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**SEXUAL AND REPRODUCTIVE HEALTH BEHAVIOUR  
OF STUDENTS OF TERTIARY INSTITUTIONS  
IN NIGERIA**

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## EXECUTIVE SUMMARY

The study utilises both quantitative (structured questionnaire) and qualitative (focus groups and in-depth interviews) approaches to obtain data from 1448 students equally selected from six tertiary institutions and purposively to cover Nigeria's three main divisions: South west (Lagos); South East (Enugu) and North (Zaria). Data were collected in August 2001 using trained interviewers.

The main objectives were to investigate the sexual behaviour of students and highlight aspects likely to increase vulnerability to HIV infection. It is hoped that the information can also be used to underpin evidence based interventions.

While most of the students have ever had sex, a fair minority had never done so. In Lagos, however, only 48% had had sex compared to 67% in Zaria and 77% in Enugu. Multiple partnering was common. The proportion of sexually active students with multiple partners in the past two months preceding the survey ranged from 13% in Lagos to 27% in Enugu. In all three sites higher proportions of males than females reported having multiple partners. Specifically for men, the highest proportion was in Zaria and Enugu where 30% and 37% respectively had multiple partners. Male and female students who had multiple partners did so for contrasting reasons. For most men, multiple partnering and serial relationships were perceived to be ego-boosting and status enhancing, a rite de passage which most men pass through. In contrast, women who have multiple partners may often do so for financial gain from an *Albaji* in Zaria, an *Aristo* in Lagos or an *Omata* in Enugu. Sexual exchange in the form of transactional sex was found to be prevalent on all campuses. Other women seduced lecturers or are coerced by lecturers into engaging in sex for marks. Others offer sex to fellow students to have their assignments and course work done for them.

HIV/AIDS is well discussed on campuses however; some respondents observed that there are still some students who believe that AIDS is curable: 5% in Enugu, 17% in Zaria and 22% in Lagos. Overall, 12% of university students do not know that a healthy-looking person can be HIV positive. There was evidence of high level of stigma and discrimination with some students stating that if they knew that their roommate had HIV, they 'would pack their things and leave the room'.

In addition to abstinence and mutual fidelity, the use of condoms is a major device for HIV prevention. Only 22% of students in Zaria and Enugu and 32% in Lagos used condoms during their first sex. Students with boyfriends or girlfriends were asked whether they used condoms during their last sex. The highest level of usage was in Enugu (74%), followed by Lagos (66%) and Zaria (51%). There was evidence of inconsistent condom use. Students were more likely to use condoms with casual partners than with long-standing partners who were often trusted. The findings show that some girls get offended when men ask that condoms be used, apparently because it may be misconstrued as being 'loose'. Those who reported using condoms did so for dual protection against HIV/STIs and pregnancy.

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## INTRODUCTION

### 1.1 Background

In sub-Saharan Africa, heterosexual transmission remains the main mode of spread of the HIV/AIDS virus and various studies have shown that many young persons engage in unprotected sex and often have multiple sexual partners (Ajuwon et al, 2002; Araoye and Adegoke, 1996). In a study to determine HIV/AIDS prevalence among young adults in Benin-City, Nigeria, Elsie-Offor (1997) reported a cumulative prevalence rate of 26%. According to the 1999 Nigeria Demographic Health Survey (NDHS) the national median age of sexual debut was 17.8 years for women and 20.3 years for men with girls aged between 15 – 19 years being twice as likely to report sexual activity in the last four weeks preceding the survey than their male counterparts. However, in a more recent survey, the National HIV/AIDS and Reproductive Survey (FMOH) 2003, median age at first sex among 15 – 24 year olds was 16.9 years and 19.8 years in women and men respectively.

In addition, about 12% of teenagers have had their first child birth before the age 15 years and almost half became mothers before the age of 20 years. About two-fifths of teenage pregnancies in Nigeria are believed to end in abortion, with majority being carried out by untrained personnel in unsafe environments. Incidentally, across the country, students of tertiary institutions fall within the above age bracket.

Moreover, the current generalized status of the HIV/AIDS epidemic in Nigeria calls for urgent attention. Nigeria has reached the generalized phase of the epidemic with HIV prevalence rates at 5.8%. The World Bank Report estimates that about 90% of all HIV/AIDS transmission in Nigeria is through heterosexual intercourse. This perhaps underscores the need to examine factors within the general population that influence the sexual behaviour of individuals as well as groups which makes them susceptible to the HIV/AIDS epidemic.

There is evidence of increased sexual activity and high-risk behaviours among students in tertiary institutions in Nigeria. The high prevalence of sexually transmitted infection (16.3% and 2.3% in the north and south respectively) and reported cases of HIV/AIDS (about four out of every 25 students) (Oladepo, 2002; Isiugo- Abanihe, 1997; Osotimehin et al 1993; NDHS, 1992, Makinwa, 1991) coupled with transactional sex which is now common place (FMOH, 2003; NDHS, Ankomah, 1999) among this segment of our population has serious consequences and implications for the control and prevention of HIV/AIDS in Nigeria.

This research effort aims at providing better understanding of the characteristics of tertiary institution students in relation to their sexual behaviour with the view of designing appropriate and relevant HIV/AIDS intervention programmes and activities that would in turn lead to the practice of safer sex and the adoption of HIV/AIDS preventive behaviours.



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## 1.2 Rationale for Study

There are multiple factors (behavioural, demographic, biological and attitudinal) influencing the spread of HIV/AIDS in Nigeria and this has made focused intervention difficult. Previous studies had focused on understanding these factors independently; however, Meekers et al (1997) argue that behavioural and attitudinal factors tend to be more relevant than demographics in defining groups to target with messages of interventions. They further stated that characteristics such as age, income, residence (demographics) are necessary but not sufficient to describe people's life styles. Supporting this, Lamptey et al (1990) emphasized that it is the behavioural and not vocation, age or marital status that puts an individual at risk of acquiring HIV infection. Parker et al. (1989) however, holds that such demographic features are important qualifiers of sexual behaviour. Accordingly, Meekers et al (1997) postulate that a major benefit of this type of analysis is the development of lifestyle profiles, useful in describing potential targets which in this case is tertiary institution students for effective behaviour change strategies. Peil (1977) also posited that "information about an individual's social network (life style) is used to get a better understanding of his attitudes and behaviour ..."

This study examined these multiple factors holistically, in order to evaluate how best to develop educational and informational materials for students of tertiary institutions as a target group in the HIV/AIDS prevention efforts in Nigeria.

