS transmission.

4.2 Socio-Economic Factors and the Spread of STI/HIV/AIDS

Social factors influence culture and its prevailing beliefs and values, which are formed, reinforced and changed through day-to-day behaviour. In other words, the relationship between values and behaviour is reciprocal.

4.2.1 Urbanization

Liberia has been exposed to other cultures through trade, seaport, travel, information technology and mass media, civil war and cross-country interaction with neighbouring countries - Cote d'Ivoire, Guinea and Sierra Leone. The country has therefore been subjected to military, political and commercial interests, consequently, cultural and social change became inevitable.

The rapid urbanization experienced by Liberia is more evident in Monrovia, the state capital where, in addition to its pre-war population, a large number of displaced persons trooped into, due to the 7-year civil war and the present (2001) conflict in the northern counties. Unlike in the rural areas with relatively binding norms and values, and where an individual is known in his/her local community, which acts as a moral check and social control, Monrovia provides anonymity and diffusion of culture. As in any other urban setting, ongoing modernity threatens social cohesion and also implies the transition from fate to choice. Individuals therefore, make decisions and choices based on their defined social situation and perception or evaluation of their prioritized needs. In this regard, the state capital has afforded its population a more open and conducive environment for a choice to be made, to indulge or not, in sexual laxity for instance which is contributing to the spread of STI/HIV/AIDS.

However, the older generation complained about some of the consequences, of urbanization thus:

“Too many people in Monrovia and western civilization have greatly contributed to all these new problems.”

remarked an elderly male, while a female parent captured the feelings of her focus group by stating that:

“During our days, children up to 18 even 19 years fetched water and helped out with cooking in the homes. But today, before the girls are 15 years they are already in the street!”

The participants in this study acknowledged the inevitability of cultural change and urbanization - and majority of them has accepted the situation and urban living.

4.2.2 Family Disorganization

The family is acknowledged world wide as the basic unit of social life. It is assigned specific functions to procreate and nurture the young to become responsible citizen to himself/herself and to society. The family is expected to be involved in economic activities and act as emotional reservoir for its members.

However, from the findings the family unit in Liberia is going through a phase of family disorganization and the network that usually provide buffer in terms of need is increasingly breaking down. With the outcome of civil upheaval and socio-economic pressures, most marriages are becoming fragile institutions. Presenting the views of most of the females from the various ethnic groups - a female participant said:

“Marriage nowadays is ornamental as compared to the days of old when marriage was respected and dowry paid.”

While others assert as narrated by a male religious leader:

“Families are not holding together. Prevailing economic condition (hardship) causes everyone to take care for only himself/herself - no love, no respect, no discipline”

Viewed from another dimension as captured by the Grebo female respondent:

“These men see and eat rich/decent meals that their money didn't buy but remain silent. This means that they know their wives are engaged in commercial sex and are condoning it.”

Other views held across all focus groups point to the pressure of peer group on young people to conform and adopt modern mode of dressing which they could ill afford. They also complained of in-discipline. A parent sums it up:

“Children eyes are open, so they don't respect the parents anymore... if you punish them they bring human rights on you, if you beat them they call the Police Special Operations Division (SOD) on you”.

Putting it bluntly from another view point, the Kru ethnic member stated:

“Mothers are using their daughters to make money thereby paving the way for teenage pregnancy and prostitution.”

Husbands also blame wives. One of the adult males complained:

“Women now support the home so there is no control over them.”

While a military officer complained during the special session:

“This gender thing has brought about new attitude. Education has brought about disorder in the home while women and children have become money centered”.

An influential religious leader however hold views similar to the female participants, implicated fathers for the problematic family situation. He states:

“Most fathers are hardly at home. Most of the time they are out drinking in places and involved in irresponsible sexual behaviour - littering babies here and there... because the girl child is not valued as the male one - fathers pay little attention to the welfare or behaviour of their daughters.”

Should the marriage brake up, the impact is more on the children especially when a mother leaves the home. As expressed by one of the female adolescents (14 years):

“We were living with our step mothers but they were hard on us so we left and are staying with our friends... we are not in school. We go to video show in the evenings and keep company with friends.”

Obviously, not being at school, idle and hanging around video clubs in the evening could well increase their vulnerability to risky sexual behaviour.

The above statements point to declining family values, and crosscutting blames among family members, and also disrespect among children, husbands and wives. The reversal of traditional family roles such as children becoming breadwinners has indeed impacted on the proper functioning of the family unit. In this situation, to nurture and instill some measure of social control over the young becomes a waning ideal.

4.2.3 Deprivation and Depravation

Poverty

A situation where more than two thirds of the population (76%) line in poverty and over half (52%) in severe poverty threatens every aspect of survival, and segments of population affecting them different ways.

With the collapse of the formal economy and the non-functioning of the concession centers which offered employment involving logging and rubber plantation, unemployment in the formal sector has risen very high (80%). Young people from rural

areas therefore, drift to Monrovia in search of job opportunities, which are not available. Invariably most of them end up in criminal activities and drug abuse. Also, displaced persons from the war affected areas troop into Monrovia which has already, half of its household living below poverty line and 22 percent in severe poverty with food security severely threatened among other basic requirements.

Poverty has therefore remained the most serious carrier of ill health, and with poor nutritional status predisposing people to tuberculosis which has been linked to HIV/AIDS and ranked high among major causes of death in all groups in Monrovia and other parts of the country. It occupies an important facilitating component of the underlying causes within which patterns of social disorganization have flourished in Monrovia

Alcoholism and Substance Abuse

The consumption of alcohol is part of the local culture, which occurs at ceremonies and during recreation. A local brew is affordable and easily accessible. It is the excessive consumption of alcohol that is becoming problematic as homes and families are being affected. This was reflected in all the focus group discussions by all sexes, and as explained by a participant:

“People, especially men, waste a lot of money on alcohol which could be used to take care of the family.”

The statement is relevant particularly in the context of prevailing of poverty, if a substantial proportion of the available money is diverted to recreational substance, rather than in providing basic essentials for the family.

Expressing the views of most of the focus groups...

“Most families have broken down today as a result of alcohol and drug abuse.”

Married adult males went further to distinguish the pattern and indicated that older people indulged more in alcohol consumption and secret society membership while smoking, sporting, drug use characterize the social life of the Liberian younger people. The indications are that substance abuse has crept in as another problematic dimension in Monrovia. In his contribution, a key influential appeared troubled by the situation which, from his perspective and many others, was fueled more by the war and has remained a post war problem. According to him:

“...The “higher-ups” (people who can afford) inject harder drugs, while the lower people sniff the same but smoke more of cannabis.”

Both sexes of all the ethnic focus groups also emphasized this point through a female Mano mother:

“These things (substance abuse) were limited before but now they are rampant.”

This is an indication that the trend is on the rise. With the level of poverty, the street drug user is unlikely to be financially able to sustain the purchase of syringes. If he must use needles he is most likely to share with others or over-use the ones in his

possession. Such practices provide avenues for the transmission and spread of HIV/AIDS.

The consensus reached by all the groups was that alcoholism and abuse, which lead often to sexual involvement, constitute a negative social life of Liberians and exposes individuals to HIV/AIDS infections.

Sexual Violence and Rape

All the focus groups agreed that forms of sexual violence occur. While the religious focus groups (Muslims and Christians) attributed such practice to satanic. Most of the other focus groups linked it to poverty, alcohol consumption and drug abuse. A few of the groups, the educated male parents in particular, attributed it to:

“Mere ignorance and a form of insecurity on the part of the men.”

However, the uniformed male officers had held a different position. To them it is a way of maintaining discipline in the home. Reflecting this view one of the officers stated:

“If the woman denies her man ... she could receive severe beating, her supply line cut off - no allowance for some time or she could be sent to her family until she learns who is the boss ... why did she marry in the first place?”

Astonishingly, most of the young male adolescents have already imbibed this behaviour pattern, and asserted that either they stopped seeing their girlfriends or force them into sexual acts.

In confirmation, all the female participants complained that denial of sex evoked insults, threats of being thrown out of the home (married women), beating, and the eventual forced sex. Most of the groups condemned the practice with the exception of both sexes of Vai, Kpelle, Muslim and non-literate groups who believed that women should meet up their sexual obligation to their husbands.

Rape was also considered by all the groups as being on the increase, particularly against children. A single female adult referred to:

“Some guardians (male) in particular rape their wards but nothing is done about it because to report could jeopardize the support of the girl.”

A police officer complained that:

“Several cases of rape involving juvenile have been reported but when such cases are forwarded to the court nothing happens; ...anyway, the juvenile court is not functioning.”

Without supporting statistics it was difficult to ascertain if both sexual violence and rape were on the increase or not. However, the vulnerability of women and girls to sexual attacks is evident. Such occurrences cannot be attributed to only the role of alcohol in relation to disinhibition and aggression but are located in the subordinate position of women. The consequence of which is, fearful of being beaten up, females are subjected

to unconsensual sexual involvement that could possibly expose them to the risk of contracting HIV by an infected partner.

Most of the young people complained also, but mainly the younger adolescent male group, as disclosed by a 13 years old:

“We know some of our colleagues who have been forced to do “these things (sex)” with older men and women. We are afraid of these people and that our friends who have done so could pressure us.”

The teenagers 12 - 16 years were anxious about the possibility of being initiated into types of sexual orientation which they were not accustomed to:

The findings thus, present a situation where not only females of different age categories are being subjected to sexual violence and abuse but also young boys - an added dimension that violates children’s right in Monrovia and contributing to the spread of HIV/AIDS. This survey results showed that 12 percent of the respondents were forced into having sex at an early age, during their first experience. Out of these, more of the males (14%) than the female respondents (11%) had such encounter. Thus, confirming sexual violence against young boys.

Commercial Sex Exploitation of Children

Linked to the above discussion is commercial sex exploitation of children, which is being practiced in Monrovia. It comprises sexual abuse by the adult and remuneration in cash or kind to the child or a third person/s. Unlike sexual violence and rape, the child is treated as a sexual object and a commercial object.

Beside, marriages easily breaking up, child and sexual exploitation in different forms have emerged. Parents, particularly mothers urge their children both boys and girls to “hustle” at an early age. With high unemployment rate, children are increasingly becoming the breadwinners as they go out to prostitute. The situation is best expressed in the words of the respondents. Thus, a female teacher in a focus group asks:

“If the children are now feeding the homes then who becomes the child in the house?”

In capturing the situation, a 27-year-old single educated male remarked:

“... These rights of children are abused daily. Some children become adults while still kids because they are the breadwinners of their families. This has led to the level of in-discipline in our society... due to economic constraints parents become dependent on their children who are still adolescents...”

The rights of the child are also obviously being eroded as she is sexually exploited so as to bring money home. Some families are therefore serving as a recruiting ground for child (boys and girls) prostitution rather than playing the roles society expects of the family unit.

In addition to these children who are being coerced by adults to indulge in non-consensual sex for money, there are other teenagers (boys and girls) who, under the prevailing poverty situation are beyond parental control. They live on their own, with no access to education or jobs, are engaged in unprotected survival intercourse with same or opposite sex to meet their basic needs. Adults (men and women) clandestinely “keep” these very young people (under 18).

