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THE ROLE OF FAMILY IN PREVENTION OF HIV/AIDS IN JALINGO LGA OF TARABA STATE

VINCENT ANDREW MAKERI

Department of Sociology, Taraba State University
 Jalingo, Taraba State - Nigeria
vincentandrewmakeri@gmail.com
 +2348084261501

Abstract

The family, as the primary socialization unit, influences health behaviors, moral values, and decision-making processes that are essential in combating the spread of the disease. The discussion highlights various preventive roles of the family, including parental guidance, moral and ethical upbringing, emotional support, health education, and the promotion of voluntary counseling and testing. It also addresses socio-cultural and economic challenges that may hinder the family's capacity to prevent HIV/AIDS. The findings underscore that families in Jalingo can significantly reduce vulnerability to infection by fostering open communication about sexual health, reinforcing positive behavioral norms, and linking members to available health services. Recommendations are made for strengthening family-based HIV/AIDS education, promoting parent-child communication, integrating cultural and religious leaders into prevention programs, providing economic support to vulnerable households, and increasing access to health care services. Strengthening the family's preventive role is presented as a vital strategy in the broader fight against HIV/AIDS in the region.

Introduction

The family, as the smallest but most influential social unit, an important role in shaping health behaviors, values, and life choices that directly affect the well-being of its members (Okon, 2019). It is within the family that individuals first learn moral values, social norms, and life skills, which in turn influence their attitudes towards sexual relationships, health-seeking behaviors, and risk-taking tendencies. In the context of HIV/AIDS, these early lessons are

crucial because prevention depends not only on medical interventions but also on informed decision-making, safe practices, and supportive interpersonal relationships (World Health Organization [WHO], 2022).

Globally, HIV/AIDS remains a major public health challenge, with sub-Saharan Africa bearing the greatest burden. According to UNAIDS (2023), the region accounts for more than two-thirds of all people living with HIV worldwide. Nigeria, being the most populous country in Africa, has an estimated 1.8 million people living with the virus, making it one of the countries with the highest HIV burdens globally (National Agency for the Control of AIDS [NACA], 2023). While significant progress has been made through awareness campaigns and treatment programs, factors such as low awareness, stigma, poverty, and unsafe sexual practices continue to drive the epidemic (Adebayo & Musa, 2021).

In Taraba State—particularly in Jalingo Local Government Area—the HIV prevalence rate remains relatively high compared to some other regions in Nigeria (NACA, 2023). The socio-cultural dynamics of the area, characterized by ethnic diversity, strong religious influences, and the coexistence of both urban and peri-urban communities, play a significant role in shaping health behaviors. In such contexts, the family is not only a site of moral and cultural formation but also a critical partner in public health interventions. When families are equipped with accurate knowledge about HIV transmission and prevention, they can serve as a frontline defense against the spread of the virus (Ibrahim & Okonkwo, 2020).

The influence of the family in HIV/AIDS prevention operates through several pathways. Families can provide age-appropriate sexual health education, countering misinformation from peers or mass media (Salami & Bamidele, 2019). They can promote protective values such as abstinence, fidelity, self-respect, and personal responsibility, which have been shown to reduce vulnerability to HIV infection (WHO, 2022). Additionally, families can offer emotional and social support to members living with HIV, thereby reducing stigma and encouraging adherence to treatment, which significantly lowers the risk of onward transmission (UNAIDS, 2023).

However, several barriers hinder effective family involvement in HIV/AIDS prevention. These include cultural taboos surrounding open discussion of sexual matters, lack of adequate knowledge among parents, fear of stigma, and poverty, which may compel individuals into high-risk survival strategies such as transactional sex (Eze, 2020). In Jalingo LGA, where traditional and religious norms strongly influence interpersonal relationships, addressing these barriers requires culturally sensitive and community-based approaches that recognize the centrality of the family in everyday life (Chukwuemeka, 2018).

Therefore, understanding and strengthening the role of families in HIV/AIDS prevention is both a health priority and a social imperative. This paper examines the ways in which families in Jalingo LGA contribute to reducing the spread of HIV/AIDS, identifies existing gaps in family-based prevention, and proposes strategies to enhance their capacity as agents of health promotion and social change.

Conceptual Clarifications

Human Immunodeficiency Virus (HIV) is a retrovirus that attacks and progressively weakens the body's immune system, specifically targeting the CD4+ T-lymphocytes, which play a crucial role in immune defense (UNAIDS, 2023). The gradual depletion of these immune cells impairs the body's ability to fight infections and certain cancers, making individuals increasingly susceptible to opportunistic diseases. If untreated, HIV infection progresses through three major stages: acute HIV infection, clinical latency (chronic HIV), and acquired immunodeficiency syndrome (AIDS) (World Health Organization [WHO], 2022). AIDS represents the most advanced stage of HIV infection, characterized by severe immune suppression and the occurrence of opportunistic infections or HIV-related cancers such as Kaposi's sarcoma and certain lymphomas (Centers for Disease Control and Prevention [CDC], 2022).