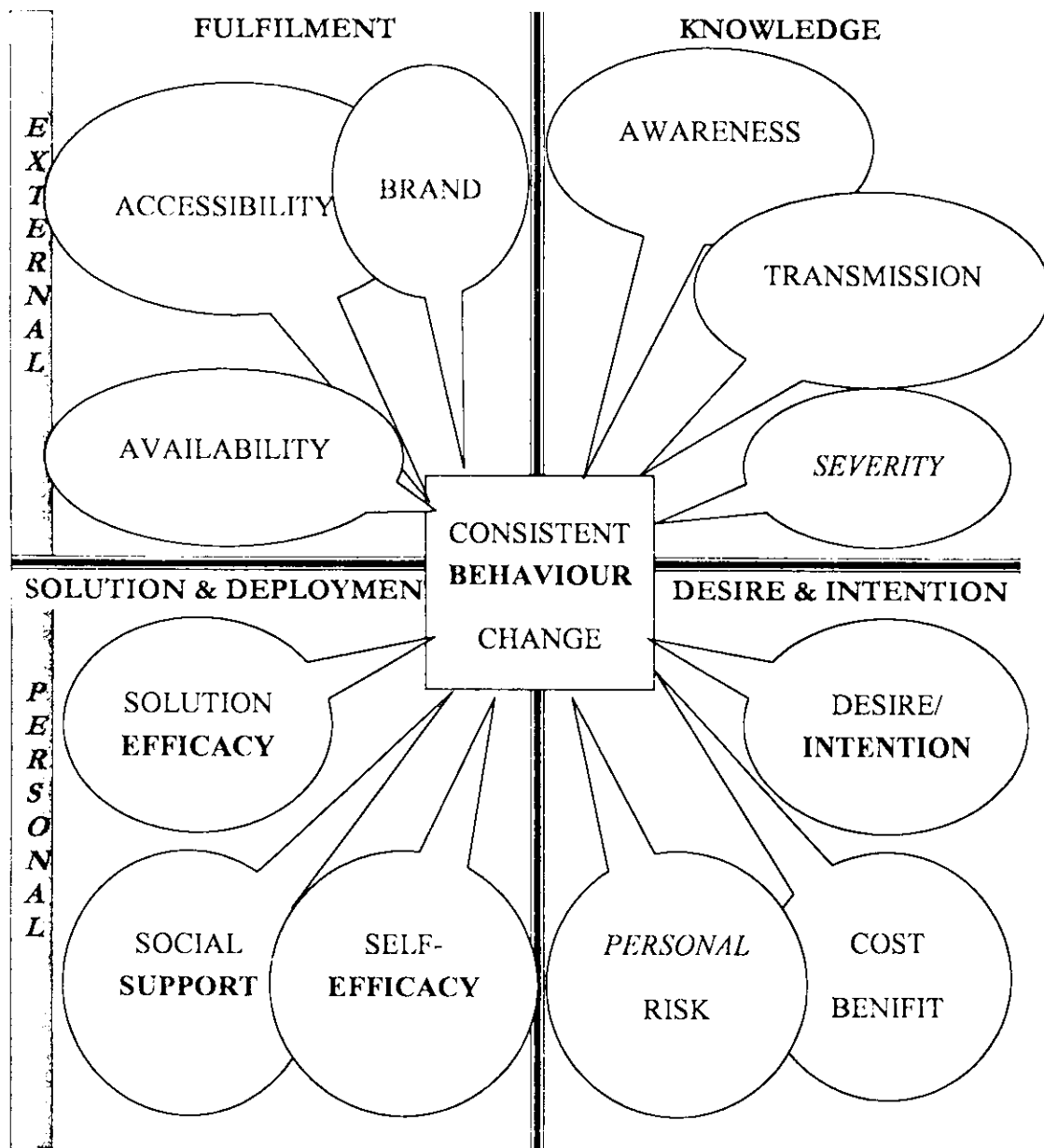
## 1.3 Theoretical Framework

Several theoretical models in the field of health promotion explore the complex interplay of psychosocial elements in explaining the factors that influence human behaviour.

The underlining assumption here is that human behaviour is reciprocally determined by psychological (personal) and environment (social) factors. Thus, sexual behaviour like other aspects of human behaviour is shaped by these two factors. In other words, the task of effecting behaviour change would be that of modifying the personal factors influencing a particular behaviour and altering environmental factors to encourage the desired behaviour.

This study however, adopts the Health Belief Model with some modifications to suit the understanding of the sexual behaviour of students of tertiary institutions in Nigeria in the context of HIV/AIDS prevention.

Schematic presentation of the PSI behaviour change framework<sup>1</sup>:



The concepts are grouped into four broad categories namely fulfilment, knowledge, desire and intention, and solution and deployment. Each category presents three bubbles (constructs) which may singularly or jointly influence behaviour change.

<sup>1</sup> This framework assisted to understand the multi dimensional nature of sexual behaviour of tertiary institution students with the view of embarking on health promotional efforts that would lead to the practice of safer sex among this target population.

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In **fulfilment** there is availability, accessibility to solutions and brand appeal. This quadrant becomes important after the individual had made up his/her mind to adopt the new behaviour.

In **knowledge** there are awareness about the problem, knowledge about its severity and how it could be transmitted from one to another as in the case of HIV. The assumption here is that people need knowledge about a problem before they can do something about it. According to Chen et al. in AIDS and Women Reproductive Health journal (p.165) "*...preventing further escalation of HIV/AIDS morbidity and mortality must focus primarily on educational intervention to reduce the transmission of HIV*".

In the **desire and intention** quadrant, there are concepts like personal risk perception of HIV, desire and intention to adopt a positive behaviour, and cost/benefit of doing so. The assumption here is that people who perceive themselves to be at risk of contracting HIV, have the desire to change the behaviour that put them at risk and believe that the benefit of doing so outweighs the cost are closer to adopting the desired behaviour.

In the **solution and deployment** quadrant, the concepts include self and collective efficacy, solution efficacy and social support (personal, peer and community). I.C Chen et al added that "individuals of all ages and cultures have beliefs and experiences that they use to 'filter' (selectively acquire) new information ... people reconfigure information over time in keeping with their actual experiences and/or their prior beliefs". These concepts (self & collective efficacy, solution efficacy and social support) therefore help to explain why an individual would adopt or not adopt behaviour (consistent condom use) despite high knowledge about HIV/AIDS. Of the three, Bandura (1986), posited, though highly contestable, that self-efficacy is said to possess the greatest influence on the behaviour change of an individual. According him, "people's judgements of their capabilities to organize and execute courses of action required to attain designated types of performances, is the most influential arbiter in human agency and plays a powerful role in determining the choices people make, the effort they will expend, how long they will persevere in the face of challenge, and the degree of anxiety or confidence they will bring to the task at hand". It is this perceived self-efficacy that helps explain why people's behaviour differs widely even when they have similar knowledge and skills. (Bandura, 1986).

## 1.4 Objectives of Study

### 1.4.1 Ultimate objectives

The ultimate objective of this study is to provide baseline information to assist The Society for Family Health and other stake holders in understanding the sexual behaviour of tertiary institution students in Nigeria with the view to providing evidence based information that would help in designing intervention programmes promoting safer sex practices. The adoption of safer sex practice will ultimately lead to the reduction of the spread of HIV/AIDS among tertiary institution students thereby mitigating its impact in Nigeria.

### 1.4.2 Specific objectives

This study examines factors influencing the sexual behaviour of tertiary institution students in Nigeria.