In one of the out-of-school adolescent focus groups, a 17-year old teenager explained:

“We need someone to help us financially especially in the absence of job, how do you survive? These godpa and godma help us to sustain ourselves.”

These risky sexual activities were confirmed by the female police officers during the focus group discussions. In expressing their concern one of them remarked:

“These boys and girls are excited about having sexual relationships with older men and women - referred to as godpa and godma, who in return offer them money and gifts - sometimes some bad cases get reported, - like the rectal damage of the young boys and girls caused by big men.”

The children that are so involved have been denied the rights to enjoy childhood. All other rights have, in this situation, been compromised. Their low decision making power and individual circumstances have heightened their vulnerability to sexual exploitation and exposure to STI/HIV/AIDS, through the need to sell sex. This opens up such realities, which point to the need to also address survival issues, that have provided the social setting for risky sexual behaviour and the spread of STI/HIV/AIDS.

Mosaic Pattern of Conjugal and other Relationships

Besides the practice of polygamy, the Liberian society as observed in Monrovia, is one that is open to co-habitation and other extra-marital relationships. As the study progressed the findings by LDHS (2000) on sexual practices became more pertinent in that as stated:

“Although 65 percent of women are “officially” in monogamous marriages, they are still in competition for sex with husbands’ girlfriends.”

In expressing the views of most female participants in all focus groups, a Bassa housewife remarked:

“The men have become something else. They don’t care what you say or do, they will still go out there. Well, sometimes you play the fool to keep your marriage.”

While a non-literate mother said:

“What to do, my husband is my husband, for the children’s sake I will bear everything.”

However, in Monrovia, extra-marital relationship is not restricted to men alone and the pattern exhibited is one of a very high level of promiscuity involving multiple partners of both sexes and children, resulting often times in inter-generational and diagonal types of relationships. From the Americo-Liberian focus group, explained an adult male participant:

“Extra marital sex is not even frowned against because too many persons are practicing it, both men and women... These are due to economic constraints”

While a male police officer in expressing the focus group’s feelings blamed the living conditions and poor exemplary ways of parents thus:

“Parents and children live in one room and watch what is going on ... children being sent to the lovers of their parent(s) with messages. Some parents are bad examples and the children emulate them”

In their concern also, from the nurses’ focus group a female nurse captured the situation this way:

“Fathers have other homes to support, other than their matrimonial homes; mothers wanting attention and to make ends meet get involved with other men. Meanwhile, children are left to fend for themselves, so peer pressure and other activities take over and unplanned teenage pregnancies or early marriage occur.”

While other professionals such as the teachers, attributed these sexual behaviour to the nature of the social life in Monrovia which entailed night clubbing and alcoholism, leading to “womanizing”. Supporting this argument, the male Mano Ethnic group referred to Liberians as:

“Lovers of pleasure and nightclubs.”

One area that evoked much discussion was co-habitation. For instance, from the perspective of the TBAs:

“Previously, marriage age was 18 but now girls want to co-habit with boys/men at the age of 13 - 14 without the permission of their parents.”

In agreement, a male marketer added:

“Before, boys had sex at 20 - 21, but now they start at 13 - 14, some are already living on their own at 14 years. This Godpa and Godma business is wrecking things.”

In general, older participants, the religious and ethnic groups condemned multiple sex partnership and promiscuity, which had become problematic and were on the increase. However, while the Muslims and Vai groups justified their practice of polygamy, which according to them, aids in averting such behaviour, and Muslim girls usually marry as virgins, the Mano and traditional healers blamed polygamy as a “contributing factor” for reasons indicated in an earlier section. The Lorma ethnic group and the non-literate

attributed the situation to exposures at educational institutions. All the ethnic groups, the Muslims and non-literate groups however, recommended early marriage as the solution, but no consensus was reached as other groups had disagreed with the suggestion.

The young people, however, held different views, particularly on pre-marital sex. A single young male participant explained:

“Sometimes you love a girl but you don’t have money for marriage/wedding ceremony and it is not possible to wait until you get the funds before you start dating her, so you start the “sex aspect” until you can raise funds for the wedding aspect ... also, the older women or girls who can afford it, encourage us to have sex before marriage

During the discussion on multiple sex partners, a 21-year-old male undergraduate in the in-school-youth focus group had remarked - (cheered by his group):

“...it is a prestigious thing among your peers that you are able to have multiple girls ... the day “X” is not available, “Y” will be.”

With the exception of three “Born Again” youth, all other participants in the out-of-school adolescent and youth focus groups agreed that pre-marital affairs enabled them to understand their future partners. In the words of a 17-year-old female teenager:

“What happens after exchanging marriage vows and you find your partner “is not alright”... and you people say vows are not to be broken?”

From the survey findings - 33 percent of the respondents indicated having one to two casual partners, gender made no difference. Indeed, by the age of 15 some of the respondents (20%) had already become sexually active, thus confirming LDHS (2000) survey findings.

On the ongoing complex relationships, an influential Americo-Liberian elderly mother of seven had this to say during an in depth interview:

“Both men and women and also children are very sexually active in Monrovia - we have no culture!”

This comment is insightful as discussed further in section five. Also, the practice of polygamy and permissive co-habitation appear to have both contributed to making room for a facilitating stage for promiscuity, economic constraints and poverty notwithstanding. The rather Mosaic pattern of conjugal and other relationships, (particularly when girlfriends of husbands have regular boyfriends who as observed, have other sex partners are added to the scenario), can only present a facilitating saga for the further spread of HIV/AIDS, not only in Monrovia but also, to other parts of Liberia.

Sexual Orientations

During the focus group sessions, forms of sexual preferences were mentioned.

Most of the participants in the in and out of school youth focus groups alluded to same-sex preferences (male and females) which were common in clubs at certain streets in Monrovia. In addition, oral sex had become quite popular so also was anal sex on women, for which they were being paid more. According to the participants, these practices are considered as safe methods against unplanned pregnancies and transmission of HIV/AIDS.

Some of the other participants also indicated that young school children (boys and girls) were being enticed and recruited for these purposes and that bestiality was being operated at four locations in Monrovia - (Mamba Point, St. Paul's Bridge, Sinkor area and in a Hotel). Individual incidents were cited by the male teachers focus groups and the under graduate groups. Most of the focus groups indicated that they had heard of these practices although not aware of the extent. The religious groups and ethnic groups and older members of other groups in particularly, abhorred such practices.

Almost a third of the survey respondents (30%) are involved in oral sex; a few (10%) in both oral and anal, while another (29%) engaged in sex during menstruation, as their own understanding of prevention methods. The females were more (40%) involved in oral or/and anal sex, compared to males (26%). Conversely, the male respondents indulged in sex when a partner was menstruating. Comparatively, only 18 percent were indicated for the female respondents. Suffice to mention that 12 percent of these respondents considered anal sex a risky behaviour. It was not surprisingly therefore that the survey findings revealed that 34 percent of the respondents had contracted STDs 1 - 3 times.

Reflecting the views of most of the participants, a male parent said:

“Action should be taken to stop further debasement of our children ... such foreign culture should not be accepted in this country before God visits this land.”

Undoubtedly, the implications of these sexual preferences for STI/HIV/AIDS and others, highlight the magnitude of prevention and control initiatives that are needed, and the other emerging dimensions for more focused and targeted IEC efforts.

Commercial Sex Workers (CSW)

The pattern of sexuality exhibited in Monrovia does not make the classification of sex workers an easy one.

From the study findings, CSWS could be grouped into three broad categories - namely, the professional cadre which has two main groups, i.e., the “High class” (found in expensive hotels, nightclubs and cinemas), and the “Low Class” (seen in cheap motels, market places, motor parks. They also walk the streets); the male/female sex workers who are “kept” by one or more godpas and godmas and therefore maintain restricted clientele; and lastly the informal (part time) CSWs who could be married or single, employed or not, or in business, but engage intermittently in commercial sex to supplement income.

During the focus group discussions the “high class” sex workers portrayed more confidence, and referred to the hypocritical nature of society. As one of them pointed out:

“Without their (both males and females) patronage we would not be around.”

Unlike the other CSW focus groups, they were more experienced in the trade and able to negotiate condom use as discussed in the next section.

In terms of the perception of CSWs by other focus groups of different domain, opinions were divided along gender and religion. While the females and religious groups held strong negative views against CSWs and blamed them for the prevailing level of promiscuity, setting bad examples for the youth, and spreading of diseases including HIV/AIDS, the male focus groups were more sympathetic towards the CSWs who they felt were providing services as spare partners especially when they were away from base. From the viewpoint of the majority of the male groups, female CSWs should be left to earn their living, having been more honest in being so identified.

It was observed that CSWs were equally vulnerable and often “scape goated”. The findings bring to the fore, the need to also target men who patronize CSWs, with appropriate IEC messages so that, they do not get infected, and also in engaging in casual sex they do not infect the sex workers they visit. Unlike other groups, CSWs focus groups expressed sympathetic considerations for people living with HIV/AIDS, as one of the male CSW participants said:

*“This sickness (AIDS) can catch anybody so be kind to PLWA ...
even us here though we take measures to protect ourselves
we don’t know whether we are already having it.”*

Obviously CSWs are aware of the possible consequences of risky sexual behaviour but not cautious enough to adopt protective barriers, according to a “low class” CSW:

“We just hope for the best.”

4.2.4 Yawning Gap in Sex-Education

While parents were distraught about their diminishing degree of control over children’s upbringing, the young people in turn accused parents for not being there for them and not being able to advise them on sexuality, but providing them with only sketchy information, which had not proved useful.

Majority of the young people in focus groups felt that parents deny them information on sexual matters, because as one of them puts it:

“Parents refuse to accept the fact that their children have grown up... They also think that knowledge of man and woman business (sex) will make us do it.”

While another youth expressed a different concern, thus:

“When you ask such questions they (parents) consider it rude...we then turn to our friends, older guys and movies to get the information.”

All the participants in both the adolescent and youth focus groups were in agreement with the above statement and blamed parents for many of their health problems (teenage pregnancy, STDs and abortion).

Confirming this position over 51 percent of the survey respondents indicated discussing sexual matters with their friends in comparison to only 6 percent who discuss such issues with parents.

Parents on the other hand, were found not at ease in discussing sexual health with young people. However, a generation that has not been particularly pro-condom use, would only transmit the same negative attitude to their young. For instance, some of the adolescents believed that gonorrhea could be contracted by stepping on infected urine. Few of them who have had STD said their unsuspecting parents, who also held the same belief that gonorrhea could be transmitted not only through sexual intercourse, secured treatment for them without questions, convinced erroneously, that they were not yet sexually active.

Furthermore, the conception held and the knowledge of sexuality by parents were found to be limited and perhaps, in contrast to current preferences. Admitting this limitation an educated female parent explained:

“Nowadays it is difficult, boys and girls play together. They have their own ways of doing things - different from our days - we did not know or had X-rated films and all that. In fact I do not even understand all the things I am hearing about in Monrovia.”

Most of the adult focus groups from different social domain were of the same view, while a few maintained that:

“The men/fathers advise the boys and the mothers the girls, but it is embarrassing to go into details.”

