SEXUAL BEHAVIOUR, RESISTANCE TO CHANGE AND PROSPECTS FOR HIV/AIDS SPREAD IN METROPOLITAN LAGOS

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Abstract
Despite the knowledge and awareness about HIV/AIDS, attitudes of most people in this city that promote the spread of HIV/AIDS have not changed. This paper examines factors that have been responsible for the kind of resistance that we have been witnessing. The study was carried out in Lagos State. A multi-stage random sampling procedure was employed in administration of 1000 questionnaires to the general populace
The study revealed that the psychological nature of sex does not allow people to change their attitudes in spite of their good knowledge of HIV/AIDS. Significant proportions were also involved in risky behaviour by not using condoms during intercourse. The study shows that fighting the most complex disease like HIV/AIDS requires more information about the consequences of living with the disease. People must realize the effect of HIV/AIDS on the household income and the knock out effect on the family apart from resorting to death.

INTRODUCTION

The belief that AIDS epidemic is still in its early stage is gradually being reconsidered and replaced with concern over its possible devastating effect over the next half century in sub-Saharan Africa, where two-thirds of all HIV-positive persons in the world are found (UNIADS 2007). In Nigeria 2006 sentinel survey indicated that about 4.4% of the Nigerian population are HIV/AIDS positive, this translates to about 5.8 million people that are infected. This figure is among the highest in sub-Saharan Africa. More than seventy percent of the infections occur through heterosexual contact and over half of those infected are women. Though evidences are mounting that people have knowledge and the attitudes to effect behavioural change regarding HIV infection (Adegbola and Oni 1995, Orubuloye et al 2000, Adeyemi 1999). It is certain that these have not shift people's sexual practices.

The nature and structure of the African family system are important determinants of pattern of sexual relations within and outside marriage (Orubuloye et al 1997). Polygyny meant substantial delay of male first marriage, and produces a situation where half of adult males are single and sexually active. It also taught men that relations with only one woman are not part of man's nature. Postpartum and long periods of abstinence after each birth by women make them unavailable for sex. Men exploit this opportunity to look for partners elsewhere in the past from members of the extended family, but now

especially in the urban centres from the commercial sex workers, widows, divorcee, young ladies, students of higher institutions and deserted women.

Orubuloye (2004) explained that African sexual system has by and large passed through three phases: the traditional system which allowed very considerable sexual freedom for males and more discreet freedom for females in certain circumstances; the colonial and post-colonial system with its monetization, urbanization and greater mobility of male and female, and a new phase characterized by a major epidemic in human history. Experiences elsewhere have shown that the AIDS epidemic is likely to lead to behavioural modification. The situation in Nigeria has not indicated a significant change in multipartnership relationships, only few are really afraid of the disease and resistance to the epidemic is at present too low. Then what are the factors that hindered or block behavioural change in Nigeria? What factor(s) did not allowed the high-risk group to practice safe sex? These are some of the pertinent questions this paper is tried to provide answers.

Need for more information from urban centres, as the present study proposes, is seen in the more widespread availability of commercial sex, greater sexual freedom and varies socio-economic changes that have led to a widening of sexual networks in these areas. The challenge therefore is to examine the sexual behaviour and resistance to change in this era of HIV/AIDS in Nigeria urban centres.

METHOD

Metropolitan Lagos, the study area has been chosen for her level of urbanization and diverse characteristics. She derives her importance and prominence as a premier city from her political and economic functions as well as her strategic location on the Atlantics. Metropolitan Lagos is situated in south-western part of the country, lies approximately between $2^0\ 42^1$E and $3^0 42^1$E, and latitudes $6^0 20^1$N and $6^0\ 42^1$N. It is made up of Lagos municipality and greater Lagos. The former refers to the city of Lagos comprising the three islands of Victoria, Lagos and Iddo while the latter comprises the surrounding urban and sub-urban conurbation such as Agege, Mushin, and Ebute-metta, Yaba, Ketu-Ojota, Festival town (FESTAC), Ojo and Satellite towns. The boundaries of

this vast area can be defined as Mayegun village in the east, Ojo town in the west, Agege town in the north and in the south part of the 180 kilometre long Atlantic coastline (Noah, 2000).