Secondly, it examines aspects of their sexual lifestyle that are likely to increase the risk of vulnerability and susceptibility to contracting HIV/AIDS.

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Thirdly, it also identifies the most relevant components of a Behaviour Change framework important for designing communication messages and lastly, contributes to the overall HIV/AIDS, control and prevention in Nigeria.

## 1.5 Review of the Literature

### 1.5.1 Tertiary Institution Students

Higher education in the Nigerian system is provided in universities, polytechnics, or colleges of education, correspondence colleges and such institutions allied to them. Higher education as a component of the National policy on Education has an important role to play in the development of higher level manpower.

*In specific terms higher education should aim at:*

- The acquisition, development and inculcation of the proper value -orientation for the survival of the individual and society.
- The development of the intellectual capacities of the individual and a sense of appreciation of their environment.
- The acquisition of both physical and intellectual skills which will enable individuals to develop into useful members of the community.
- The acquisition of an objective view of the local and external environments (NPE, 1981).

Many of the students of tertiary institutions reside in hostels in isolated communities where most of the institutions are located. This creates an atmosphere where they live outside home, further away from their immediate environment, in a new socio-cultural milieu.

Such circumstances significantly increase *intense self-identity* and *strong identification with peer groups*, which consequently influence the attitudes and behaviour of students.

Anecdotal evidence has it that students see the university as a place of enhancing self expression. Universities are places meant for the development of independent reasoning; a place where people deemed to have attained maturity are given freedom to express themselves and make decisions on their own. According to Dare and Ilesami (1997), this un-curtailed freedom to express self has obvious social, medical and economic implications for the students in particular and the society at large. This was further buttressed by Laumann et al (1995) when they argued that sexual activity is first and foremost a social transaction in which pairs of actors (in some cases more) mutually shape each other's conducts. They further posited that the presence or absence of acceptable peers alters their social characteristics and the character of their individual duties (and other contextual variables of social locale and time), as well as the characteristics of the audiences jointly determine whether and what sexual behaviour will occur.

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### 1.5.2 Sexual behaviour and HIV

According to Ainsworth et al;(1998) a detailed understanding of the sociology of sexual behaviour in a given country will no doubt help to explain the willingness of people to engage in risky sex which of course have implications for the spread of HIV/AIDS. However, sexual behaviour patterns vary widely between populations in different countries, as has been shown in sexual behaviour surveys throughout the developing world (Carel et al 1995). Moreover, large differences in sexual norms and practices may exist between different groups of populations within a country. Based on these differences, Carina et al (1998) have asked whether and to what extent HIV/AIDS prevention efforts are focused on specific or core groups in the population. In attempting an answer, Over and Piot (1992, 1996) have variously argued that interventions focused on core groups are more cost effective than intervention focused on the general population. However, this is unclear because according to Carel et al (1995) in practice the effectiveness of focusing interventions on high risk groups depends among others on: the following factors: the sexual behaviour pattern, the stage of the epidemic and lastly on the ability to identify the core groups and reach them. Nevertheless, they advocated that interventions should not only aim at core groups but also significantly target the general population. Succinctly, Anderson and May 1988, Ladipo et al 2001, have identified the rate of partner change as an important factor in the transmission of HIV that should be considered.

Interestingly, much of the research on sexual behaviour and HIV transmission in sub-Saharan Africa has focused primarily on high-risk groups such as sex workers and long distance truck drivers. However, it has been reported that transmission in much of West Africa, including Nigeria, is characterized by diffused pattern of sexual behaviour or sexual networking rather than focused patterns (Orubuloye et al. 1992; Messersmith 1994). Similarly, Ainsworth et al; ed (1998) posit that in many countries the epidemic is exacerbated by frequent unprotected sex acts that occur outside of commercial sex as usually defined. It is in the light of the above that we intend to investigate the sexual behaviour of students of tertiary institutions in Nigeria with the aim of finding out the factors that predispose them to contracting HIV/AIDS. Contrary to most popular assumptions, analysis of data from Demographic and Health Surveys (NDHS) from early 1990s and surveys on sexual behaviour sponsored by WHO on Global programme on AIDS (GPA) conducted in 1989-91, revealed that the probability of having a non regular partner rises with education, potentially raising their exposure to contracting STDs, including HIV/AIDS- (Fimer 1998; Dehenffe). This is because, men and women with more education and higher income are more likely to travel away from the home communities and thus open up opportunities for casual sex contact.

Recent research in Nigeria indicates that the spread of HIV may be facilitated by sexual networking among men and women in the general population rather than through core transmitters such as sex workers and truck drivers- (Orobuloye et al 1992; Adegbola and Babatola 1999). These studies also documented the many reasons men and women report for having premarital and extramarital sexual relationships and multiple sexual partners to include desire for sexual variety, physical needs, need for companionship, peer pressure, travelling from home and trouble in primary relationship. Similarly, in a survey among higher institution students' (in the universities of Jos and Ibadan; and Lagos respectively) by Osotimehin et al (1997) and Ezeffili et al (1990) revealed a low level of knowledge and high prevalence of sexually transmitted diseases and existence of HIV/AIDS in relation to a high degree of sex-



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ual activity and high risk behaviour. The study observed that a sizeable proportion of the students, seventy-two percent in the north and sixty-one percent in the south had ever or currently had a sexual partner. The commencement of sexual activity was predominantly during casual visit between partners with such activities being more prevalent in the north. In addition, while in such a relationship with the first sexual partner (primary partners), a small percentage of the students in both locations, though higher in the north had other sexual partners. The mean age of partners in such relationships as previously reported was twenty years in the north and twenty-one years in the south.

### 1.5.3 Knowledge of HIV/AIDS

About half of all people infected with HIV and STIs are under age 25years, according to World Health Organization estimates, and in less developed countries up to 60% of all new infections are among 15 to 24 years olds. Studies suggest that while youths are generally well informed, in-depth knowledge tends to be patchy, misconceptions are widespread and sources of information are largely informal. Although, many adolescents have heard of HIV/AIDS, few know of at least one way to prevent sexual transmission of HIV (Demographic Health Surveys 1994 – 1998). In a survey on the reproductive health of Nigerian adolescents Akinyemi et al. (1996) found out that on the issue of HIV/AIDS, there seem to be some feelings that the disease is not really a risk, since no young person knew anyone who has acquired HIV. Osotimehin et al. corroborated this in their study among tertiary institution students when they pointed out that majority of the students did not perceive AIDS as a pressing problem and it was therefore difficult to define its impact on societal and personal problems encountered on a daily basis. Furthermore, WHO (2000) acknowledged that only 5% of male university students in Ilorin, Nigeria, knew that carriers of sexually transmitted infection (STIs) and HIV show no outward evidence of their condition.

In addition, some young people in Nigeria reported that STIs could be prevented through personal hygiene while others said taking antibiotics after sex can prevent HIV infections.