It is evident that should the youth not obtain information on sexual health from parents they turn first to their peers then to older young people and increasingly to the print and electronic media for guidance. In this regard, the content of the information being supplied by the mass media becomes crucial in HIV/AIDS prevention. In addition, these findings highlight the gap in adequate information dissemination to the youth and the need for in and out of school sex education. Parents have found it difficult to address the required sexuality issues, which are of concern to young people.

4.2.5 [Hair Saloons](#)

A check at 27 barbing shops and hairdressing saloons in different parts of Monrovia, revealed that only two of these had what could be accepted as sterilizing procedure for the instruments being used. Similar to the situation with traditional healers and the use of surgical blades, the problem of the use of unsterilized instruments in hairdressing saloons should not be underplayed. Hairdressers present also an added group to be included for IEC targeting.

4.3 [Socio-Medical Factors and HIV/AIDS](#)

4.3.1 [Denial Phase](#)

With the exception of two adult males, majority of the participants in all the focus groups denied knowing or seeing an AIDS victim. They maintained that PLWAs should be primarily the responsibility of Government and separate accommodation provided to isolate them and to avoid further spread of HIV/AIDS.

This negative attitude was further confirmed by almost all (90%) of the survey respondents who indicated that they did not know anyone suffering from HIV/AIDS. Most of them (41%) considered AIDS victims to be the responsibility of Government while some (33%) felt the family should be involved. Only 7 percent saw HIV/AIDS as a community problem.

Similarly, a few participants in the focus groups considered HIV/AIDS a family problem and victims should therefore be catered for, by family members although with an improviso, that their personal items and feeding utensils should be restricted to the use of only the PLWA.

The respondents and the participants are still in a state of “Denial” over the AIDS epidemic in the country. The consensus reached by the groups was that they remained unconvinced until an AIDS victim is seen by them. Unsafe sexual behaviour appeared to them, remote from being the mode for the transmission of HIV, rather AIDS victims were blamed for spreading HIV in the country.

4.3.2 [Knowledge of STD/HIV/AIDS](#)

All the focus groups indicated that they had heard of HIV/AIDS mainly from the radio and friends. This was further confirmed by the survey findings. Their responses showed that most (93%) had heard of HIV/AIDS and considered it the most serious health problem facing the world.

Based on their responses, information on HIV/AIDS was mainly from the radio (40%), while a smaller proportion had heard about the syndrome from newspaper (18%) Hospital/clinic (17%) and from school (12%). The male respondents received the information mainly from the radio and newspapers, while the females obtained such information equally from the radio but mainly from the hospital than the newspapers. The analysis of data showed that females tended to listen to radio on most days, while the males did so everyday on regular basis.

The focus group participants knew more about STD than HIV/AIDS. For instance, gonorrhoea (“a shot”) was often mentioned as affecting the males while trichomoniasis (referred to as “itchy fish”☺) is experienced by females. Most of the participants adopted the traditional healing method to treat such conditions. This included squeezing the male organ till the “seeds” of the infection were “out” or pumping herbal mixture through the male organ and rectum to treat gonorrhoea. “Fever leaves” and a local chalk is inserted into the vaginal wall for the treatment of the STD in women. These procedures were mentioned in all the focus groups while most participants from the illiterate,

traditional healers, ethnic and adolescent groups in particular, held the belief that gonorrhoea could be contracted by stepping on infected urine. The nurses and TBA groups differed in this regard, being health practitioners, while the Muslims indicated that the efficacy of water prayed over with Koranic verses in treating such conditions. The rest of the groups wavered between modern and traditional, trying either as they defined as appropriate.

A few of the participants had heard of syphilis but their knowledge about the signs and symptoms were hazy and poor therefore it was not considered a health threat equally by the respondents in the survey.

Although it was not particularly easy to obtain an estimation of the number of times the focus group participants contracted STIs, the survey respondents gave an indication. A significant proportion (23%) admitted having been so infected at least once; some others (11%) indicated they had been so infected two to three times, while a few others (5%) have had STDs on 4 or more occasions. The "Don't know" category constituted 7 percent. A situation whereby a total of 39 percent of the respondents surveyed admitted having STD of one form or the other at least on one occasion, out of which 16 percent had experienced such conditions 3 times and above indicates future areas of concern. There were no gender differences for those respondents infected once, but increasingly more males than females indicated being infected three times or more. For instance 14 percent of males compared to 2 percent of females were infected two to three times.

However, it should be observed that more female (10%) than male respondents (4%) were represented in the response category of "Don't know". It is therefore possible that a degree of concealment on the part of females was reflected by this response.

During the special session with 39 officers of the Armed Forces, specific mention was made of "blue balls" as a fairly common infection, the causation of which opinions were divided among the officers.

Majority of them attributed the condition to sexual intercourse while others blamed poor genital hygiene. They all agreed however, that blue balls could be cured medically and measures to prevent the occurrence included less sexual activity and promiscuity and positive hygiene.

HIV/AIDS

Most of the focus groups participants claimed they understood the messages conveyed about HIV/AIDS. Similarly, almost all (90%) of the survey respondents held the same view, the females in particular (52%), than the males (48%). The military officers however admitted their limited knowledge about HIV/AIDS and disclosed that the only information they have been exposed to on the syndrome, has been from friends and the media. They remained participative throughout the sessions, anxious to know more about HIV/AIDS and expressed the desire to know their HIV status.

Mode of Transmission

With the exception of nurses and TBAs (trained), the focus groups had poor knowledge of mode of transmission of HIV. Most of the participants mentioned having sex with AIDS patient, some indicated through HIV infected blood, and a few referred to sex with

prostitutes, while only teachers and the in-school youth included unprotected sex with anyone as modes of transmission. The male marketers however, added kissing and mosquito bites as possible modes of transmission of HIV/AIDS. Similar pattern of responses were indicated by the survey respondents but clustered more on contact with HIV/AIDS infected blood (26%) and in descending order - sex with AIDS patients (25%); mother to child (12%); unprotected sex with anyone (11%) and sex with prostitutes (10%). (Annex - V)

However, in response to the question, “in what ways can people contract HIV/AIDS?” Most respondents scored unprotected sex highest (40%) followed by promiscuity (15%); then sex with foreigners (13%); and same sex partners (11%). With these later responses which portray stigmatization of certain groups, the knowledge gap is still obvious. (Annex - VI)

Majority of the focus group participants also blamed the prostitutes and those who “sleep around” as likely people to have HIV/AIDS. They also referred to the HIV/AIDS “**they say it (HIV/AIDS) is not curable**”, implying uncertainty on their part. This was the typical pattern of response in most of the discussion groups but with the exception of the nurses and TBAs groups, because of their background. Over half of the survey respondents (53%) maintained that no one could cure AIDS - some indicated the medical practitioner (15%) and a few (6%) mentioned “spiritual healing” by the pastor. Quite a considerable proportion (19%) replied they did not know. If totaled, about 40 percent of the respondents are yet to know that HIV/AIDS is not curable. Furthermore, these respondents regarded multiple sex partners; receiving infected blood (17%), sex with prostitutes (14%). Anal sex (12%); skin piercing and circumcision (8%) and (7%) respectively as behaviours that expose people to HIV/AIDS.

Most of the participants and were unable to correctly state the signs of HIV/AIDS infection. Almost two thirds (82%) of the survey respondents did not respond to the question. This could be attributed to either they were unsure of the signs or withholding information as part of the denial process of existence of HIV/AIDS in Liberia. Of those who responded 10 percent mentioned weight loss.

Although the focus groups had some knowledge about STI/STD, particularly those they have often been exposed to, from the findings, a considerable gap exists between awareness and actual knowledge level of HIV/AIDS among both the participants and respondents in this study.

4.3.3 [Prevention of Pregnancy and treatment of STI/HIV/AIDS](#)

Besides the use of condom as barrier method for prevention of pregnancy and HIV/STD/STI, other or additional alternatives were provided by the focus groups. The groups however, differed considerably on their opinion of prevention options.

Among the religious focus groups, the Moslems participants stressed abstinence and withdrawal method, which also the Catholics were in agreement, but included the rhythm method and sticking to one partner.

With the exception of the Settlers, all the ethnic groups, the non-literate and traditional healers would employ the following one or more methods:

- A specially “prepared” rope for the female waist to prevent pregnancy;
- Local chalk powder for males to avoid STIs;
- Herbal concoctions and incisions on the skin of males and females to prevent pregnancy and STDs.

Both the male and female participants in the “Settlers” focus group said they would not use condoms or any other options. This is reflected in the statement of one of the adult males:

“Somebody has to die from something!”

Most of the single adult male participants had no definite position and could adopt any measures depending on the circumstance.

Parents, teachers, nurses, Christians and married adult groups stressed sex education, abstinence, sticking to one partner, more provision of public education and community AIDS center as areas that would contribute to prevention and minimize the spread of HIV.

Majority of the participants from the single female adult group, both male and female in-and-out of school youth and both male and female sex workers focus groups would opt for anal and or oral sex as preventive measures against pregnancy, STIs and HIV/AIDS.

In addition to the above, the female out of school adolescent focus groups and the sex workers take four capsules of ampicillin or tetracycline and considerable volume of salty water to prevent pregnancy and STI and then “rely on luck”. The treatment of STDs also followed the pattern of the prevention options.

Most (34%) of the survey respondents on the other hand, indicated keeping to one sexual partner besides condom (24%) and abstinence (8%) as the safest preventive measures against HIV/AIDS transmission; while for prevention of pregnancy, condoms (47%), abstinence (31%) and rhythm method (2%) were the selected safest ways. Traditional methods as revealed in all the focus groups were not so identified.

The officers of the Armed Forces conceded that sticking to one faithful partner, avoiding contaminated blood or instruments and using condoms were forms of prevention against AIDS. However, they are yet to see the need to protect themselves. Majority of them admitted that sticking to one partner is a “tall order”, which is difficult to maintain.

Similar to the responses from the civilian participants, prevention and treatment of gonorrhoea among the military personnel and the law enforcement agency include pumping of herbal preparations and medical services.

The findings have highlighted new areas that require further enlightenment programmes to educate the public on transmission of HIV and possible medical consequences of their sexual practices.

4.3.4 Condom Usage

Awareness

In general, most of the focus groups, socio-demographic characteristics notwithstanding, were aware of condom as a barrier for the prevention of both pregnancy and STIs including HIV/AIDS. From the survey findings also 46 percent confirmed their awareness of condom use. This awareness level notwithstanding, over 50 percent of the respondents were not using condoms at the time of the study and had been engaged in intercourse in the four weeks preceding the study. Obviously, the respondents knew the answers to give, but still indulged in unsafe sexual behaviour.

Attitudes

It was found that various misconceptions were held by the various focus groups as reflected in the attitudinal expressions of the participants. In view of the objectives of this study, it is important to highlight the range of perceptions of condom, as stated by the focus groups participants themselves.

Both sexes were of the general opinion that:

“Condom inhibits sexual fulfillment. Flesh to flesh is therefore preferred.”

Another area of agreement across all groups for those using condoms as expressed is:

“Condoms do burst while in use and bring palaver (quarrels) between you and your partner.”

This point was constantly repeated and emphasized with certainty by the University students in particular, both males and females.

Views expressed were also along gender lines, age and religious inclinations. To most of the males as indicated by one of the Lorma ethnic members:

“Condoms delay ejaculation causing the woman to be weary of you.”