It has a population of about (9.2m) which accommodates over 6.2 percent of the national population of 140 million (2006 population census figure). At 9 percent per annum growth rate, approximately 300,000 persons per annum or 25,000 per month or 34 persons per hour are added to the existing population (Noah 2000). Metropolitan Lagos is most heterogeneous city in the country. Apart from the major ethnic group, which is Yoruba, it consists of all known ethnic groups in the country with diverse social, economic, political and cultural characteristics. It remains the economic nerve centre of the country. It is the most industrialized city in the country.

Both qualitative and quantitative methods were used for data gathering. For quantitative data the Questionnaire method was used and for qualitative, Focus Group Discussion (FGD) and In-depth interview were used for the collection of data

In order to make the sample size representative of the whole population in the study area, multistage sampling technique was used. The study area was divided into three zones, the inner city, the middle ring and the outliners. The inner city is oldest part of the metropolis and is made up of the traditional business district organized around the Oba's palace, the modern commercial business district of Marina, Broad Street and environ where the structures are mostly for commercial purposes; and the largely residential islands of Ikoyi and Victoria. The middle ring consist of the mainland district of Ebute metta, Surulere, Yaba, Mushin, Apapa-Iganmu, Oshodi, Ikeja, Somolu and Agege. The third zone is made up of the pheripheral districts that have recently developed and almost formed a continuos link with the metropolis. They are mainly residential, made up of Ikotun, Egbe, Ipaja, Akowonjo/Egbeda, Ejigbo, Magodo and Ojo.

Within each of the strata, twenty streets were randomly selected from the listing of all major streets. From each of the streets twenty (20) houses were randomly selected from the listing of houses in the street. One household was selected from each of the houses. Within the household one respondent (either male or female) in the reproductive age

group 15-49 years was interviewed. In all 1000 questionnaires were correctly filled and analyzed for the study administered. This consists of 538 males and 462 females. The information collected covered the socio-demographic characteristics of the respondents' reproductive health issues and sexual behaviour.

Six focus group discussions were carried out to elicit information about traditional expectations regarding sexuality, sexual networking, reactions to infected partners and the extent to which men has control over sexuality. In-depth interview was also carried out among the stakeholders (health workers, community leaders, religious leader, market women and traditional health workers) in the study area. The exercise covers areas like: the extent of the AIDS scare in the community, perception of male-female relationship in terms of STD, HIV/AIDS transmission, sexual rights and choices in the community, and types of healthcare provided. This is to validate the information gathered from the administered questionnaire and the focus group discussions.

Returned questionnaire were subjected to through editing and due to the precoded nature of the questionnaire this facilitate easy entry and analysis. The analysis was subjected into three levels, the univariate, bivariate and multivariate analysis. Information from the focus group discussion and in-depth interview were transcribed and organized under different headings that depict different aspects of the discussion and used to explain the quantitative analysis where and when necessary.

RESULTS

Table 1: Socio-Demographic Characteristics of Respondents

Characteristics	Sex Composition		
Age	Male (N=538)	Female (N=467)	Total (N=1000)
15-24	10.0	22.3	15.7
25-34	35.4	55.6	44.7
35-44	19.4	1.1	11
45+	35.2	20.9	28.6
Total	100.0	100.0	100.0
Marital status			
Single	36.9	18.8	28.3
Married	55.4	38.1	47.5
Divorced	7.7	21.9	14.2
Widow/Widower	-	21.2	-

Total	100.0	100.0	100.0
Husband having other wives			
Yes	-	41.3	-
No	-	58.7	-
Total	-	100.0	-
Ethnic group			
Yoruba	44.6	75.4	57.7
Ibo	26.1	24.4	25.4
Hausa/Fulani	10.8	0.2	6.3
Others	18.5	-	10.6
Total	100	100	100
Religion			
Christianity	69.6	49.1	60.2
Islam	29.1	48.2	37.9
Traditional	0.2	2.7	1.9
Total	100	100	100
Education			
None	18.5	19.3	21.1
Primary	15.0	28.1	26.2
Secondary	29.3	26.8	20.9
Post Secondary	37.2	25.4	31.8
Total	100.0	100.0	100.0
Occupation			
None	-	8.0	3.7
Trading	55.8	55.0	55.4
Public\Civil Servant	18.5	21.5	19.9
Artisans	12.9	10.6	11.8
Professionals	12.9	4.8	9.2
Total	100.0	100.0	100.0
Income per Annum			
< N120,000	55.8	63.0	74.0
N121,000-N240,000	18.5	21.5	11.8
N241- 360,000	12.9	10.6	9.2
N361,00 & above	12.9	4.8	5.0
Total	100.0	100.0	100.0