Lastly, they argued that there appeared to be a misconception about the mode of transmission of the AIDS virus and in particular the potential for spread among heterosexual population was not appreciated. A number of young people believe that STIs and HIV can be transmitted by sharing drinking glasses or eating utensils, using the same toilet with an infected person, poor personal hygiene and mosquito bites. Young people's main sources of sexuality information are friends and the media.

### 1.5.4 Condom use and STDs

The use of condom is an important component in the prevention of STDs, including HIV, and is, in fact, the most reliable method, other than sexual abstinence, to prevent infection with an STD (Barlow 1997; Fischl et al.1987). Although knowledge of condoms is relatively high and increasing in many African countries, a large gap remains between knowing about and using them. Osotimehin et al observed that, the most commonly used method of contraception among tertiary institution students in Nigeria was the condom, followed by the rhythm method and withdrawal method and that choice of method was usually a joint decision with the partner. The major determining factor in choice of contraceptive was cost. The commonest hindrance to condom use was the desire for natural sex, followed by the belief that the partner could not get pregnant ('partner was safe') and the discomfort caused by condoms.

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However, they stated that, condom use was not a major feature of sexual relationships and that only a very small minority, (less in the north relative to the south) claimed to have used condoms all the time. Close to half of these partners never used condoms and stated that sexual activity among young adults involved in short term or multiple relationships with non-existent or irregular contraceptive practice has serious implications for the spread of sexually transmitted infections (STI) and prevalence of unwanted pregnancies.

Adewale (1993) in studies among 500 Nigerian undergraduates, also identified some reasons students gave for use or non use of condom which includes socialization, cultural barriers, guilt, inability of females to assert themselves, wrong orientation to sexual right of females, age and economic bases to sexual intercourse. He stated further that some of the prescriptions for consistent condom use include desensitization to aversion to use condom, rational use of information, education and communication materials and making condom accessible.

Recent surveys have shown inconsistent and low use of condoms as well as a reluctance to use them for STD prevention among adults' men and women and among adolescents in Nigeria. (Odebiyi 1992; Jinadu and Odesanmi 1993; Messersmith et al. 1994; Olayinka and Osho 1997; Araoye and Fakeye 1998). Similarly, Isiugo- Abanihe (1997) observed that sexually transmitted diseases including HIV/AIDS are major health problems among young people because of the high level of sexual activities. Caldwell et al (1993) also supported this view they revealed a high and increasing level of sexual networking among young people, which along with their low level of condom use, exposes them to the risk of contracting STDs. In addition, studies have shown that perception of risk of acquiring an STD, including HIV, is low in Nigeria even among those practicing high risk behaviours (Messersmith et al. 1999; Araoye and Fakeye 1998; Harding et al. 1999).

The highlights in these studies is that though sex is considered extremely important in a serious relationship and many young persons are sexually active, they rarely or never use condoms and fewer used it consistently (J'MOH 2003).

#### 1.5.5 Gender and the spread of HIV

In the early phase of the disease, world wide HIV cases were found mostly among male homosexuals and intravenous drug users. However, there has been a progressive shift towards heterosexual transmission and increasing infection rates in women. In fact more women are now dying from AIDS than men are and the age patterns for infection are different for both sexes (UNAIDS). There are fundamental differences in the underlying causes and consequences of HIV/AIDS infections in male and females, which reflect the differences in the biology, sexual behaviour, social attitudes and pressures, economic power and vulnerability. The females have often suffered the effects of gender inequality and in the case of this disease even more so. Gender analysis is crucial to understanding HIV/AIDS transmission and initiating appropriate programmes of action. There has to be an in depth understanding of the socially constructed aspects of male- female relations that underpin individual behaviour as well as the gender based rules, norms and laws governing the broader social and institutional context.



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Nigeria is a patriarchal society and the implications of “male” dominance on the spread of HIV cannot be overemphasized as strategies which can effectively limit the spread of HIV have failed to address the social, economic and power relations between women and men, among men and among women. These relationships, together with physiological differences, determine largely women and men’s risk of infection, their ability to protect themselves effectively and their respective share of the burden of disease. It has been shown that females are physiologically at higher risk of contracting HIV than males and the death rates of AIDS are highest in women in their 20s.

Age specific prevalence rates for Nigeria was high among those aged 15 – 19 years (6.0%), 20 – 24 years (5.9%) and 25 –29 years (6.4%). (NASCP/FMOH 2003). Lack of access to information and services, stereotypes related to HIV/AIDS and their relationship to marginalised groups such as sex workers contribute to making women take the blame for the spread of HIV. This fear of stigmatization inhibits men and women from taking preventive measures and makes them assess their own risk inadequately. Moreover, cultural and social norms regarding male and female sexual behaviour neither encourage the men to protect themselves and their partners from infection nor stimulate the women to challenge notions of female inferiority and social structures that keep them vulnerable. Meanwhile as the society’s traditional caregivers, women carry the greater psychosocial and physical burdens of AIDS care. Youths remain a vulnerable group, hence there is the need to find out how gender issues affect their sexual behaviour in order to be able to design effective intervention strategies to reduce the spread of HIV among them as well as reduce the burden of disease on the nation’s economy.

#### 1.5.6 Conclusion

While Lamptey and Piots (1990) accurately identified the importance of holistically understanding any target group before an intervention program can be carried out, they however restricted their studies to sex workers whom they regarded as a core high-risk group. The result of these studies further confirms the need for an integrated system of reproductive health, which addresses the peculiar needs of adolescents and young adults. Such a system should incorporate effective health promotion strategies. However, given the current generalized nature of HIV/AIDS in Nigeria, it is important to understand the risk posed by tertiary institution students to the spread of the disease. Put differently, understanding the sexual behaviour of tertiary institution students, and their sexual network would no doubt guide us in designing appropriate and relevant HIV / AIDS messages acceptable among our population of study which may in turn lead to the practice of safer sex and perhaps the adoption of preventive behaviours.

### 1.6 Research Methodology

This research as a cross sectional survey adopts a multiple-technique approach to investigate key aspects of this study. In view of this, both quantitative and qualitative research methods were used simultaneously. At the analysis stage we triangulated findings to better understand the sexual behaviour of tertiary institution students in Nigeria.

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## 1.7 Sampling

The population of study comprises of male and female students in selected tertiary institutions in Nigeria and porters at female hostels. The study locations (Tertiary Institutions) were purposively selected to reflect the geographical spread in Nigeria.

These locations are Lagos, Kaduna/Zaria, and Enugu. For proximity and ease of field management, two geographically close institutions were selected for each location, one university and one polytechnic; constituting a total of three universities and three polytechnics. The selected institutions were the University of Lagos, Yaba College of Technology (Lagos), Ahmadu Bello University Zaria, and Nuhu Bamalli Polytechnic (Zaria). Others were the Enugu State University and Institute of Management Technology (Enugu). For the quantitative study, 1440 students were interviewed for this survey using a multiple stage sampling technique. 480 male and female students were sampled per location comprising of 240 respondents per institution

## 1.8 Research Design

The survey was conducted using questionnaire to investigate the sexual behaviour and social demographics of the study population, in addition to knowledge and awareness of HIV/AIDS. Further more, sexuality and gender issues, sexual and current safe sex practices were explored in the context of HIV/AIDS. It also investigated condom use, its availability, accessibility and acceptability and sources of HIV/AIDS information among students of tertiary institutions. In addition, the study used Focus Group Discussions (FGD) to elicit patterns of acceptable behaviours, attitudinal dispositions of students; their values and value systems. It also investigated the social life, habits, sexual language and cultures within the hostels and immediate university community as it impinges on the sexual behaviour of students. Individual in-depth Interviews (IDI) and Key informant interview (KII) formed another research tool for hostel porters within the university community and identified female students. Both the qualitative and quantitative findings were integrated in the final report of the study.