While an educated polygamist voiced the opinion that:

“I do not see why I should use condoms with my wives - or regular girlfriend. Condoms are for prostitutes... unless I do not trust any girl I sleep with.”

Among the young people, an interesting misconception on condom is emerging. As remarked by an in-school youth:

“Condom use is western propaganda which aims at giving educated African men cancer, and to stop population growth in Africa since population is development!”

Most women in focus groups were more concerned about the information on condom received from other people. A married Kpelleh lady asserted:

“Condom cause infections. It brings stomachache and itchy fish (Trichomoniasis). It can stick to the vagina and thereby cause infertility.”

This was important to the women, in view of the importance of fertility in marriage and also the relationship with their husbands or partner. A considerable proportion of the other females based their assumption, more on moralistic grounds and felt that condoms should not be promoted. In the words of one of the females from the Grebo ethnic group:

*“Condom will help promote promiscuity and spread immorality,
... only prostitutes and unfaithful partners use condom,
...moreover, it is a sign of distrust.”*

Females from the Bassa and Vai ethnic groups were dogged on this view as also were the Muslim and Catholic women who felt strongly that:

“Condom is not good in the sight of God.”

Only the Baptist adherents held a more liberal view on condom usage - other ethnic and religious groups provided moralistic arguments against condom.

Practices

With the above negative attitudes as have been indicated, the low usage of condom is not surprising. However, in an attempt to summarize the practice of most males, one of the older male participants argued that:

“Nature dictates you know. When you are pressed, there is no time to look for condoms. You just go ahead, relying on HOPE and praying that AIDS does not catch you!”

While a male marketer explained:

“I do not use condom because my parents did not use it. Anyway, know who to get around”

From the discussions that took place in most of the male focus groups, such risky behaviour appeared to be quite frequent. However, some adult males cautioned about unsafe sexual practices. A male media practitioner advised:

“It is not that I like it (condom) but because of this AIDS news/business I have to use condoms once I am going somewhere.”

In comparison with male adults, most younger people appeared more likely to use condoms:

“When I started off with condoms it felt very unpleasant but now I have gotten used to it... I don't want to be a father now or catch this AIDS!”

Said a young participants.

After lengthy focus group discussion with sexually active out-of-school male adolescents who, as usual, exhibit the need for more information on reproductive health and sexual matters, appreciated the need for barrier method, but one of them explained:

"We are willing to use condoms but free condoms are not readily available and they are expensive for us to buy. ...sometimes we steal them from our parents."

A younger adolescent of 14 complained however:

"The condom size is big for us."

In general, of those participants who indicated willingness to use condoms, most of them complained of its non-availability even among men in the Armed Forces who made the same complaint during group discussions.

Professional Sex Workers

Focus group discussions with both male and female sex workers proved rather encouraging, particularly among the older established and experienced females, who seem to have insisted that their clients use condoms. One of their leaders stressed this point:

"Our customers do not trust us and we do not trust anyone, so both partners gladly allow and accept the use of condoms. Moreover, we cannot spend the money we get curing - "infections" (STIs) all the time and having abortions."

Based on experience, another female sex worker sums it up:

"In fact, in this job we cannot afford to get pregnant, you know what it means to be out of business for one year plus? In fact, get pregnant for who? So we insist on condom - he provides or we do at a cost!"

In endorsing this statement, one other sex worker voiced out:

"Even when the men do not know how to put it (condom) on properly, we fix it."

Contrary to the popular belief and "scape goating" of sex workers as being responsible for the spread of STIs HIV/AIDS, these "high class" prostitutes (as they regarded themselves) point to other directions for the consideration of low condom usage and other transmission agents of HIV/AIDS. Similarly, the male sex workers were very knowledgeable about condom, which they claim to use on occasions for safe sex, and helpful to their trade.

The new entrants to sex trade and "low class" prostitutes as they are deemed, were less insisting on condom use. Expressing their anxiety, one of them said:

"We fear losing our customers and the money if we insist on condom use."

This insightful explanation should also be understood within the context of gender power play where females must be involved in unsafe sex as prescribed by men, to survive. The consequence of which is further spread of HIV/AIDS by infected partners.

However, the above misconceptions were not highlighted by the survey respondents. They overwhelmingly (83%) indicated that condom was believed to prevent pregnancy and STD/HIV even though the range of misconceptions were presented as options for responses in the questionnaire. Thus, the limitation of this instrument for this purpose became apparent. It is likely that the respondents considered the response, which they felt authorities would prefer.

If participants in Monrovia with the efforts made by IEC activities could still express such range of negative attitude on condom use, as highlighted earlier, the views of rural population could well be stronger. An examination of the held misconceptions therefore, calls for a more appropriate targeting strategy than the efforts that have been offered at the present time. Almost one third (30%) of the survey respondents were unsure if they would use condoms in the future.

4.3.5 [Meeting People Living with HIV/AIDS](#)

In depth interview with PLWAs in Monrovia, (Annex - IV) revealed their willingness to be open and be so identified if supported by seed funds to initiate their own “Advocacy Group”. The stigma and possible abandonment by family and friends could threaten their jobs and livelihood. They therefore requested a security fallback by assisting them form and run their own NGO. This should be considered as it would quell the country’s “denial phase”. Also, advocating their own cause, life could be more meaningful than the solitary pain and slow death, which they are going through alone.

4.3.6 [Voluntary Testing for HIV Status](#)

Almost (75%) of the respondents wanted to be tested for HIV status and another 59 percent wanted some for their partners. The reasons ranged from curiosity, anxiety, reassurance and not wishing to infect others.

5. DISCUSSIONS OF FINDINGS

5.1 [Introduction](#)

Monrovia exhibits typical features of most urban centers in Africa where the old and the new co-exist, intertwine on occasions, and often reflected in contradictions of behaviour. The participants in this study were experiencing the transitional stage of Liberian society complicated by a war situation, political and economic uncertainty, particularly with the international sanctions imposed on the country. In Monrovia, the Islamic faith has managed, to an extent, to moderate the behaviour of some of its adherents, while the ethnic groups are finding it increasingly difficult to maintain their unique identity and the ideal types of their cultural heritage. The exposure to urban life and education continuously pose challenges especially to their young. The emerging picture is one of

dilemma for these groups in the context of ongoing irreversible social changes in urban Monrovia with the threat of HIV/AIDS.

5.2 Traditional Practices

Present realities in Monrovia are already impacting on such traditional practices as polygamy, female circumcision and widow inheritance. The indecision of the focus groups as to whether to eradicate these practices or not, portrays elements of cultural shifts and impending change. When the mores (norms) of a society, no longer hold down practices firmly they make room for individual choice based on a re-definition of one's current situation. Furthermore, interventions such as the bill on the rights of the widow, which is before the legislature, submitted by the Female Lawyers Association of Liberia, and supported by other eminent women including Mrs. Jewel Howard Taylor, the first lady, will trigger off cultural changes in this and related areas when passed.

Polygamy is not compulsory, although family members could influence either of the sexes to be so involved. However, with education, Christianity and economic constraints, the practice is likely to slow down. It remains however, a conducive setting for the transmission of HIV/AIDS should any of the members of the polygamous union be so infected.

The medical and disruptive effect of female circumcision on the girl child and her education cannot be ignored. The initiation schools could serve as facilitating avenues for the spread of HIV/AIDS, due to the use of unsterilized blades on initiates. Where practiced, it also encourages early marriage with all the attendant medical and social consequences. Therefore, advocacy efforts and targeted IEC activities need to be intensified for its eradication. It neither prepares the girl child for modern spousal role nor stops her from being promiscuous if she so desires, which is the basic assumption on which the practice is based, as indicated by the participants.

The Traditional healers occupy a central position in the treatment system in Monrovia. They provide ready and acceptable alternative to modern medical services which presently, are at a poor functional level and from the participants perspective, relatively time wasting and expensive. Also, self-medication, which as emerged from the discussion groups, is a Liberian tradition, which involves the use of herbs and roots as part of traditional medicine. The traditional healer him/herself is also readily accessible and provides therapeutic one-to-one consultation in an informal setting. It was therefore not surprising to note and confirming Belah's (1999) point, that traditional healers provide first contact to most Monroviens, after self-medication has failed. This presents a dimension that should be considered in the prevention and control of HIV/AIDS. Collaborative efforts should be initiated, particularly as the healers are involved in the "sick bush" practice, referrals, in the use of surgical blades in circumcisions, incisions and scarifications, as well as the treatment of STIs and STDs which as has been observed by WHO, UNFPA, UNAIDS and others, are gateways to HIV/AIDS.

During the focus group discussions with both sexes of the educated and non-literate groups of the Traditional Healers Association of Liberia the practitioners indicated their pre-disposition and willingness to work with modern health providers, if approached. A successful initiative is offered by the Senegalese experience (Lagarde, 2000) where traditional and religious leaders, particularly at the local level, are all involved in HIV/AIDS prevention efforts. This facilitated the review of certain cultural practices that

contribute to the spread of HIV/AIDS. A consideration for a new approach to dialogue further with these leaders is necessary in the attempt to evolve a healthier practicing system, through collaboration.

5.3 Gender and Children's Concerns

The findings of this study have highlighted the linkage between local realities of gender relations, family structure reproductive and sexual behavior in Monrovia and have once more raised the problem of gender roles, sexual violence and sexual health. For instance, sexual violence and rape mirror pre-existing social, cultural and economic disparities in society. In Monrovia they are additionally, part of the carry over practice from the war period. Sexual violence reflects the subordinate position of women, and in Liberia young people and children as well. Fearful of being beaten up or thrown out of the house, they are forced to be so engaged in risky behavior in a context that does not enable them to protect themselves from HIV, even if they were aware that the partner was infected. In particular, the children that are so involved, have not been protected by their families, law enforcement agencies or the protection and survival rights, which the country signed in the Convention of the Rights of the Child (CRC).

As presented in the preceding section, the situation in Monrovia has also confirmed UNIFEM's assertion that women performed sex as a duty, or as a profession and have sex to secure survival or a socially, secure position, and to keep partners.

Young people and children are also unprotected casualties of the same fate, which exposes them to STI/HIV infection. The findings point to the need to target men and encourage them to take responsibility for their sexual and reproductive behavior. It is a situation that requires a reconciliation of the relationship between the concepts of masculinity and their consequences for the body and health; and sensitizing Liberian men to learn about sexuality, the way they use and abuse their bodies and the reproductive health of both sexes. From the statement of a 53-year-old male from Gardnersville, as in Monrovia, demonstrate that a degree of anxiety to this effect, is already being expressed, thus:

“...it is like many of us become sexually weak before reaching 50 years. Especially those of us living in urban areas. Reasons could be the food we eat and maybe our sexual behaviour.”

A pertinent observation made by UNFPA (2000) therefore expresses the need in this regard to:

“...address the cultural beliefs and expectation about “manhood” that encourage risky sexual behavior and drug-taking in men which in turn puts them and their partners at heightened risks (of STI/HIV/AIDS infection)” P.7”

To this end, from the findings, images of masculinity that are not tied to sexual prowess or fatherhood need to be emphasized in Liberia. While a “gender revolution” may be a long way with respect to transforming traditional values, the newly created Ministry of Gender and Development will have the uphill task of ensuring that the Gender Policy provisions, when in place, are implemented. Also, programs engendered and children concerns and rights where relevant, should not only be entrenched but enforceable, - all

based on the expectations of Convention for the Elimination of all Forms of Discrimination Against Women (CEDAW), CRC, ILO Convention 182 and the recent Optional Protocols, as well as other adopted recommendations such as the Platform of Action of the 1994 International conference on population and Development.