Source: Author's field survey 2005

Socio-Demographic Characteristics

From table 1, the age pattern of the respondents indicated the proportion of respondents in age group 15-24years and 35-44 years are small for male and female respondents respectively. This implies that majority of the sample population are in the economic active group. It is also a true picture of population with high fertility (NDHS 2003). The

marital status of the respondents revealed that half of the male respondents are married, while only 38 percent of the female respondents are married. More females indicated that they are divorcees (21.9 percent). This observation reflects the effect of polygyny widely practiced in many parts of the country and differences in ages at marriage between spouses. Forty-one percent of the female respondents reported that their husband have other wives, while 58.7% reported monogamous unions. The reason for the different pattern observed may be the impact of the urbanization and modernization in the study area. Studies have shown that types of marriages and cultural practices are among the factors influencing the spread of HIV/AIDS in sub-Saharan Africa. Polygyny has been identified as one the cultural practices that can lead to transmission of sexually transmitted infections. The education pattern shows that 91 percent of the population and 81.5 percent of male had received formal education. This survey confirms earlier studies which pronounced out that, there is a high level of literacy level among respondents in the South Western Nigeria. The distribution of the respondents by religion shows that three out of every five are Christians, while only 1.9 percent are adherents of African traditional religion. Two-thirds of the female respondents are living below the UN standard of $1 per day. This will influence their reproductive decision-making especially with the ability to say no to "sex" and the use of contraceptive(Ogunjuyigbe and Adeyemi 2005). More than half of the respondents are employed in trading services, regardless of sexes. A higher proportion of females compared to male respondents (21.5% and 18.5% respectively) are in civil /public service. Twelve percent of male respondents are professionals compared with female respondents, which are less than five percent. This reveals gender gap in education in Nigeria, where more males are in professional courses in the higher institutions than their female counterparts. Eight percent of the female respondents are full-time house wives who depend on their husbands for survival. Such women may not be able to take reproductive decisions without the consent of their husbands.

2. Knowledge about HIV/AIDS

Table 2: Knowledge of HIV/AIDS

	MALE	FEMALE	TOTAL
Heard of HIV/AIDS			
Yes	95.0(538)	92.0 (462)	94.0(1000)
****Sources**			
Radio	63.0(338)	36.0 (168)	50.8(506)
TV	18.5(100)	44.6 (203)	30.3 (303)
Newspaper\Magazines	18.5(100)	19.4 (91)	18.9(191)
Total	100(538)	100 (468)	100 (1000)
* Mode of Transmission			
Multiple Sexual partner	82.07(441)	94 (434)	88.0 (875)
Unsterilized needle	74.28(400)	84.22 (394)	78.49 (794)
Pedicure/manicure	62.5(336)	62.3 (292)	62.0 (628)
Sharing of Blades/needles	47.19(254)	52.0 (243)	49.4 (497)
Blood transfusion	74.96(403)	95.2 (445)	84.3 (845)
Sex with Prostitute	89.05(479)	95.8 (448)	92.2 (927)
Mothers- to- Child	33.51(180)	55.02(257)	43.4 (437)

Source: Author's field survey, 2005. ** Excluding Non Response Category
* Multiple Responses are allowed.

From table 2, nearly all the respondents have heard about the disease and how to contract the diseases. The table shows that the respondents have good knowledge of the mode of transmission of the disease. There is no misconception about the mode of transmission of the HIV virus among the study population. This can also be supported by the responses from the in-depth interviews and focus group discussion conducted among people

A male student

HIV is an epidemic that has confronted the whole world and has resulted in the death of many people.

An apprentice:

HIV leads to the disease called AIDS. It is a virus and when it gets into the body system, it destroys the immune system. When the immune system is compromised, the soldiers in the body will not be able to cope with it. When it is not managed properly it turns to AIDS

A male discussant expressed the mode of transmission thus,

HIV/AIDS can be contracted through multiple sexual partners, use of unsterilised needles and through blood transfusion.