## 1.9 Field work

Fieldwork took place in August 2001. Piloting of the questionnaire was undertaken in Lagos State University.

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## 2 FINDINGS

### 2.1 Socio-demographic characteristics of respondents

This section describes the demographic characteristics of tertiary institution students sampled for this survey. The background characteristics include sex, marital status, and pattern of residence, academic levels, region and religion. Knowing respondents background characteristics provide an interpretive understanding of factors likely to affect the variable under explanation which in this case is the sexual behaviour of tertiary institution students in Nigeria. Results are presented in Table 1.

#### 2.1.1 Sex

By design the sample was evenly distributed 1:1 among males and females in the various locations. Whilst the sex ratio was male 49% and female (51%) for both Lagos and Enugu, Zaria showed equal split ratio of 50%.

#### 2.1.2 Marital status

Understandably, most of the respondents in all locations were singles particularly in Enugu where all the respondents were singles. However, small percentages in Lagos (3%) and Zaria (4%) reported that they were married.

#### 2.1.3 Residence

Residential patterns in most tertiary institution are either on campus where hostel accommodations are provided for students or off campus which demands that students stay outside but, usually, within the community where the school is located. The survey however showed that majority of the respondents resides on campus in Lagos (70%) and Zaria (80%) whilst majority (83%) stayed off campus in Enugu.

#### 2.1.4 Level

This is the academic level the student was at the time of the survey. Across board, each academic level had at least a quarter representation among the total respondents sampled for the survey in all the locations. This sample allocation allows for adequate representation of the students population in all the institutions used for the survey.

#### 2.1.5 Religious Affiliation

In terms of religious affiliations, majority of the respondents in Lagos (68%), Zaria (54%) belong to the Protestant Christian faith while Enugu had more respondents as Catholic (54%), closely followed by Protestants (46%). On the other hand, as expected, Islam was practiced highest among respondents in Zaria (24%) and followed by Lagos (16%).

**Table 1: Socio-demographic characteristics of respondents by location**

	Location			All Re- spon- dents
	Lagos	Zaria	Enugu	
	%	%	%	%
<b>Sex</b>				
Female	48.6	49.7	49.2	49.1
Male	51.4	50.3	50.8	50.9
<b>Marital status</b>				
Married	3.1	4.2	0.2	2.1
Single	96.9	95.8	99.8	97.9
<b>Residence</b>				
On campus residence	69.7	78.9	16.8	55.4
Off campus residence	27.5	20.8	83.2	43.6
Others	2.7	0.2	0.0	1.0
<b>Levels</b>				
100/NID/PII	26.9	28.9	29.3	28.4
200/NID2Level	24.2	18.7	21.1	21.4
300HND1Level	23.6	27.3	20.9	23.9
Final/HND2	25.3	25.2	28.7	26.4
<b>Region</b>				
South-south	16.0	8.4	17.4	13.9
South-west	66.0	10.2	1.1	26.1
South-east	12.7	9.2	80.5	37.7
North-east	1.4	5.4	0.2	2.4
North-west	1.0	34.0	0.0	11.7
North-central	2.9	32.8	0.8	12.2
<b>Religion</b>				
Catholic	15.0	22.1	53.7	30.1
Protestant	68.4	53.8	45.7	56.0
Islam	15.8	23.8	0.2	13.3
Traditional	0.4	0.2	0.2	0.3
Others	0.4	0.2	0.2	0.3
<b>N=Total</b>	<b>488</b>	<b>480</b>	<b>479</b>	<b>1447</b>

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## 3 SEXUAL BEHAVIOUR

### 3.1 Introduction

Given that HIV is a sexually transmitted disease, and in Nigeria is transmitted primarily through penetrative sexual intercourse, interventions on HIV prevention will benefit substantially from information on levels, patterns and nature of sexual behaviour. The overall programme thrust is that as educational and other health promotion efforts increase, there will be a reduction in risky sexual behaviour. This section presents both quantitative and qualitative findings on respondents' sexual behaviour including issues on multiple partnering, and the underlying reasons for risky sex on campus, sexual harassment and intimidation, and some description of socio-sexual lifestyle on campus.

### 3.2 Virginitv

The initiation of sexual intercourse early in life may be associated with enhanced risk of HIV and other STIs. Respondents were asked whether they have ever had sexual intercourse. As shown in Table 2, there were differentials among sites. While less than one-half (48%) of respondents in Lagos reported that they have ever had sex, over two-thirds in Zaria (67%) and over three-quarters in Enugu (77%) reported so. In all the three sites higher proportions of males than females reported that they have ever had sex. In Enugu for example, 69% of females compared with 85% of males had had sex. Similarly in Lagos, 55% of men compared to 41% of women reported that they have ever had sex.

**Table 2: Percentage of respondents who had sex.**

	Lagos	Total	Zaria	Total	Enugu	Total	All Respondents	Total
	%		%		%		%	
<b>Sex</b>								
Female	40.9	237	63.7	237	69.2	234	57.9	708
Male	54.6	251	69.3	241	85.2	244	69.6	736
<b>Marital status</b>								
Married	100	15	95	20	100	1	96.7	30
Single	46.4	472	65.3	458	77.2	474	63.1	1410
<b>Residence</b>								
On campus residence	47.0	332	63.4	374	83.3	78	58.4	784
Off campus residence	49.6	131	77.8	99	76.6	385	71.1	615
Others	38.5	13	100	1	0.0	0	42.9	14
<b>Levels</b>								
100/ND/PD	39.7	131	71.0	138	68.6	140	60.1	409
200/ND2I.level	49.2	118	51.7	89	67.3	101	55.8	308
300/HND1I.level	57.4	115	66.7	129	89.9	99	70.3	343
Final/HND2	47.2	123	70.8	120	85.3	136	68.3	379
<b>Religion</b>								
Christianity (Catholic)	52.1	73	80.2	106	77.3	256	73.8	435
Christianity (Protestant)	45.2	334	68.1	257	77.5	218	61.2	809
Islam	55.8	77	49.1	114	100	1	52.1	192
<b>Total %</b>	<b>48.00%</b>		<b>66.50%</b>		<b>77.40%</b>		<b>63.8</b>	