The virus is primarily transmitted through specific body fluids—blood, semen, vaginal secretions, rectal fluids, and breast milk—from an infected person to another, often through unprotected sexual contact, sharing of contaminated needles, transfusion of unscreened blood products, or from mother to child during pregnancy, childbirth, or breastfeeding (Okon, 2019; WHO, 2022). While casual contact such as hugging, shaking hands, or sharing utensils does not spread HIV, persistent myths and misconceptions contribute to stigma and discrimination against people living with HIV (PLHIV) (Chukwuemeka, 2018).

Globally, HIV/AIDS remains a major public health concern, with approximately 39 million people living with HIV as of 2022, and sub-Saharan Africa accounting for more than two-thirds of the global burden (UNAIDS, 2023). In Nigeria, an estimated 1.8 million people were living with HIV in 2022, with a prevalence rate of 1.3%, making it one of the countries with the highest number of cases in the world (National Agency for the Control of AIDS [NACA], 2023). The epidemic in Nigeria is largely driven by factors such as low comprehensive knowledge of HIV prevention, cultural and religious barriers to sexual health education, gender

inequality, and limited access to quality healthcare services (Salami & Bamidele, 2019; Eze, 2020).

Importantly, HIV/AIDS is not only a biomedical issue but also a socio-economic and cultural one. The disease disproportionately affects vulnerable groups—such as young women, sex workers, people who inject drugs, and men who have sex with men—due to structural inequalities and social exclusion (Ibrahim & Okonkwo, 2020). Addressing the epidemic, therefore, requires an integrated approach that combines biomedical interventions—such as antiretroviral therapy (ART)—with behavioral, structural, and policy measures aimed at reducing stigma, improving health literacy, and ensuring equitable access to prevention and treatment services (WHO, 2022; UNAIDS, 2023).

Family

The family is universally recognized as the fundamental unit of society, serving as the primary environment where individuals are nurtured, socialized, and supported throughout their lives (WHO, 2020). It is a social institution composed of individuals connected by blood, marriage, adoption, or other recognized bonds, who share emotional ties, responsibilities, and often a common household (United Nations, 2019). Families function as both biological and social systems, transmitting genetic heritage while also shaping cultural norms, moral values, and patterns of behavior through continuous interaction (Bronfenbrenner, 1994).

The concept of family has evolved over time, adapting to societal changes, economic pressures, and cultural diversity. Traditionally, the nuclear family—comprising parents and their children—was the dominant structure in many societies. However, in many parts of Africa, including Nigeria, extended family systems remain prevalent, encompassing grandparents, uncles, aunts, cousins, and even close community members who share caregiving and decision-making roles (Amoateng & Heaton, 2017). These extended networks often provide vital support, especially in contexts where formal social welfare systems are limited or absent.

From a sociological perspective, the family plays a critical role in primary socialization, where individuals learn language, beliefs, norms, and roles that prepare them for participation in society (Parsons & Bales, 1955). It also serves economic functions, including the provision of resources, division of labor, and intergenerational transfer of wealth and property (Goode, 1963). Emotionally, the family offers love, protection, guidance, and a sense of belonging—factors essential for psychological well-being and resilience in the face of adversity (Walsh, 2016).

In the context of public health, families are instrumental in influencing health behaviors, including sexual practices, dietary habits, and treatment adherence. For instance, supportive family environments have been shown to enhance HIV prevention and care outcomes by promoting communication, reducing stigma, and encouraging timely health-seeking behavior (Ibrahim & Okonkwo, 2020). Conversely, family dysfunction, conflict, or breakdown can exacerbate vulnerability to diseases, including HIV/AIDS, particularly among adolescents and marginalized populations (Salami & Bamidele, 2019).

Thus, the family is not only a microcosm of society but also a powerful determinant of individual and collective health outcomes. Understanding its structure, functions, and dynamics is essential for designing effective health interventions, including those aimed at HIV/AIDS prevention and management.

Roles of the Family in the Prevention of HIV/AIDS

Family plays critical role in promoting health, preventing diseases, and providing care and support for its ill members. In the case of HIV/AIDS, “The family is on the front line in preventing HIV transmission, providing education and reinforcing risk reducing HIV-related behaviors for those living with HIV. The family is also the de facto caretaker for those living with HIV” (American Psychological Association, 2010). In other words, HIV/AIDS is a family disease (Belsey, 2005; Richter et al., 2009).