A 35 year-old female,

The disease can be contacted through illicit sexual act. By having many sexual partners and always practice unprotected sex. This is an important mode of transmission

This shows that people are aware of the disease. It is expected that increased level of accurate knowledge about how to avoid infection are likely to reduce the number of new infections, since the control of the disease depends among other things, on the perception of the risk and change of reproductive behaviour.

3. Sexual behaviour and networking

Table 3 Percentage Distribution of Respondents by Sexual Behaviour and Networking

	MALE (N= 538)	**FEMALE (N= 462)**	**TOTAL (N=1000)**
Had Sex in the last 12 months			
Yes	64.6	47.2	55.6
No	35.4	52.8	44.4
Total	100	100	100
Where did you have the sex?			
Same City	53.4	43.8	49.2
Other Urban Area	25.4	50.4	35.6
Rural areas	21.2	6.8	15.2
Total	100.0	100.0	100.0
Why were you there?			
Economic reasons	75.0	53.4	65.9
Professionals	18.2	26.5	21.5
Family	6.8	20.1	12.6
Total	100.0	100.0	100.0
***How long were you there?**			
Less than 12 months	63.0 (219)	66.78 (146)	63.2 (365)
12 months and above	37.0 (129)	33.22 (72)	36.8 (203)
Total	100.0 (348)	100.0 (218)	100.0 (568)
How long have You know him/her?			
Less than 12 months	57.0	64.3	60.0
12 months and above	43.0	35.7	40.0
Total	100.0	100.0	100.0
Is the relationship still on			
Yes	28.4	74.9	47.3

No	71.6	25.1	52.7
Total	100.0	100.0	100.0
In your last intercourse did you use condom?			
Yes	56.2	55.1	55.7
No	43.8	45.9	44.3
Total	100.0	100.0	100.0

Source: Author's field survey, 2005

Heterosexual relationship has been identified as the major factor responsible for the high level of HIV/AIDS infection in Nigeria. From table 3, 55.6% of the respondents indicated that they had sexual intercourse with partners other than spouse in the last twelve months preceding the survey. This shows that despite the knowledge of the HIV/AIDS transmission in the study area, they still engaged in extramarital and premarital sexual relations.

Half of the respondents had the sexual intercourse within the metropolitan Lagos while others had it in the rural areas and other urban centres. This is an indication of how sexually transmitted infections are transmitted from one place to another. Only one-quarters of the male and two –third of the female respondents indicted that the relationships is still on. Among the respondents who have ever had sexual intercourse, 22% of the female respondents revealed that they receive money in favour of sex. This aspect of encounters involving payment for sexual favour is an indication of commercialization and commodification of sex in the study area. Haram (1995), explains that, exchange of gifts is significant in the creation and maintenance of social relationships, especially sexual relationships among many groups of people in Africa. This was also supported by the focus group discussions among men and women in the study area.

A male discussants:

If you don't have money there is no way you can entice women in this city, they are after your money "Owo lowo ehin le" (Meaning Money for hand back for ground.)

Female discussant:

It is the attitude of men that makes women demand for money, body no be fire wood, they must pay for the service they are enjoying.

A female student:

Ladies need money to maintain their body and if you approach men they would not give you money. They would be demanding for your body. It is better to charge them before the sexual advances".

A truck driver:

Once women knew that you are in love with them and you are making sexual advances the next thing is that they would be demanding for money from you. Since most men did not want to marry them, but just to have sexual intercourse with them. They believed that they must pay for the sexual relations.

However, majority of the women interviewed said that their sexual partner drank alcohol before they had sexual intercourse while half of men interviewed had intercourse under the influence of alcohol. Some of the male respondent believed that they can perform better with women when they drank alcohol. This is an exert from the FGD

Driver:

When you drink alcohol i.e. local gin with herbs your manhood will be able to perform better and you will enjoy the fun.

The respondents were also asked whether they used condom in the last sexual intercourse. Only thirty-three percent of the respondents used condoms in the last sexual intercourse this is very low compared the rate of sexual exchanges and knowledge of HIV/AIDS in the study area. Since it was also revealed that most of the sexual relations are done under the influence of alcohol there is tendency that they might have forgotten to use condom even when they knew the implications of this.