The quantitative results showed that there were a considerable number of people who were sexually inexperienced. Attempts were made to seek for students view on premarital sex, and virginity. In all focus groups and in all the six institutions, participants unanimously agreed that pre-marital sex was a common phenomenon. Virginity was considered a virtue for females, although most males ridiculed the idea when applied to them. In Enugu, as in the other sites, female participants saw premarital sex as normal and is practiced by many; and that it was a sign of maturity, and a source of fun, vitality and enjoyment of life. The idea is captured by the following student:

*In Nigeria today, it is very difficult to see somebody who will come out to say I am a virgin. Civilization has set in the world over. ...people's want to know the enjoyment. So people are eager, they do not want to be left out. They want to know 'what's up' as young people. ...men do respect girls that are virgin but if a man says he is a virgin, they will condemn him*

Many participants said that virginity was no longer 'in vogue' and that nobody expected someone in a higher institution to be a virgin. They described the phenomena as 'outmoded', 'belonging to the old school' or that 'the word virginity no longer exists anymore'. It was surprising to note that even among such highly educated participants, some were of the incorrect view that if 'a girl does not have sex before marriage then she would have a difficult delivery'. While participants agreed that the notion of virginity was outmoded and that it

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was rare to find a virgin in tertiary institutions, it was explained that students who were virgins 'dare not say so for fear of being ridiculed'. This perhaps explain why the quantitative data showed large number of virgins. There was some evidence from the focus group discussions supporting the existence of many sexually inexperienced students as shown by the following male and female participants.

*The generality of the students in Unilag will view an average student as not being a virgin because it is known that students are prone to having sex...if you talk about virginity on campus, even though you will be surprised that we still have quite a reasonable number of girls that are virgins*

*It is still possible to keep your virginity. It all depends on how you keep yourself and what you want to do....*

### 3.3 The onset of first sexual experience

Majority of the participants both males and females felt that pre-marital sex was common. They saw it as a way of life, insisting that virginity was out of fashion. If abstinence is to be imbibed by young persons, there is the need for information regarding male-female relationships devoid of sex. The qualitative study wanted to find out whether platonic relationships were common on campuses. Many of the participants felt that platonic relationships were very hard to come by notwithstanding the teachings of both Christian and Islam against premarital sex.

*People see it (sex) as a normal thing...the bible does not support it, Even Islam forbids it, but to average students, they don't see it as anything wrong... A lot of adolescents today are so curious that they want to know what sex is all about. There is this drive in them wanting to do it continually regardless of their religious background.*

They attributed early age of sexual debut to modernization. According to them, 'if you are into a relationship with a girl, she will not enjoy you if what you do everyday is talking, talking, she will believe that having sex with her is the ultimate.' Religious constraint on the satisfaction of sexual drive is no longer strong among the students. Female participants also held similar views: that almost all relationships on campus have only one thing in mind: sex; and that it was considered abnormal if a man is unable to exhibit his prowess during such relationships. A female participant provided a scenario:

*The view is like when a boy and a girl start a relationship, the next thing is sex. It's like the relationship cannot stand without sex. There was a time we were discussing issue like this. Some said it is abnormal to be going out with a girl without having sex with her. They said you won't be able to know how good she is in bed sexually.*

### 3.4 Multiple partnering and serial relationships

Several studies report of young persons having multiple partners. Having sex with multiple partners poses a high risk because there is a high probability of coming into contact with HIV infected partners. The proportion of sexually active students with multiple partners in

the past two months ranged from 13% in Lagos to 27% in Enugu. In all three sites, higher proportions of males than females reported having multiple partners. Specifically for men, the highest proportion was in Zaria and Enugu where 30% and 37% respectively had multiple partners (see Table 3). In all areas, final year students were more likely than others to have multiple partners.

**Table 3: Sexually active respondents with multiple sexual partners**

	Lagos	Total	Zaria	Total	Enugu	Total	All Respondents	Total
	%		%		%			
<b>Sex</b>								
Female	7.6	237	13.4	238	17.4	236	54.9	410
Male	17.9	251	29.9	241	36.5	244	58.0	512
<b>Marital status</b>								
Married	20	15	25	20	0	1	55.2	59
Single	12.7	472	21.6	459	26.9	476	56.5	890
<b>Residence</b>								
On campus residence	12.3	332	18.4	375	30.8	78	55.0	458
Off campus residence	13.7	131	34.3	99	26.6	387	57.7	437
Others	7.7	13	0	1	127	0	33.3	6
<b>Religion</b>								
Christianity (Catholic)	16.4	73	28.3	106	24.9	257	57.0	321
Christianity (Protestant)	12.9	334	22.1	258	30.1	219	56.0	495
Islam	9.1	77	14.9	114	0	1	58.0	100
<b>Total%</b>		12.90%		21.70%		27.10%		56.6

### 3.5 Reasons for having multiple partners and/or serial relationships

The pervasiveness of multiple partnering may be gauged from the various names by which the phenomena is known on campuses. Some of the special accolades are: *Oshomo*, *player*, *cassanova*, *player meji*, and *pathfinder*. Others call it 'registry' (i.e. that you register a lot of guys or girls in your life). It was pointed out that having multiple partners was seen as a regular practice among students. Many of the participants mentioned that students indulged in multiple sexual partnerships for several reasons, some of which are discussed below.

#### Ego-boosting

For some of the males, multiple partnering is ego-boosting and status enhancing. Some indicated that many students engage in multiple sexual relationships, because it improves the standing of the man among his peers, as he becomes very popular:

*If you have more than one date, they look at you as somebody who is very unique, you are really good, you are the happening guy in the school.*



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### Insurance against fear of the unknown

Since most relationships are contracted without permanency in mind, multiple partnering is necessary to ensure that when one partner breaks the relationship; 'you are not left alone'. Most campus relationships are often characterised by lack of trust and instability, therefore 'some double-date not because they want to but to make sure nobody break their hearts'.

For some of the women, keeping multiple partners allows you some choice in selecting a marriage partner. A participant explained: *'In school, the idea of double dating is just to choose the best out of the rest. ....some do it not for financial reasons but for the fear of the unknown'*

### Rites de passage

For some participants, multiple partnering was seen as a way of life, as part of experimentation associated with growing up towards sexual maturity. Others saw it as a game to be played out during that phase of life at the university. Some pointed out that serial monogamy takes place because boys want to keep experiencing fun with different girls because they do not want to be tied down to a particular girl.