The focus on family and AIDS has been addressed in many health organizations, including UNAIDS. For example, in 2010 in Doha, Qatar, Mr. Michel Sidibé, the Executive Director of UNAIDS in a speech delivered at the colloquium *on the Empowerment of the Family in the Modern World: Challenges and Promises Ahead*, said:

The epidemic still frays and unravels families... Yes, families can be, and are, torn apart by AIDS. But let’s look at this another way: Families can also be highly protective, inoculating members against the worst outcomes of AIDS. They offer a dependable means of prevention education and the clout to keep children in school, on track and out of risk. Family support can improve adherence to treatment, provide sustaining care and offer the first line of defense against stigma and isolation. And in the largest sense, strong families contribute to community—and by extension national—stability. (Badahdah, 2011). Some of the ways family can prevent HIV/AIDS includes;

1. Sexual Health Education

One of the primary roles of the family is to provide accurate, age-appropriate, and culturally sensitive sexual health education. Parents and guardians can serve as trusted sources of information, helping to dispel myths and misconceptions about HIV/AIDS transmission (Ibrahim & Okonkwo, 2020). For instance, clarifying that HIV cannot be contracted through casual contact reduces irrational fear and stigma. Research shows that adolescents who receive comprehensive sexual health information from their families are more likely to adopt safe sexual practices, including condom use and delayed sexual debut (Adebayo & Musa, 2021). By integrating factual information into everyday discussions, families can strengthen HIV prevention knowledge at the household level.

2. Open Communication on Sexuality

Healthy communication between parents and children fosters openness, trust, and mutual understanding. When parents create a safe space for discussing sexuality, reproductive health, and HIV prevention, young people are better equipped to make informed decisions (Salami & Bamidele, 2019). Studies indicate that regular, judgment-free conversations about sexual health correlate with lower engagement in high-risk sexual behaviors among adolescents (Okon, 2019). The family should encourage honest dialogue rather than relying solely on moral warnings, as such conversations allow misconceptions to be addressed promptly.

3. Behavioral Modeling and Value Transmission

Families transmit social and moral values that shape attitudes toward sexual behavior. By modeling fidelity, mutual respect, and responsible partner selection, parents and guardians indirectly influence the sexual conduct of their children (Chukwuemeka, 2018). Children who observe responsible sexual behavior within their households are more likely to adopt similar practices when they become sexually active (UNAIDS, 2023). Value-based modeling is particularly important in cultures where taboos prevent open discussion of sexual matters; in such cases, behavior serves as a silent yet powerful form of education.

4. Supervision and Guidance

Parental supervision reduces opportunities for risky sexual activities by setting boundaries on social interactions and peer group influences. Effective supervision includes monitoring friendships, curfew enforcement, and awareness of the child's environment (WHO, 2022). Adolescents without adequate parental oversight are more vulnerable to peer pressure,

substance abuse, and risky sexual encounters, all of which increase the likelihood of HIV exposure (Eze, 2020). Guidance also involves helping young adults navigate dating relationships safely and responsibly.

5. Emotional Support and Counseling

Emotional stability is a protective factor against behaviors that elevate HIV risk, such as transactional sex or substance abuse. Families that provide love, acceptance, and understanding foster resilience and positive self-worth in their members (Okon, 2019). For individuals living with HIV, emotional support from family members is critical in managing stigma, maintaining adherence to antiretroviral therapy (ART), and reducing mental health burdens (NACA, 2023). Encouraging open emotional expression and offering counseling within the family setting strengthens members' capacity to cope with challenges related to HIV.

6. Stigma Reduction and Acceptance

Stigma remains a significant barrier to HIV prevention and treatment. Families can play a pivotal role in challenging discriminatory attitudes and promoting acceptance of people living with HIV/AIDS (UNAIDS, 2023). When families reject stigma, they create an environment where infected members feel safe to disclose their status, seek treatment, and encourage others to test without fear. Stigma reduction at the family level can ripple outward to influence community attitudes, thereby enhancing public health outcomes (WHO, 2022).

7. Care and Support for Infected Members

Families provide essential care to members living with HIV/AIDS, including physical care, nutritional support, and assistance with medical appointments. This support not only improves health outcomes but also reduces the likelihood of further transmission by ensuring adherence to ART (Salami & Bamidele, 2019). Moreover, in resource-limited settings, family caregiving serves as a critical supplement to formal health systems, especially where institutional care is inaccessible or unaffordable (Chukwuemeka, 2018).