At the end of focus group sessions, adolescents' boys and young men were anxious to obtain information on anatomy and physiology of human reproduction, sexual practices and reproductive health issues, including forced sex, STDs and HIV/AIDS. The officers of the Armed Forces have also requested for a seminar on STD/HIV/AIDS to educate them. Specially trained male health providers will be most appropriate to provide information about sexuality and RH including their own risk of contracting STDs and HIV.

5.4 Family and Social Disorganization

Emerging from the study is the realization that most sexual initiation in Monrovia do not occur within marriage context. This has also confirmed the findings from other studies (Bellah 1999; LDHS, 2000)

All the focus groups with the exception of younger adolescents, (who must have been little children), agreed that the level of promiscuity had increased from a "tolerable" pre-war level to a postwar problematic situation. They attest to a breakdown of social institutions, high level of domestic animosity, sexual laxity, disrespect for elders, child labor and in particular commercial sexual exploitation of children - all of which impact on the present initiatives to contain the spread of HIV/AIDS in Liberia.

The reversal of traditional role of family members in certain situations was particularly worrisome, even to the participants. The family was increasingly becoming a procreation unit, more so to the men, and gradually losing its social role of nurturing, socialization of the child, and instilling the values of responsibility and morality.

The long term social and economic decline and consequences of prolonged war in the country have been blamed for the engagement of segments of the population in Monrovia in sex work (males, females, the married, single adults, children and young people,) and also pornography as part of survival strategies, inspite of the over 18 international instruments which have bearing on children and families. Liberia is a signatory to some of these instruments including the OAU charter on the Rights and Welfare of the Child. Economic imperatives have led to the argument by Green (1992) and others that rather than look at factors such as promiscuity to explain widespread STD/HIV/AIDS much more could be discovered about the causes in poverty. However, this position has been challenged as not necessarily being the case since the level of promiscuity as observed in Liberia, does not occur in similar equally poor countries as Rwanda, Burundi or India. Poverty therefore, could be one of the underlying causes of promiscuity in Monrovia, but not one of the basic causes.

This stance is premised on the findings of this study that a predisposition did exist, to the extent of engagement in multiple and concurrent sex partnership, which predates the economic decline in the country and the war, as reflected by the statements of participants who constantly alluded to "it (promiscuity) has increased". This implies the existence of such behavior in earlier times. Indeed, it predates present generation. Since elements of culture provide, as discussed in section 3, a guiding framework which as aptly described by Patterson (2000) are blueprints (for how to think), judge or do

things, transmitted to offspring. Drawing from his exposé, it could be deduced that the Liberian experience as observed in Monrovia, calls into question the parental attitudes and models of social behavior transmitted by the past generations to the present one. Such inherited models could be traced back to the uprooted Afro-Americans - the founders of modern Monrovia, who had family units which understandably, were not necessarily stable households but reproductive units with unsecured paternity, the effect of which, was cushioned by matrifocal ties. This similar pattern is being witnessed in Monrovia as reflected in the statements of the participants.

A further examination of the above line of thought would entail delving into the black pages of history, which is not the focus of this study. Suffice to mention that, through socialization process, the young boy learns that being masculine is basic to his identity and self esteem. Society's definition of masculinity itself he learns from parents, peers, siblings, the media and the adult world. The examples that have been emulated in Monrovia, from some families have not been particularly responsible but demonstrate forms of abusive behaviour towards women and girls. One of the Americo-Liberians as reported in the preceding section said:

“women, men and children are all sexually active... we have no culture.”

Perhaps, for the “settlers” a defined culture in the strict sense do not exist, but definitely, as found in the study a permissive sexual custom does.

It is against this background that the ongoing sexual behavioral processes could be understood. It is a background that has also provided the context within which such experiences as diffusion of cultures from outside, seaport and international mining processes, economic decline, dislocations and disruptions of war, unemployment and non-payment of salaries for months have all added to facilitate the adoption of promiscuity as an adjustment to the social environment and part of survival strategies. Furthermore, Liberians in Monrovia have based such option on the definition of their situation, within the context of symbolic interactionism as discussed earlier; such adopted option is based on the definition of their situational context and prioritized needs. Finger's (1993) assertion illustrates this further:

“For young people struggling for daily survival, a disease like AIDS, which may or may not kill them in years to come can seem unimportant.” P.4

Young people and adults are therefore engaged in risky sexual preferences and practices including bestiality, oral and anal sex, which females are also adopting not only for economic reason but to avoid unplanned pregnancy and erroneously as a prevention method against contracting HIV/AIDS infections. In the light of the above, NACP estimate of 82% of HIV/AIDS infection results from heterosexual practices, may well be re-examined and appropriate IEC strategy with specific messages provided with correct information and education on the implications of the various sexual practices on the spread of HIV. Special efforts need therefore to be made to reach groups at especially high risk, for STDs and HIV.

Role of Religious Bodies

A positive value in Monrovia is Church attendance; Liberians are good churchgoers. This provides an opportunity for involvement of churches in the prevention and control of HIV/AIDS. Negative community norms must change if a progressive headway is to be made in the fight against the scourge of AIDS - a death sentence. Moreover, during the field exercise, with the exception of Muslims, other participants and respondents did not specifically mention religion as a reason for not using condoms.

In Zimbabwe, the Methodist Bishops have become leading players in HIV/AIDS prevention efforts and have developed a plan of action. Also, in Brazil, which has the largest number of Catholics in the world, the group of Bishops shifted their stance, in the face of the realities of the impact of HIV/AIDS. According to them:

“Although condom use is considered unacceptable” under Vatican doctrine, the use of condoms is less serious, morally speaking than getting infected or infecting other people with the AIDS virus.” (Kaiser 2000).

These are successful stories. It is hoped that in the near future the Catholic Church would consider the rather small population size of Liberia and perhaps review its stand to save the would-be innocent victims of HIV/AIDS.

5.5 Sex Education and the Youth

It has been repeatedly highlighted by UNFPA, that a fall in the age of menarche with no decrease in sexual activity, has been observed. As found in this study, it is difficult for the adult world to accept the young people as sexual beings. Besides the taboo of discussing sex with children, parents themselves are having problems understanding contemporary sexual issues. Most parents lack current and correct information about sexuality, particularly on reproductive health, the ongoing sexual preferences and pornography on which the video clubs in Monrovia thrive. Parents themselves learnt by experience or through the initiation schools. They are therefore, handicapped to educate their children on these issues. However, parents cannot be totally absolved, since they could, by example at least, impart a level of morality and a measure of positive family values, which have not been particularly the case in some families as observed by the participants in this study, hence, the observed family disorganization. Thus, the likelihood that same pattern could be repeated among the next generation, the unless a reversal of present negative values takes back, to break the vicious circle at one point. Furthermore, as parents deny information, peers readily misinform and the media is increasingly relied upon for further information and guidance on sexual matters.

In addition, the discussions from the focus group sessions, indicate that the nature of “sex education” imparted to the young people during the initiation school, does not prepare them for contemporary realities, to make informed decisions and choices in reproductive and sexual health. More so, with the added HIV/AIDS dimension and the need for adoption of constructive attitudes and behaviour by young people.

Against this background a consideration of transformative approach to work over a long term, with young people to redefine gender norms and encourage healthy sexuality is necessary. To this end, the ongoing UNFPA supported Population/Family Life Education (Pop/Fle) project, which is focused on in school youth, could be effective. However, the project operates only in seven out of the 16 counties and does not cover

all the schools in those seven counties. Thus, the impact is minimal. UNFPA could consider expanding the project to more schools, particularly now that Pop/Fle has been integrated into the curricula of grades 3 - 12. More so, as studies have shown, that sex education programmes have greatest impact if undertaken prior to the onset of sexual activity.

The out-of-school youth have not been reached by sex education in Monrovia and the need is most in this category. They have become increasingly vulnerable as presented in the findings. With unstable family situation, no jobs, no youth centers and very limited recreational avenues, the young people's frustration outlets are increasingly being misdirected to risky sexual behaviour and drug abuse. To address this situation, a well designed programme of sex education and abstinence, with the youth participating in the design and implementation, and also the conduct of out-reach activities where young people conjugate are necessary. The participants have suggested possible distribution outlets for condom. They include the football stadium, clinics, campuses and other such places that would prove less embarrassing for the young people to patronize.

5.6 Socio-Medical Concerns

5.6.1 People Living With HIV/AIDS

One of the major hindrances to believing that AIDS is a reality in Liberia has to do with the "underground posture" adopted by HIV carriers. Patients reportedly die almost daily in most hospital from severe opportunistic infections as the result of HIV infection. The "underground posture" adopted by HIV carriers, and the AIDS patients are due to the societal stigma associated with the disease. The Liberian society is cautiously expecting unpredictable reactions towards an AIDS patient and the family, or HIV carrier who courageously chooses not to hide from the truth.

This presentation of denial is a coping mechanism at both individual and community levels particularly soon after the trauma of a war experience. The realization of another devastating possibility is an added shock coupled with the stigmatization attached to HIV/AIDS status. This came out vividly during the interview with PLWAs as one of them, a 28-year-old AIDS patient lamented:

"My children's father has isolated me, taking my daughter away and threatened her not to make further contact with me or see me or else what happened to me will happen to her. I had to deny my HIV positive state to her to see if I can at least maintain my relationship with my daughter. I love her very much and I am dying slowly!"

One of the participants in the focus groups also observed:

"Yes, I am aware that AIDS is in Liberia but it has not developed to the stage for it to be obvious and a problem."

The denial by Liberians in Monrovia is an obstacle that has not made AIDS a community concern, and therefore, insulated the community from involvement when indeed it should, if it is to avert witnessing the way HIV/AIDS has more than any other disease, disrupted the social fabric of communities in other countries.

Furthermore, the “Sick Bush” perpetuates the “Denial Phase” of the country, since the presentation of the last stages of AIDS would not be observed by those living in Monrovia, so as to appreciate the existence of the epidemic in Liberia. Above all, it could be argued that abandoning the ill, including AIDS patient to die alone is not only a violation of the person’s human rights to care, but an inhumane treatment of another human being. It presents an area to be targeted by IEC and point to the need for community based care for PLWAs. The Mother Patten School of Health Sciences could be funded to undertake this initiative, if Government is not so disposed at the present time.

5.6.2 Knowledge of STI/HIV/AIDS

Although in Monrovia, sexuality is not usually discussed openly, this study has opened up a channel for such communications. Over 500 Liberians in 54 focus groups, discussed aspects of sexuality openly during the exercise. Much need for such exchange became increasingly apparent as the study progressed.

The focus group findings revealed however, that participants were more disposed to discussing STI/STDs but became reticent on AIDS discourse. This could be attributed to their limited knowledge, which came out vividly in the focus groups and also part of the denial phase, which the country is going through. The participants were also more conversant with such conditions as gonorrhoea, and trichomoniasis. It could be deduced that these were familiar STIs they frequently experienced, and had over a period developed their own method of dealing with the infections.