*Most guys have multiple partners because they are still young and want to try this and that (but) by the time you are getting older and mature, you would want to get satisfied with your partner and by the time you are most satisfied, you start to move from one partner to the other...*

Another participant in Lagos agreed:

*Sexual relationship is like a game. A guy may go into relationship with a girl not because he loves her but because of what he wants. Maybe because of her shape. The moment he gets what he wants, He will just drop her and go for another.*

## 3.6 The Gold-Diggers on Campus

Perhaps the most pervasive reason for multiple partnering and serial relationships contracted by women is the notion of sexual exchange. Sexual exchange or transactional sex – the phenomenon where sex is exchanged for material and other favours - thrive on university campuses. Many women engage in sexual relationships for a variety of reasons. By what exactly do they trade sex for? Several reasons were unearthed as to why some women engage in serial monogamy or multiple partnering on campus. Three major ones are discussed below:

### 3.6.1 For material gain

Both male and female participants pointed out that a lot of girls indulge in multiple partnerships for various reasons, notably exchange of sex for financial gains. All the FGDs are in support of this assertion. Rich businessmen (sugar daddies) who engage in sexual relationships with students have different names at different campuses. They are called 'Aristos' in Lagos, 'Omatas' in Enugu and are Alhajis in Zaria. A male participant explained:

*It is very rampant. ...most of these girls, it is not their fault, they come from poor background where there is nobody to finance them... but to some, it is their fault because they just like money naturally... many of them like flashy things. Now this GSM, if you don't have it, you are not*

*there... they exchange sex for... when they need a particular thing. ...As for the girls they don't want to know your age so far you have the money.... Girls will always rush the rich student's at the expense of others in the class*

**Table 4: Percentage of respondents who agree with selected issues regarding sexual exchange according to sex**

	Agree		
	Females	Males	All Respondents
(a) "I cannot keep to only one sexual partner at a time unless he is willing to supply all the things I need."	14	23	19
(b) "I do not care if my sexual partner has other girlfriends provided he supplies me with the money and things I need."	8	8	8
(c) "I cannot enter into a sexual relationship with a person who has other sexual partners even if he will provide all the money and things I need."	74	60	67
(d) "Even if my sexual partner does not provide the money and things I need, I cannot have more than one sexual partner at a time."	84	74	79
(e) "In my opinion a man who does not pay is not worth staying with."	18	17	18
(f) "I do not expect any money or things when I enter into any sexual relationship."	69	73	71
(g) "If my sexual partner is not paying there is nothing wrong in breaking the relationship and looking for another who can pay."	24	23	23
(h) "If I break my friendship for another partner because the former cannot pay, there is no difference between me and a prostitute."	74	73	74

Three female cases are presented below to illuminate sexual exchange on campus and the underlying reasons:

*It happens on every campus not only in this institution...Ladies do it for money to pay their bills.... Many of them go out with the Aristos such as ministers, senators, etc who would send their drivers in flashy cars and take the ladies away for instance from Friday till Monday. When they come back to school, they are loaded with money and materials things. They are the big girls on the campus, always looking nice.*

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*Maybe she does not want to put her egg in one basket. To feel secured, she may go for another. Girls on this campus want so many things; they want to dress gorgeously (clothing's, shoes, hairdo, jewelries. etc). They want respect. A guy may not be able to give them everything they want...so they have to jump from one person to another....not because they really like the but just because they want to get something from them.*

*Those ones, I call them my sugar uncles, maybe when am poor or I need money, they give it to me. I know I have to do that (sexual intercourse). But with my boyfriend, I don't have to sleep with him before he gives me money or anything because he is my partner that's how I do it.*

It was observed that multiple partnering can be looked at as a 'business strategy'. It was discovered that the practice of multiple partnership was not completely an individual thing but a phenomenon that requires the cooperation of other friends in order to manage and maintain potential conflicts. This is because a lot of 'hide and seek game' is involved, characterised by lies and deceit, which an individual cannot successfully sustain unaided.

### 3.6.2 Sugar Mummies

It was established, that there are boys who exchange sex with older women (sugar mummies) for financial gains too. In fact, one of the participants indicated that he has a sugar mummy'. Some participants at the same time pointed out that there are boys who exchange sex for money and material benefits with older women some of whom may be married (i.e. sugar mummies) but not sexually satisfied with their husbands.

### 3.6.3 An 'A' for a lay: sex with lecturers

It was also reported that some female students do exchange sex for marks and favours from lecturers. It must be noted that these statements came mainly from male participants. *They do have sex for marks with the lecturers. Exchanging sex for scores from lecturers is very rampant in this school.*

### 3.6.4 Assignment contractors: sex with brilliant male students

Lecturers were not the only culprits in sex for academic support. It was mentioned that some male students also agree to help females in examination and in project work and other assignments only if the women agreed to have sex with them.

*Let's say you are very sharp in maths or anything in calculation, because ladies, some are not good in calculation. If you are good and you are in the same class, she will always, look to see that she come closer to you during some assignments, tests. She can even come to your room so that you can teach her how to calculate and in exchange, she can give you sex.*

### 3.6.5 Big Brother: Sex with cult guys for protection

There was evidence that some female students date or have sex with cult members on campus either as a result of intimidation, or mainly because the woman feels she will be protected by her friend from advances of other students, lecturers or other cult members. A female participant confirmed thus:

*Some do it for protection, feeling that if I'm dating this cult guy and sleep with him frequently, if any other guy wants to manoeuvre his way into my life, the guy would be very responding .*

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### 3.7 Negative views on multiple partnering

It is important to note that the apparent pervasiveness of multiple partnering, does not imply that the phenomenon was acceptable to students. Those who held contrary view insisted that multiple partnering was on the decline and the fear of contracting STIs was why they have refrained from indulging in multiple sexual relationships. It was also noted that many men looked down on the girls who indulged in multiple sexual relationships. They also point to the fact that many of the frequent cult fights in some tertiary institutions originate from clashing over girls. Generally speaking, a significant proportion of the participants in the FGDs described excessive multiple partnering and serial relationships of women as nothing different from prostitution. The majority condemned serial relationship describing the act as a sign of immaturity, lack of focus, and inability to find one's taste..

### 3.8 Socio-sexual life on campus

Campus life is fundamentally different from life outside. It was considered useful to provide a picture of campus life in order to place the sexual behaviour discussed in some context.

Tempo of life often varies from institution to institution in Nigeria:

*Friday ...the 'Aristos' do come around, take the girls out and bring them back on Monday morning.. On Sunday, people normally go to church while some would round off with their assignments... It's on Friday evening that you see the 'Aristos'.* (Male, FGD, Yaba Tech).

A description of another institution was provided by a female participant:

*Friday night is the happening night. Saturday, we do washing, scrubbing, it is our working day. Saturday nights are always very dry. Most people do go home or go to see their boyfriends. Social life in Yaba Tech is zero...on Sunday, we go to church, come back and go to class and read... rich students go outside and have their weekend. They don't do it in school here. The 'Aristos' normally come on Fridays and have nice time outside...on Sunday, they bring the girls back* (Female FGD, Yaba Tech).

It was obvious that male students were envious of the 'Aristos, the 'Omatas, and the 'Alhajis' as stated from the following patronising tone:

*Most people go home on weekends. Fridays are party days. That is when the Aristos come to the campus to catch our babes. They return them on Saturday morning, sometimes Sunday afternoon, or Monday morning. We hear of instance when senators send boys from Abuja to bring babes; they will send them flight tickets. They come in flashy cars and line up to pack girls. Basically, weekdays are for boys... an average boy on campus does not go to visit an Aristo chick on Friday night; she would not have time for you.*

As can be seen from the above quotations, weekends were said to be 'dry' because a lot of students travel out, some visiting boyfriends while others go to their relations or attend parties. The key informants talked extensively on the feature of the students' hostels during the weekdays and at weekends. It was gathered that more visitors come to the female hostels

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during the weekends than during the weekdays. This is not surprising because students and their visitors are usually busy during the weekdays. At weekends however, there is more freedom, parties are organized (sometimes out of school) and more people visit the hostels. All the porters claimed to be witnesses to these events. So the movement of students out of the hostel on Friday and their return on Sunday or Monday morning is not a new experience.