Conclusion

The family plays a vital role in the prevention of HIV/AIDS in Jalingo by serving as the first source of information, moral guidance, and behavioral modeling for children and adolescents. As the primary social unit, the family shapes attitudes toward sexual health, encourages responsible behavior, and fosters open communication about sensitive issues. Through parental

guidance, moral support, and value-based education, families can influence their members to adopt safe practices, seek voluntary counseling and testing, and avoid high-risk behaviors. However, factors such as poverty, cultural taboos surrounding sexuality, and limited knowledge about HIV/AIDS can undermine the family's preventive role. Strengthening family capacity through education, economic empowerment, and access to health resources is therefore essential to reducing the prevalence of HIV/AIDS in Jalingo.

Recommendations

Strengthen Family-Based HIV/AIDS Education: Government agencies and NGOs should organize community-level training programs to equip parents with accurate knowledge and communication skills for discussing HIV prevention with their children.

Promote Parent–Child Communication on Sexual Health: Culturally sensitive awareness campaigns should encourage parents to break the silence around sexuality and HIV/AIDS, thereby fostering open, trust-based discussions in the home.

Integrate HIV/AIDS Awareness into Religious and Cultural Platforms: Religious leaders and community elders in Jalingo should be engaged to promote family responsibility in HIV prevention through sermons, community meetings, and youth programs.

Enhance Economic Support for Vulnerable Families: Poverty reduction initiatives, including skills acquisition and microfinance schemes, should target low-income households to reduce vulnerability to HIV/AIDS-related risk behaviors.

Increase Access to Health Services: Families should be linked to HIV testing centers, counseling services, and antiretroviral therapy programs to encourage early detection, treatment, and preventive care.

Support Youth Engagement Programs: Peer education and youth-friendly health services should be promoted to complement family efforts in reinforcing safe practices among adolescents.

Works Cited

- Adebayo, T., & Musa, A. (2021). Parental influence on adolescent sexual behavior in Nigeria: Implications for HIV prevention. *African Journal of Reproductive Health*, 25(4), 56–68. <https://doi.org/10.29063/ajrh2021/v25i4.6>
- Amoateng, A. Y., & Heaton, T. B. (2017). *Families and households in Africa*. Cambridge Scholars Publishing.
- Badahdah, A. (2016). Attitudes Toward Restricting the Sexual and Reproductive Rights of Women Living With HIV Infection in Yemen, 27, Issue 2, Pages 180–187.
- Belsey, M. (2005). AIDS and the Family: Policy Options for a Crisis in Family Capital. Retrieved from [http://www.un.org/esa/socdev/family/Publications/belsey/FINAL%20REPORT%20-%20BELSEY'S%20HIV%20REPORT%20\(PDF\).pdf](http://www.un.org/esa/socdev/family/Publications/belsey/FINAL%20REPORT%20-%20BELSEY'S%20HIV%20REPORT%20(PDF).pdf)
- Chukwuemeka, C. (2018). Cultural determinants of health-seeking behavior in sub-Saharan Africa. *International Journal of Sociology and Anthropology*, 10(5), 37–45. <https://doi.org/10.5897/IJSA2018.0743>
- Eze, P. (2020). Family communication barriers and HIV/AIDS prevention in rural Nigeria. *Journal of Health Communication*, 25(2), 102–112. <https://doi.org/10.1080/10810730.2020.1712263>
- Ibrahim, S., & Okonkwo, C. (2020). Parent–child communication and sexual health education in Nigerian families. *BMC Public Health*, 20, 682. <https://doi.org/10.1186/s12889-020-08810-4>
- National Agency for the Control of AIDS. (2023). *National HIV/AIDS strategic framework 2023–2027*. NACA. <https://naca.gov.ng>
- Okon, E. (2019). The role of family in the control of sexually transmitted infections in Africa. *Nigerian Journal of Family Practice*, 10(1), 15–22.
- Salami, K., & Bamidele, A. (2019). Family-based interventions in HIV prevention: A review of best practices. *Journal of Community Medicine and Primary Health Care*, 31(2), 45–53.
- UNAIDS. (2023). *Communities at the centre: Global AIDS update 2023*. Joint United Nations Programme on HIV/AIDS. <https://www.unaids.org/en/resources/documents/2023/global-aids-update>.
- Walsh, F. (2016). Family resilience: A developmental systems framework. *European Journal of Developmental Psychology*, 13(3), 313–324. <https://doi.org/10.1080/17405629.2016.1154035>
- World Health Organization. (2022). *Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring*. WHO. <https://www.who.int/publications/i/item/9789240062702>.
- World Health Organization. (2020). *Family health and development*. WHO. <https://www.who.int>