During the discussions, mention was made that when the symptoms persisted after self-medication and traditional medicine had failed, the services of the modern medical practitioners are enlisted, thus confirming the earlier discussion on traditional healers. By the time referral is made the possibility exist of a deterioration in the condition with attendant medical consequences including vulnerability to HIV transmission. The delay in referral is therefore a recurring problem.

In addition, the findings highlight the fact that although both the participants and respondents have heard of HIV/AIDS the level of information does not necessarily make them knowledgeable about the syndrome. They were aware, but the information is not adequate and yet to be processed for a fuller appreciation of the mode of transmission, and to consider AIDS, a problem to the individual, the community and the society.

Moreover, as noted in the focus discussions on STI and syphilis, the ability of the participants and the traditional healers to distinguish between STIs (except those they mentioned due to their obvious symptomatic presentations) is questionable, how much more the symptoms and stages of HIV/AIDS. Also, ranking “**unprotected sex with anyone**” the lowest, among the different modes of transmission of HIV/AIDS, goes further to highlight the gap between awareness and knowledge that has to be bridged, for any meaning impact on the spread of HIV/AIDS is to be achieved

The prevalence rate among the Armed Forces personnel was the highest according to NACP (2000). It is a group that should be specifically targeted. The request from them, for more knowledge on HIV/AIDS and the willingness to undertake voluntary testing provide an opportunity that should not be missed.

5.6.3 Prevention of Pregnancy and STI/HIV/AIDS

Although both the participants and the respondents indicated condom as the safest barrier method against both pregnancy and STD/HIV/AIDS, most of them nevertheless do not use condoms but opted for their own redefined prevention methods.

This pattern of behaviour is not necessarily surprising with the various misconceptions held, which have constituted barriers to the use of condoms. In addition, an interesting finding emerged during the focus group sessions on the re-framing or redefinition of safe sex by the participants. To them the concepts of “safe sex”, “one sexual partner” and “transmission mode”, based on their assumption or understanding related to only vaginal intercourse. This had contributed to increasing engagement in both anal and oral sex as safe sex, which coincidentally, in addition to other reasons, had served the purposes of the participants, and perhaps, the survey respondents as prevention methods against unplanned pregnancy and STIs/HIV. One of the single female adults in surprise said:

“But no one has ever said anything about protection of these other types of sex.”

Public education in this regard is therefore important, since oral sex could be riskier, particularly when there are cuts or sores on the genitals, or in and around the mouth. In addition, HIV is found in saliva and therefore, cold sores or other cuts inside the mouth could place an individual at higher risk, should the partner be HIV positive.

Also, much pumping of herbs through the rectum for different purposes is going on in Monrovia - as anema, treatment of malaria, STI and possibly HIV/AIDS, abortion and prevention purposes. It is the possibility of rectal damage and its predisposition to infections including HIV needs to be stressed in IEC consideration. The focus group discussions revealed that both male and female youth including university undergraduates were quite ignorant of female anatomy and reproductive tract. Furthermore, it has to be conveyed that during menstruation, the blood vessels are more susceptible to infections. These emerging findings call for new directions and urgent strategies to address ill-informed practices.

5.6.4 Undispelled Misconceptions on Condom

Throughout the study period, no message was noted from the electronic media (Radio is the most popular option being adopted for information) or from the print media and available educational materials, targeting the misconceptions held against condom use. These have effectively nullified the efforts being made to promote condom, as the only available instrumental barrier against contracting HIV/AIDS, at the present time.

The message that has been presented to the public is, "Use Condoms" to prevent AIDS. Meanwhile, the negative attitudes constitute barriers to usage. Condom is a product, which Liberians have overwhelmingly expressed, their "uncertainties" and entertained "fears" about the product. To them, these held beliefs are real, as operators, they are labeled misconceptions. For a shift in mind-set to occur, these range of "fears" and misinformation have to be dispelled. Attitudes must change before desired behaviour to accept and adopt new ways, or utilize a product - condom in this case.

In effect, what has occurred is that people have been informed about condoms but not sufficiently knowledgeable to drop the negative attitudes for a change in behaviour. It is

imperative therefore, that culture-specific messages and educational materials are developed, packaged and delivered appropriately for this environment. To this end, a strategically designed social marketing of condoms, should be considered if the rather small population of Liberia is to be rescued from the ravages of HIV/AIDS compounding further its complex impoverished situation.

5.6.5 Unmet Need for Condoms

The unavailability of condoms on demand as expressed by most respondents provides a situation of “unmet need”. Also, its distribution by health personal to selected clients leaves room for the spread of STI/STD/HIV/AIDS. Willing sexually active users, who could be HIV positive, would have perhaps protected unsuspecting victims from being infected.

Therefore, the findings suggest that at the present time, part of the problem of low condom usage is that the demand of willing users has outstripped the supply and availability of condoms. Meanwhile, the situation has produced an unintended facilitating situation whereby, teenage and unplanned pregnancies continue to be on the increase, and also the spread of STD/HIV/AIDS. Admittedly, there are other categories of uninformed, unaware and undecided groups as discussed earlier. These are to be targeted for condom promotion strategy, as high-priority distinct sub-groups. However, it is important to ensure that as demand is stimulated, the commodity is available to sustain the demand. Otherwise, the confidence in service provision will be frustrated and thereby impact on future utilization.

Furthermore, the findings suggest that most service points are yet to be gender and youth friendly, not conducive for easy access and confidentiality and thus, present as embarrassing barriers especially for the youth. Suggestions have been made by the respondents as to appropriate venues as indicated in the preceding section.

Quality of Condom

The issue of quality of the condoms was repeatedly raised by an appreciable number of respondents who allege that they do burst while in use. This claim was later substantiated by male nurses during the focus discussions. It is therefore an aspect that should be examined for such occurrence would bring in complications of trust in relationships and also lack of confidence in condoms as barrier method - thus confirming further misconceptions.

5.6.6 Organizational Limitations

Although part of the opening statement in the Executive Summary of the Strategic Plan of Action for HIV/AIDS prevention and control refers to HIV/AIDS as a development issue, (NACP, 2000) this is yet to be so considered even with 80 percent of all diagnosed HIV/AIDS cases being between ages 20 - 39, the most active and productive labour force. At all levels, HIV/AIDS is perceived as a health problem and not integrated into national development planning. This has contributed immensely to the rather slow and weak national response to the pandemic and therefore resulted in limited impact of the ongoing efforts.

The lack of an operating national policy framework on HIV/AIDS to set strategic directions and guidelines for sector responsibilities, adopted through a national consensus on direction of response, has also given rise to weak operational structures and coordination of efforts.

The National AIDS Control Programme (NACP) itself, which under normal circumstance should be a coordinating and monitoring agency for HIV/AIDS activities in the country, has increasingly evolved more into an implementing body and therefore, has become incapacitated to play the expected role. The two arms of the institutional machinery that could have assisted in strengthening the organizational focus of the Programme, namely - the Technical Committee, hold irregular meetings, while the National HIV/AIDS Commission as the advisory body has failed to effectively take off. The NACP therefore, has functioned almost as a semi-autonomous body with weak linkages to its parent base body, the Ministry of Health, particularly with changing leadership and management.

In view of Ministry of Agriculture's (MOA) plan to revitalize Agriculture Extension Service Network, it is necessary that both the Ministry and Food and Agriculture Organization (FAO) are involved in strategic planning process and not assigned a role. More so, as extension services are important for dissemination of reproductive health and HIV/AIDS prevention, information and education. In addition, NGOs are willing to form alliance with the MOH on HIV/AIDS activities. It is noted also that besides FPAL, the Media Practitioners Association, youth organizations and relevant Women Organizations, with their community-based activities, are as crucial partners in Advocacy IEC on HIV/AIDS among others, were not part of the plan development process. The need to carry along key players from the informal sector at all stages of programme development and management cannot be over emphasized, more so, at the planning stage, especially if they are expected to implement the plan.

A number of operational and logistics issues raised by the review team in its situation analysis of the National response to HIV/AIDS, in Liberia have implications for the prevention and control of the pandemic, more so, when an Agency set up for prevention and control of HIV/AIDS could inadvertently, be contributing to the spread of the scourge.

5.6.7 Ambivalence among Health Personnel

The 'Denial phase' in the country is being perpetuated by medical doctors who indicate on the certificates of deceased People Living With Aids (PLWA) opportunistic infections as the cause of death, rather than HIV/AIDS, so as to protect families of the deceased from stigma. These poses further challenge to prove the existence of people dying of AIDS.

Health workers indicated some measure of ambivalence on how to manage cases of HIV/AIDS, particularly in the absence of a manual on comprehensive management of STD/HIV/AIDS. It is envisaged that the manual would soon be in operation.

The unwritten policy of non-disclosure of results to HIV positive patients, including pregnant women raises questions as to the seriousness of the national response to the spread of HIV/AIDS. As aptly put, withholding information on HIV/AIDS positive status to the individual.

“is a lost opportunity in any disease prevention and control programme, especially AIDS - major public health hazard” (MOH, 2001 P.12)

The relevance of such non-disclosure has also denied affected patients, important information which if ‘tailored’ and ‘personalized’ could afford them the opportunity to make informed decision and choices of preventive measures, to avert possible transmission of HIV/AIDS to others. Also, pregnant mothers could avail themselves to anti-retroviral therapy where it exists in a facility.

Furthermore, the practice of testing individuals for surveillance purposes only and without their consent raises ethical and human rights issue, which should be reviewed. A patient could well feel he has been injured as an unconsenting “guinea pig”.

Also, when health workers who are expected to be crucial change agents are ambivalent about their role as exhibited by insensitivity as reflected in comments as

“... these people (PLWA) got what they deserved” (MOH, 2000. P-26)

then the quality of care in all its facets, is threatened and compromised to the detriment of prevention and control of HIV/AIDS, and also a violation of the human rights of PLWAs as citizens. In the focus group, the nurses themselves acknowledged their negative attitude, as stated by a male nurse in agreement with his group:

“... Our general attitude to PLWAs is not good... but we need to understand more about the disease (AIDS)... we are not too sure.”

With respect to patient management, the Situation Analysis of National Response to HIV/AIDS stated among others that:

“The referral system is very weak. ...there is no systematic approach to diagnosing and planning the management of HIV/AIDS patients. Infection Control is weak. Where some precautions are maintained they are inadequate” P-10

These findings present serious indictment, which have implications for the spread of HIV/AIDS. Until the necessary precautions are fully complied with, HIV will spread further due to weaknesses in organizational control. Such institutional constraints as discussed above must therefore, be addressed as a joint prevention and control strategy to desired meaningful impact.

5.6.8 [National Strategy for the Integration STD/HIV/AIDS](#)

The draft manual for the integration of RH/FP and STD/HIV/AIDS is yet to be finalized and adopted. The urgency for the implementation of the strategy is obvious, considering the problem of Managing the STI/HIV/AIDS situation. Efforts should therefore be made to quicken the process.

5.7 [IEC Activities](#)

From the earlier review, a wide range of HIV/AIDS IEC activities occur outside the formal educational setting, geared towards awareness creation among the general public.