It was revealed from table 3, (54.9% of males, 44.4 % females) that the physiological nature of sex is one of the reasons why some people are engaging in multiple sexual partners. They believed that it has been ordained by God and it is natural, human being cannot do without it except those catholic clerics who have agreed to become "father". This was supported by the following responses from the FGDs:

A male driver:

Sex is like death. Men cannot do without it. It has been ordained like that since creation. The moment a man sees a beautiful woman the urge to take her to bed will be there. That is one of the reasons why drivers are engaging in extramarital affairs.

A male Trader
Sex is like nectar of a flower, we men are the bees or butterfly that will want to taste it. The urge or the physiological nature to have sex will be there since women are numerous and they are like flowers.

A female trader
Sex is created for male and female. Once the two parties agreed to do it, there is nothing anybody can do to prevent it. Because it is natural. Some men will want to have sex with all ladies or women they come across, likewise some women cannot do without it in two days. Such people will want to have extramarital affairs. Since they cannot be satisfied with one partner

Some believed that the reasons why they engaged in extramarital relationship is for enjoyment (44.1% males, 33.3 females) while 22.2% of female respondents engaged in extramarital affairs for monetary gains. This shows the level of poverty in the study area.

4. Attitudes to death

Table 4 Reasons for extramarital sexual Relations

Reasons	Male (348)	Female (N=218)
Physiological Nature of sex	54.9	44.4
Enjoyment and Pleasure	44.1	33.3
For Money and Gifts	-	22.2
Total	100	100

Source: Author's field survey, 2005

Attitudes to death are one of the factors that have been examined that can influence the spread of HIV/AIDS in Africa. Majority of the respondents believed that death is inevitable and it is universal. This was corroborated with responses from the FGDs
A male discussant:
"Kosi awaye maku gbogbo wa la maa ku. Iku ti o si pa wa enikan ko mo."

Meaning: All of us will die. We don't know the type of death that will kill us".

A male Yoruba driver:

"Eniti o ma ku iku moto koni ku iku omi. Nkan naa lo maa paniyan"

(Meaning "Person that will die of motor accident will not be drowning inside river. It is something that will kill someone).

An Ibo Luxurious bus driver:

Dying of HIV/AIDS is like any other type of death they are just making unnecessary noise about this disease. Thousand of people are dying of malaria; there is no noise from this type of death except this HIV/AIDS alone.

They are of the opinion that death from AIDS is like other death from other diseases, they are just magnifying AIDS has a special case. Looking at the attitudes of people towards HIV/AIDS this will not make them to change their attitudes towards premarital and extramarital affairs. Another factor raised during the Focus group discussion was that obituary in the newspapers does not make any distinctions between the person that was killed by HIV/AIDS and other diseases except that of the Afro-musician Fela Anikulapo Kuti, a popular Afro musician in Nigeria which was announced in the dailies by his relatives. This was supported by the responses from the FGDs:

A business man:

There is one thing that I know, that even when they published your obituary inside the newspaper or announced it on the radio or television they will not indicate the type of death. They will only put that he/she died after a brief illness or after a ghastly motor accident. So there is no need of afraid of a particular death all of us will surely die.

Majority of the respondents revealed that they are not afraid of HIV/AIDS. It was clear from this that the respondents are changing partners without even considering the implication of their actions in respect to HIV/AIDS transmission and infection.

5. Bivariate Analysis of Condom Use and Social Demographic Characteristic of the Respondents

The use of condom increases with age, from table 5, 34.2% of male in age group 15 –24 years use condom. The relatively low level of condom use in this age group indicates high levels of risky behaviour among the young people in the study area. Ironically, 63% of female respondents above 35 years indicated that their partners used condom in the last sexual intercourse. The condom use is higher among the respondents who are divorced (males 82%, females 70.4%). Since they are not in unions they probably use condom to prevent pregnancy. The proportion of the single using condom (males 54.6%, females 65.4%) is also higher than the married respondents (male 46.7%, female 43.8%). The rate of condom use increases with educational attainment among the respondents. People

with primary education may not have enough information about condom and they may likely not practice safe sex.