The scenario is thus one of various ongoing IEC initiatives, being undertaken as part of different projects and programmes with their respective main programme objectives. This has created a situation of haphazard development and uncoordinated activities; production and distribution of posters and generic educational messages and information materials about STD/HIV/AIDS, which are not targeted at distinct sub-groups. Most of the designed educational materials - posters in particular, were not pre-tested before finalization and circulation. Communication experts such as Rimon (1993) and others have advised that:

"...to achieve maximum impact and cost effectiveness, the practice to a mass audience must give way to the discipline of audience segmentation"

Effective segmentation therefore, cannot be over emphasized in IEC delivery, particularly the design and effective use of motivation strategies. Furthermore, although well intentioned, the content of the messages in some cases were unclear and the language not culture-specific. The content, approach and appeal of the messages need to be revisited.

Moreover, no impact assessment has been undertaken to evaluate the efforts made so far, which is usually considered a necessary process so as to review and re-plan.

In summary, sexuality is subject to socio-cultural molding to a degree surpassed by few other forms of human behaviour. This is because, it refers to feelings, desires, behaviours, choices and values pertaining to sexual relationships.

Traumatized by war and the uncertainty about the ongoing internal conflict and impact of the U.N. Security Council sanctions, Liberians in Monrovia, are taking one day at a time, and focusing on the present. This attitude has filtered into different aspects of life including unsafe sexual practices for immediate monetary or other experiences, with the possible consequence of HIV infection. Rather than take control of their actions (including sexual behaviours) and thereby, the future, some would rather "hope" and pray. This is reflected in the observations of participants. Multiple and concurrent sex partners, and as noted, unprotected sex with casual partners, have been highlighted. The adoption of sexual practices, which have been erroneously deemed to be protection approaches to pregnancy and STI/HIV/AIDS, demands specific IEC strategies.

The misconceptions held about condoms have to be dispelled and adequate provision of quality and accessible condoms made. As argued, the organizational limitations of NACP and the ambivalence of health providers have to be addressed, while the haphazard delivery of IEC initiatives coordinated, for meaningful progress and impact, to contain the spread of HIV/AIDS.

6. CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusion:

This study has attempted to identify cultural, socio-economic and socio-medical barriers to behavioural change in sexual practices and condom usage. It is hoped that the effort would be helpful in intervention policies and programme.

The points highlighted in the preceding sections, stress the inter linkages between cultural, social and economic pressures and the involved in the transmission and spread of HIV/AIDS and also organizational weaknesses. Information, Education and Communication initiatives on their own cannot bring about the desired change nor would socio-cultural factors alone, be blamed for the failure of low usage of condoms.

Consequently, the problem of HIV/AIDS in Liberia, specifically in Monrovia and its environs is deeper and multi-faceted than the socio-cultural perspective earlier envisioned. Also, the youth in particular have become increasingly vulnerable in an adult world that has not been necessarily exemplary.

Structural and institutional frameworks to deal with the menace are inadequate and the required coordinated support systems to harness, direct and utilize the available potentials are not in place.

The necessary technical expertise at the national level are rather limited for the task of propelling effective educational, information and dissemination, and strengthen the communication of needed messages to population segments.

There is a gap in awareness level of HIV/AIDS in Monrovia, which is fairly high but actual knowledge is limited. Hence, behavior and practices of the people generally, are skewed in favor of the rapid spread of the AIDS virus. The Denial phase of the country is an added impetus to the spread.

The IEC messages have been generic, uncoordinated, and at times ambiguous, for various population and social segments in the society, thus falling short of addressing the fears, concerns and apprehensions about HIV/AIDS and condoms. Evolving forms of sexual practices have therefore occurred, offered erroneously by segments of the population in Monrovia, as preventive approaches to avert pregnancy and HIV transmission.

HIV/AIDS epidemic, from all indications in this study, could be on the rise in a relatively small population of less than 3 million. Social and cultural findings of the study point to a possibility of social and demographic catastrophe, if timely interventions are not taken.

It is logical to surmise that the burden to prevent and control the spread of HIV/AIDS rests on **all** in Liberia. It demands joint collaborative efforts by Governmental Institutions, Non-governmental Organizations, Civil Society Organizations, Religious Institutions, the private sector, and the youth. The support of the international community in the areas of technical expertise, logistical and financial support are, under the present handicapped developmental context of the country, imperative for aggressive embarkation on the campaign for HIV/AIDS Prevention and Control. Recommendations have therefore been proffered below, suggesting urgent actions at different levels - policy, programmes and organizational interventions, and also to the address underlying issues.

6.2 Recommendations

The following recommendations are unlikely to have the desired impact without strong and demonstrative leadership and commitment, at the highest level as occurred in Uganda.

1. Policy Issues

National Policy on HIV/AIDS and related Policy

One way for Government to assert its leadership role is to establish HIV/AIDS as a development issue. The review and update of the present draft National Policy on HIV/AIDS, taking into consideration the Abuja Declaration and Regional Plan of Action, and incorporating gender components and youth concerns, are therefore, of immediate importance. In this regard, policy framework is needed to provide strategic direction. Participatory process in the policy development, involving national and sectoral agencies, UN Theme group on HIV/AIDS, NGOs and CBOs, should be adopted to achieve a national consensus on a concerted country response to HIV/AIDS.

Similarly, resuscitate and update the draft National Policy on Population as an inter-related Policy. It would be important that emerging issues of the 21st century are incorporated.

2. Programme Issues

Ideally, programmes are derived from policies. However, since a multi-sectoral Action Plan has already been developed, room should be made for periodic review to take into

consideration HIV/AIDS policy direction and emerging issues. Resources should be made available and utilized for HIV/AIDS programme.

Establishment of National Advocacy/IEC Task Force

With the gap between awareness and knowledge levels in both HIV/AIDS and condom use, it is important to set up an inter sectoral National Advocacy/IEC Task Force under the leadership of the Ministry of Health and Social Welfare. This would bring together the multiplicity of actors, including stakeholders from the informal sector and NGOs/CBOs so as to coordinate and harness efforts to achieve a more focused and meaningful impact with respect to reproductive and sexual health. By creating a Task Force, IEC will not be embedded in other programmes, but have a definite direction to tackle the behavioral changes needed for responsible parenthood and reproductive health, prevention and spread of STI/STD/HIV/AIDS. The NACP could then be enhanced to concentrate mainly on the coordination and management of the National AIDS Programme, address the operational and logistic requirements of the programme and STD/HIV/AIDS monitoring responsibilities. The Task Force will tackle the denial phase of HIV/AIDS so that HIV/AIDS in Liberia will have a human face, and the scourge confronted and dealt with. It should also encourage and support PLWAs to form Advocacy group for self actualization, which, in effect, will help quell the Denial Phase.

Development of an Advocacy/IEC Strategy

The lack of a national IEC strategy is also a major gap. To this end, there is a need to engage the services of a communication expert. The expert will work with the national IEC Task Force to evolve a national IEC and Advocacy Strategy. Streamlined, innovative country/culture specific approaches to counter the negative prevailing socio-cultural barriers to the control and prevention of HIV/AIDS should be developed. This is to be regarded as a priority to ensure effective process of needs assessment, audience analysis and segmentation; and also targeting sub groups with appropriate IEC messages and services at different levels; selecting appropriate appeal (emotional, health, moral or economic) to achieve the needed behavioural changes. It would be necessary to review the existing IEC materials, design effective motivational messages and adopt such appropriate channel, ultimately devising specific working strategies aimed at behavioural change - for instance awareness raising through drama, songs, lectures, seminars and training. Greater awareness on the linkage between STDs and the risk of HIV/AIDS needs to be stressed, so also is the increase in public access to various types of information. Where necessary, popular artists could serve as role models to produce attitudinal and behavioural changes.

The expert will devise a communication strategy for out-of-school- education, which should take into consideration basic demographic data, the AIDS Policy environment, the condition and functioning of mass media, interpersonal ("word of mouth" in Liberia) and network settings, and also structures of community in various parts of the country not only in Monrovia. In addition, the expert is to liaise with Media against AIDS to create advice column of newspapers, directed at young readers with professional suggestions on how to deal with personal pressures of love, emotion, marriage, sexual relationship, health and STD/HIV/AIDS matters.

Social Marketing of Condoms

In view of the rather strong misconceptions held against condoms, explore the possibility for social marketing, with a view to creating demand and increasing the sustained use of condoms. This should be an immediate strategy to package and present quality and accessible gender and youth friendly condoms, in a more acceptable manner to the population. However, as demand is stimulated, the supply should be made available to avoid frustration and loss of confidence in service provision.

Youth involvement in distribution of condoms and awareness activities against STD/HIV/AIDS through peer group education and counseling should be intensified and supported.

Develop innovative male motivating project targeting males.

Adoption and implementation of the integration of RH/FP/STI/HIV/AIDS using the developed Manual, should receive urgent consideration.

Integrate/mainstream HIV/AIDS in national development planning and incorporate AIDS and environmental issues in teaching materials within the context of population education.

Capacity and Institution strengthening of NACP is basic for the effectiveness of the National AIDS Programme.

Foster collaborative Efforts

Government alone cannot deal with the crisis of HIV/AIDS. Collaborative activities with religious leaders, key influentials, and the coalition of NGOs/CBOs are necessary for effective impact at the grassroots level. So also are new initiatives on parent and teachers education on how best to handle adolescents and sexual health. Furthermore, experience from elsewhere (Brazil, Senegal and Zimbabwe) have shown the important role of religious leaders and traditional healers. Such efforts should be facilitated. They could be useful change agents in AIDS prevention initiatives, if the right approach is employed. Finally, efforts for advocacy for PLWAs should be promoted, this would enable the country review its denial phase.

3. Organizational Issues

Health Personnel

It is important to minimize the negative attitude of health personnel toward PLWA. To this end, periodic seminars, training and international exposures to other practices will help to widen their horizon and sensitize health providers to the plight of PLWAs, and to encourage voluntary screening.

The counseling services need to be strengthened for post-test counseling, to support the PLWA to organize its own Advocacy Group. Counselors should appreciate when to transfer cases to social workers for follow-up community support services especially when PLWAs reach incapacitated stage for clinic attendance.

Management Information System

In addition to the other organizational requirements including logistics, as highlighted by the Situation Analysis of the National Response to HIV/AIDS it is necessary to reemphasize the importance of a Management Information System for a Nationwide HIV/AIDS Programme. Routine information data on the HIV/AIDS and management situation are important tools for reviews and re-planning, strategically.

Voluntarily Counseling and Testing Centers

Individuals have the right to know their status. Therefore provide centers which would enable people to consider whether they want to test or not and make informed decisions about going ahead.

4. Underlying Issues

Poverty Alleviation Scheme and Youth Centers

Efforts to harness the energies of the young population toward purposeful living should receive urgent attention. In this regard, job creation, micro credit schemes to alleviate the poverty level and the establishment of supervised youth centers should be considered.

6.2.4 Proposals for the Consideration of UN Theme Group on HIV/AIDS

The following HIV/AIDS-specific proposals are recommended for consideration by the UN Theme Group on HIV/AIDS to support the efforts of Government of Liberia.