Table 5 Distribution of Respondents by selected characteristics and the Use of Condom and by Sex

VARIABLES	MALES			FEMALES		
Place of Residence	Yes	No	Total	Yes	No	Total
Urban	56.5 (100)	43.5 (77)	100 (177)	68.6 (78)	31.4 (37)	100 (115)
Semi-Urban	49.1 (83)	50.9 (86)	100 (169)	67.0 (59)	33.0 (30)	100 (89)
Rural	44.5 (57)	45.5 (71)	100 (128)	27.0 (26)	73.0 (67)	100 (93)
Age						
15-24Yrs	34.2 (12)	65.8 (24)	100 (36)	61.7 (67)	38.3 (43)	100 (110)
25-34Yrs	50 (57)	50 (57)	100 (114)	64.9 (61)	35.1 (41)	100 (102)
35-44 Yrs	53.1 (171)	46.9 (151)	100 (322)	63.8 (40)	36.2 (29)	100 (69)
Marital Status						
Single	54.6 (65)	46.4 (54)	100 (119)	65.4 (68)	34.6(36)	100 (104)
Married	46.7 (152)	53.3 (173)	100 (325)	43.8 (53)	56.2 (68)	100 (121)
Divorced	82.0 (23)	18.0 (5)	100 (28)	70.4 (42)	29.6 (29)	100 (71)
Religion						
Christianity	51.4 (190)	48.6(180)	100 (370)	43.5 (57)	56.5 (74)	100 (131)
Islam	51.0 (47)	49.0 (45)	100 (92)	70.4 (106)	29.6 (46)	100 (152)
Traditional Religion	33.3 (3)	66.7 (7)	100 (10)	-	-	-
Education						
None	-	-	-	34.5 (10)	65.5 (19)	100 (29)
Primary	55.8 (48)	44.2 (45)	100 (92)	50 (40)	50 (40)	100 (80)
Secondary	87.8 (54)	12.2 (8)	100 (62)	60 (54)	40 (36)	100 (90)
Post Secondary	73.4 (138)	26.6 (50)	100 (188)	60 (59)	60 (38)	100 (97)
Occupation						
Trading	53. 7 (123)	46.3 (106)	100 (229)	53.8 (91)	46.2 (78)	100 (169)
Public/Civil Servant	48.0 (40)	52.0 (43)	100 (83)	51.8 (14)	48.2 (13)	100 (27)
Artisans	48.9 (38)	51.1 (40)	100 (78)	58.3 (14)	41.7 (10)	100 (24)
Professionals	47.8 (39)	52.2 (43)	100 (82)	69.0 (20)	21.0 (9)	100 (29)
None	-	-	-	65.6 (21)	34.4 (11)	100 (32)
Attitude to death						
Positive						
Negative						

Source: Author's field survey, 2005.

Except those with none education, the number of male respondents that used condom in the last sexual intercourse are higher than the female respondents. This may not be unconnected with the fact that women cannot dictate whether or not to use condoms. Occupation, like education, also influences condom use in the study area. The highest condom users among men are those in trading and the least users are the professionals. There is a direct relationship between the age at first intercourse and condom use, only twenty-one percent of females who had their first intercourse between ages 15-19 years

used condom compared with 23% for males. Early initiation of sex may be unprotected. Males who reported condom use at age 25 years and above are higher than female respondents (Male 44.5% and female 53.0%). The study also confirmed that the attitudes to death will influence condom use and sexual behaviour.

Table 6 LOGISTIC REGRESSION OF SOCIO-DEMOGRAPHIC CHARACTERISTICS AND USE OF CONDOM

VARIABLES	ODD RATIO
PLACE OF RESIDENCE	
Urban	1.123
Semi-Urban	0.915
Rural	RC
AGE	
15-24 Years	o.9871
25-34 Years	1.939
35-44 Years	1.951
45 & above	RC
Marital Status	
Single	0.843
Married	4.359**
Divorced	1. 03*
Widow/Widower	RC
Ethnic Group	
Yoruba	1.037*
Ibo	2.085*
Hausa/Fulani	0.589*
Others	RC
Religion	
Christianity	0.631
Islam	0.844
Traditional	RC
Income per Annum	
< N120,000	RC
N121,000-N240,000	4.231**
N241 & Above	1.294
Education	
None	RC
Primary	0.550
Secondary	0.223
Post Secondary	0.396
Occupation	
None	RC
Trading	1.072
Public\Civil Servant	2.367
Artisans	0.984
Professionals	1.763

RC indicates the reference category
*** Sig. at P < .05**

**** Sig. at P < .01**

6. LOGISTIC REGRESSION OF SOCIO-DEMOGRAPHIC CHARACTERISTICS AND USE OF CONDOM

It was observed from table 6, that the place of residence will influence the use of condoms. The urban residence are 1.12 times more likely to use condom compared with the reference category, while ninety –one percent of those in the semi-urban area are likely to use condom. With the age of the respondents the use of condom increases with the age of the respondents up to 44 years. It is of interest to note that only 98 % the respondents who are between 15-24 years are likely to use condoms. Researches show that they don't normally use condom and they are normally involved in risky behaviour. This is one of the reasons why they are one of the most affected with HIV/AIDS in the study area.