Policy Issues

Without the guiding framework of an AIDS policy, the present efforts to combat the HIV/AIDS situation would continue to lack strategic direction. Therefore, the UN system through the Theme Group could consider:

- Supporting the review and update of the draft comprehensive national AIDS policy and National Population Policy incorporating gender and youth concerns to provide focused direction.
- Providing short-term experts to assist national planners with appropriate methodologies for the integration of HIV/AIDS impact into the development planning process and programme development.
- Expanding the membership of UN Team Group on AIDS to include FAO in view of the threat to food security by displacement and possibly HIV/AIDS.

Programme Issues

The implementation of the developed multi-sectoral plan is a task for which the national capacity is limited. In this regard, the continued technical and financial support of the UN system would be needed in the following areas:

Strengthening Management Capacity by:

- Providing a Technical Adviser for the NACP.
- Supporting multi-sectoral and participatory approaches for national actions against HIV/AIDS.
- Facilitating the implementation of the integration strategy for RH/FP/STI/STDs, HIV/AIDS and adolescent health services.
- Assisting the MOHSW/NACP to develop Management Information System, RH/FP/STI/HIV/AIDS and condom use data to obtain reliable data, to establish trends and facilitate management strategy.
- Providing support for the improvement of logistics to MOHSW/NACP.

Supporting the Establishment of an Advocacy/IEC Task Force and IEC Strategy Development and Associated Programmes

- Facilitating the arrangements for setting up a national Advocacy/IEC Task Force under the leadership of Ministry of Health and Social Welfare.
- Providing a communication expert for innovative country-specific approaches to counter misconceptions and negative cultural barriers to HIV/AIDS control and prevention;
- Assisting the development of a multi-sectoral IEC strategy to combat the AIDS menace;
- Facilitating the extension of Pop/FLE to in school children to cover more schools and counties than the present seven counties.
- Supporting out of school reproductive and sexual health education and programmes for the youth including peer education schemes.
- Supporting social marketing of condoms and other programmes that maximize the use of media (electronic, print, folklore) to counteract rumors and misconceptions. Media training will be required.

5. Organizational Issues

Capacity building of Health Professionals to broaden their Scope and Foster Additional Change:

- Strengthening the training of trainers to appreciate HIV/AIDS epidemic to improve their skills in interpersonal communication and counseling, in order to re-orientate their trainees to appreciate the plight of PLWAs.

- Providing training and counseling materials.
- Sponsoring attendance at international fora to increase exposure to other practices.

Supporting NGOs in the implementation of the AIDS multi-sectoral plan, and in particular voluntary screening, and advocacy/IEC components of the AIDS programme

- Facilitating meaningful partnership between Government and NGOs and CBOs.
- In collaboration with experienced institutions and NGOs supporting voluntary screening activities.
- Supporting advocacy efforts of PLWAs, gender and children's concern and against sexual exploitations.
- Supporting innovative community-based approaches that target men in particular, youth, commercial sex workers and hairdressers and the promotion of condom.
- Stimulating and supporting national research capacities to undertake periodic data and STI/HIV/AIDS related studies in the country.
- Assisting collaborative initiatives directed at religious leaders on HIV/AIDS prevention and control, traditional healers, particularly in relation to circumcision, scarification, the use of sterilized instruments and condom distribution.

6. Underlying Causes

Supporting Poverty Alleviation Schemes and establishment of Youth Centers

- Increasing support for micro-credit schemes for women and out of school youth.
- Supporting development programmes that integrates HIV/AIDS issues in all activities.
- Assisting with the establishment of supervised youth recreation centers.

REFERENCES

- Adetunji, J. (2000) Condom use in Marital and non-marital Relationships in Zimbabwe. International Family Planning Perspectives 2000, Vol. 26, No. 4.
- Belleh, W. (1999) "Keynote Address to the National Policy Conference on Children". Held at the Unity Conference Center, Monrovia in November 1999.
- Blumer, H. (1969) Symbolic Interactionism Eaglewood Cliffs, Prentice Hall.
- Bruce, J. G. (1990) "Fundamental elements of the Quality of Care, A Simple Framework." "Studies in Family Planning 2(2): 61 - 91".
- Cain, K. L. (1999) "The Rape of Dinah: Human Rights, Civil War in Liberia and Evil Triumphant" Human Rights Quarterly 1999, 21 (2): 265 - 307.
- Doupe, A. (2001) "Why focus on men?" SAFCO. Abidjan.
- FAO (1997) "he Rural People of Africa confronted with AIDS: A challenge to Development." Summary of FAO studies on AIDS - Rome.
- Finger (1993) See Rivers K and Aggleton P. (1998) Adolescent sexuality, Gender and the HIV Epidemic. Institute of Education, University of London, P.4
- Gerdner, R. & Blackburn R. (1996) "People Who Move: New Reproductive Health Focus." Population Reports, series J, No. 45, Nov.
- Government of Liberia (2001) "5-year-National Reconstruction and Development Plan 2001 - 2006: Accelerating the Transition from Reconstruction to Sustainable Development and Poverty Reduction. Monrovia

- Green, E. L. (1992) " The Anthropology of Sexual Transmittal Diseases in Siberia" in Social Science and Medicine 35:12 1457 - 1468.
- Grunseit, A. & Kippax, S. G. (1997) "Effects of Sex Education on Young People's Sexual Behavior". W.H.O., Geneva.
- Hankins, C. (1995) "Women and AIDS: PsychoSocial Issues": in AIDS CARE 7:1, 80 - 84.
- Harris, M. (1985) Good to Eat: Riddles of Food and Culture. Simon and Schuster. N.Y.
- Harrison, L. E. & Huntington, S. P. (eds) (2000) Culture Matters: How Values Shape Human Progress. N. Y. Basic Books. P.7
- Hecht, R. (2001) Poverty and the AIDS Pandemic in Africa. SAFCO. Abidjan.
- Holland, J. et al (1990) "Sex, Gender and Power. Young Women's Sexuality in the Shadow of AIDS" in Society of Health and illness 12:3, 336 - 350.
- Janowitz B. et al (2000) Community-Based Distribution in Tanzania: Costs and Impacts of Alternative strategies to improve worker Performance". International Family Planning Perspectives Vol. 26, No. 4: Pp. 158 - 160 & 193 - 195.
- Kovacs, M. (2000) Cited by L'Homme in " AIDS: We Need a New Approach". Sources UNESCO Nov. No. 128.
- Lagarde, E. et al (2000) "Religion and Protective Behaviors towards AIDS in Rural Senegal". AIDS 14(13): 2027 - 2033.
- L'Homme, C. (2000) "AIDS: "We Need a New Approach". Sources UNESCO Nov. No. 128 -P. 48
- Lindhan L., Allen, S. & Careal L. (1991) "Knowledge Attitudes and Perceived Risk of AIDS among Rwandan Women: Relationship to HIV Infection and Behaviour Change" in AIDS 5 1993 - 1002.
- Manguelle E. (2000) "Does Africa Need a Cultural Adjustment Programme?"Cited by L'Homme in "AIDS: "We Need a New Approach". Opcit P.4.
- Mazars, C. (2000) Cited by L'Homme in "AIDS: "We Need a New Approach". Opcit P.4.
- Mwale, G. & Burnard (1992) "Women and AIDS in Rural Africa. Hants, Ashgate Publishing Ltd.

- NACP (2000a) Preliminary Report on the Development of a Multi-sectoral Strategic Plan for HIV/AIDS Prevention and Control - WHO, Monrovia.
- National HIV/AIDS/STI Control Programme (2000) "The National Multi-Sectoral Strategic Plan of Action". Ministry of Health & Social Welfare. Monrovia.
- Neuman, W. L. (1991) "Social Research Methods" - London. Allyn and Bacon.
- Otti, P. N. (1996) "The Family in Conflict Situation: African Perspective and the Role of Media Practitioners". A Paper delivered at the seminar on Media, Conflict Resolution and Peace in Africa. Organized by the Panos Institute at the University of Legon, Accra, Ghana. Nov 25 - 29th. Published as "Armed Conflicts in Africa; "Social Dimensions and the Role of the Media." In Nigeria Journal of Policy and Strategy Vol. 11, No. 1 & 2. National Institute of Policy and Strategic Studies Kuru.
- Otti, P. N. (1998) "Socio-Cultural Study on HIV/AIDS in Lesotho". UN Theme Group on HIV/AIDS, UNDP Maseru.
- Patterson, O. (2000) "Taking Culture Seriously: A Framework and an Afro-American illustration" in Harrison, L.E. and Huntington S.P. Eds. Culture Matters: How Values Shape Human Progress pp 203-218.
- Peacock, U. L.. (1993) The Anthropological Lens. Cambridge University Press.
- Piot, P. (2001) See Mutume, S. "African Leaders Declare War on AIDS". Africa Recovery. UNDPI Vol. 14 No. 4, P.23.
- Reid, E. (1993) "Young Women: Silence, susceptibility and the HIV Epidemic", HIV and Development Programmes Issues. Paper 12, UNDP New York.
- Rimon, J. G. & Lediard, M. (1993) "Nepal IEC Needs Assessment: Findings and Recommendations." John Hopkins University. Center for Communication Programs, Baltimore.
- Ritzer, G. (1983) Sociological Theory. N. Y. Knopf Pp. 306 - 307.
- Singhai A. & Rogers E. M. (1999) Entertainment - Education: A Communication Strategy for Social Change, Mahwah N.J., U.S.A.: Lawrence Erlbaum Associates.
- Subah-Belleh Associates (1999) "Impact of Under-Development and Armed Conflict on Children in Liberia: A Situation Assessment and Analysis". UNICEF, Monrovia

Swiss S. et al (1998) "Violence against Women during the Liberian Civil Conflict", Journal of the American Medical Association, 279(8): 625 - 629.

The Henry J. Kaiser Daily HIV/AIDS Report. June 14. Also at Foundation (2000) <<http://report.kff.org/hivaids>>

UNDP (1999) National Human Development Report, Monrovia.

UNDP (1999) "First Country Cooperation Framework (CCF) for Liberia 2000 - 2002". Monrovia

UNDP (2001) Poverty Profile of Liberia: Household Income Survey, Monrovia.

UNECA (1992) "Draft Declaration on AIDS Epidemic in Africa: An Agenda for Action", ECA, ECA MH/Draft. Res 1(ii) Addis Ababa.

UNFPA (2000) Population Issues - Briefing Kit 2000

UNICEF (2000) "Domestic Violence against Women and Girls," Innocent/Digest May 2000 No. 8.

UNIFEM (1998) Gender Focussed Interventions to Address the Challenges Of the HIV/AIDS Epidemic. N.Y.

Vaughan, P. W. et al (2000) "Effect of an Entertainment - Education Radio Opera on Family Planning and HIV Prevention in St. Lucia", International Family Planning perspectives, Vol. 26, No. 4, 2000, Pp. 148 - 156.

World Health Organization (W.H.O.) Ministry of Health & Social Welfare (1997) Situation Analysis: Priority Needs of youth and Adolescent Health in Liberia. Monrovia

World Health Organization, Ministry of Health & Social Welfare (2000) Situation Analysis of the National Response to HIV/AIDS in Liberia: Final Report June 2000. Monrovia.

Project Documents

UNDP - LIR/99/007 Strengthening of Women Institutions for Gender Mainstreaming

UNDP - LIR/97/004 Strengthening of the National HIV/AIDS Control Programme (NACP)