The marital status is also not deviated from the expected patterns those that are married are 4.3 times more likely to use condom when compared with the reference category. Eighty-four percent of those that are single are likely to use condom compared with the reference category. This is also in support of the previous study that majority of the youths do not use condom, even when they are involved in the risky behaviour. Among the ethnic group, only Fifty six percent of the respondents who are Fulani/Hausa are using condom compared with the reference category while those who are Yoruba and Ibo are 1.037 and 2.085 times respectively more likely to use condom compared with the reference category i.e. the other ethnic groups. The findings show that those that are Fulani\Hausa are the least likely to use condoms. This cannot be diffused from the cultural belief and attitude of people of the Northern part of the country towards family planning and child spacing. On the issue of religion sixty-three percent of respondents who are Christians and eighty–four percent of respondents that are Muslims are likely to use condoms in the last sexual intercourse compared with the reference category, traditionalist. This implies that religion has effect on the use of condoms in the study area.

However, on the income and the use of condom, respondents with income between N121, 000-N240, 000 are 4.2 times likely to use condom compared with reference category, while those with income above N241,000 are likely to use condom compared with the reference category. This shows that the higher the income the tendency to use

condom in the study area. In relation to occupation public\civil servant are the highest users of condom in the last sexual intercourse compared with reference category, while only 98 percent of the respondents who are artisans are likely to use condom. Those with little education and may not have adequate knowledge of the implications of not using condom. Fifty-five percent of the respondents with primary education are likely to use condom when compared with the reference category, while only twenty-two percent of those with secondary education are likely to use condom compared with the reference category (which are those with no education).

7. DISCUSSION AND CONCLUSSION

Knowledge about HIV/AIDS has resulted in higher levels of awareness; this has not generally been reflected in a consistent reduction of incidence of HIV in the country. The study shows that poverty, attitudes to death and Psychological nature of sex has resulted for the kind of resistance witness recently. Attitude to death was identified as one of the major factors that makes people to resist to change they are of the opinion that death is inevitable. This also supports the previous finding, Orubuloye and Oguntimehin (1999) reported that most Nigerians believed that death is preordained and that it will come when it is due with or without AIDS. They also believed that for every death there is a cause and cannot be avoided. Unless people view the implications of HIV/AIDS infections beyond death, the attitudes to sexual behaviour will remain the same. The level of poverty dehumanises the individual to a point where issues of self-esteem and morality become secondary. Orubuloye and Oguntimehin, (1999), observed that main reason given by the commercial sex workers for entering commercial sex is that it was lucrative. They considered commercial sex work as a stage in life and an opportunity for a period of intensive saving in order to establish themselves for the rest of their lives. The study also revealed that the nature of sex its self did not allow people to stay with one partner. They are of the opinion that sex is like death which have been created by God. This was corroborated by one of the discussant of the FGDs:

"*Sex is like death it was created by God, men cannot do without it."*

Those of the high risk-group believe that they cannot do without it especially the commercial bus drivers even when they were aware of the deadly disease in the area.

Although, about 55% of the respondents indicated that they used condom in their last sexual intercourse, this was low when you compared with the level of awareness about HIV/AIDS in the study area. This also implies that people are still engaging in risky sexual behaviour. The study also sustains the fact that level of education increases with condom use, people with post secondary education are 5.0 times more likely to use condom when compared with the reference category those with no education.

Okeibunor (1999), also in his study of condom use in Nigeria observed that more of those respondents with high levels of educational attainment would insist on the condom as a protective device against HIV/AIDS.

However, although people are aware of the disease they did not practice safe sex, which has a great implication on the HIV/AIDS infections. People need to be educated about the implications of the infections rather than the terminal outcome which is death. There should be communication between sexual partners about safe sex. Women should be educated to negotiate safe sex with their partners since they have little control over the mode of sexual relations. People should be educated about the consequences of living with HIV/AIDS in the country.

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