*There are many differences. Visitors come on weekend. Parents, men who are looking for girls to 'trip' with; young Guys from other institutions. (Male porter, Unilag).*

When probed further, the porters explained that the visitors do not need to know anybody before they come to the hostels, that majority of the ladies don't care about what they do with their bodies, so far as there is a monetary reward. Also, the exchange of pleasantries and addresses take place mostly at parties elsewhere.

*It is absolutely true, not even rich men alone; politicians (senators) come to pick beautiful ladies here. They don't need to know anybody before they come here (Female porter Unilag).*

The porters claimed that they are custodians of the students, so have minimal role to play, that the duty of a porter is to make sure that visitors go out of the female hostels when the time for visiting expires. Again their role also includes calling a female student whenever a visitor calls. The expression summarizes the views of the key informants on this.

*Actually, I don't arrange anything, they ask me they want to see so, so and so. If I have a chance I call her, who knows if they are relatives. (Male porter; Unilag).*

Outsiders, and male students often think female hostels consist predominantly of 'loose' women, the complaint of the following female student attests to this:

*People believe Moremi is a very corrupt hall. They believe it is the hall of prostitutes. They call the girls here; Aristo chicks; in fact, sometimes they call it Hotel Moremi whenever you talk to guys and tell them where you stay. It could be really embarrassing. They believe there are some people staying here who may not really be students of this school (Female FGD, Unilag).*

*Some people are still using the past to judge Moremi hall. Before they believed it was a hall of prostitute, some still think it is still like that... (Female porter Unilag).*

Some female participants argued that the immoral picture painted of female halls of residence and female hostels as 'housing prostitutes' may not be entirely true. While they admitted that some regular visitors mainly boy friends including sugar daddies, and businessmen do visit them, and that there were all sort of girls in female hostels with different characters, some under the influence of freedom from parental control. They were still of the opinion that the images of female hostels are being dented by some outsiders (females) who engage in 'promiscuous activities' and claim that they were students in order to date rich businessmen.

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### 3.9 Sexual Harassment, Intimidation and Violence

Sexual intimidation and violence may often lead to unprotected sexual intercourse. The issue was therefore discussed in focus groups. Having a common definition of the above is important to find out whether it is a problem on our campuses, and to unravel the victims and perpetrators, and how the problem can be solved or reduced to the barest minimum. It is interesting to note that in most instances, male students claimed that they were 'sexually harassed' mainly because in their view most women dress provocatively. Thus, most of the males thought it was the women's 'fault' that they were sexually harassed since their dressing provocatively excites men and offers them an invitation.

Generally, opinion differs on who the victims and the perpetrators are. While some believe that the victims are the male population, others said the girls are. For some of the men it is they (the men) who are harassed by the way the women dress; they argued that men indeed were the victims since they are forced to watch and observe what they are not supposed to be shown.

*The victims of sexual harassment are the guys. Girls harass by their mode of dressing. You will be surprised that a girl could wear a top that will show her breast that the only thing it won't show is her nipples. Some will wear skirt so short and have slits that you wonder what the skirt is covering naturally we are moved by what we see (Male FGD, Unilag).*

The majority opinion is that female students, who most of the males accused of instigating harassment by their mode of dressing, are largely the victims. The respondent's opinion on who perpetrators of sexual harassment are greatly indicts the female students. This is established by the following submission:

*The way our female students dress nowadays is quite oppressive and intimidating. It's like they call for harassment themselves. (Male FGD, Unilag)*

*Sexually harassing people or forcing yourself on another person without his or her consent... it has to do with somebody trying to compel you against your will to make love to him/her. It is women that... harass men e.g. when they put on 'spaghetti', "jundi po" they use this to harass men indirectly (Male FGD Yaba Tech).*

Again,

*It implies ladies displaying their bodies... if you go out now, you'll see at least nothing less than 20 ladies dressing carelessly. This is very very common. Unilag girls are more provocative in terms of their dressing than any other institution. (Male FGD, Unilag)*

The above descriptions demonstrate the male students' view of sexual harassment. A critical look shows that sexual harassment is caused directly or indirectly by the life style of female students.

It must be pointed out that it was not only men who thought so. Some women also felt that women who dress indecently deserve whatever they get in return, as shown by the following three female participants:

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*Students harass lecturers, if a girl wears a particular dress, she knows what will happen, what it will cost her in return.*

*It is 50 – 50, a girl that dresses provocatively is believed to be the main cause of harassment (Female FGD).*

*It is the girls. The ratio at which guys harasses girls is about 1:99 (Female FGD, Unilag).*

From the female perspective, a major source of female harassment in Nigerian higher institutions is the violence and intimidation from leaders of cults and other campus-wide secret societies. They consist of “the guys of the underworld”, the “alagbaras”, “strong boys”, the cultists, and some lecturers. The latter are blamed because of their behaviour of forcing students to bed or risk failure in exams.

For some female students, particularly in Enugu, some who live in hostels reported of constant threat of rape. Cult members are mostly involved in raping of girls.

## 4 HIV/AIDS

### 4.1 Knowledge of HIV/AIDS

The knowledge that AIDS do not have a cure was virtually high among tertiary institution students in Nigeria. Apparently more females than males across board knew that HIV/AIDS does not have a cure. However, this was highest in Enugu among females (96%) and lowest in Lagos among males (76%). Many students emphasized that AIDS was a deadly disease and the various nicknames for the disease on campus attest to that. HIV/AIDS was known by several names on campus. In Lagos campuses, AIDS may be referred to as: 'Death sentence', 'no story', 'sudden death' and 'last bus stop'. Others were 'Adisa', 'jumbo' 'outcast', 'Ogbo', 'contractor' 'astiegbe' and 'Akposiegbe'.

Slangs for AIDS differ from one campus to another. In Enugu institutions the local names are common on campus. They all signify the severity of AIDS. 'Obiri na-ajocha' (killer disease) 'Ogbunna Ori' (killer disease), 'Ome ochie', (killer disease); 'mminwu' [drying disease]; 'Ileita', (ends in the grave); 4 x 4.

Nearly all participants believed that HIV/AIDS existed; however one of the participants argued that he did not believe that HIV/AIDS exists. His reason for not believing is that Magic Johnson in America who had been declared to be HIV positive for some years now, is still living. He also sees the issue of prevalence of HIV/AIDS as a propaganda by America and European countries to discredit Africa.

A few others believed that AIDS was "American idea of discouraging sex".

### 4.2 Does AIDS have cure?

One of the factors that affect behaviour change in a health preserving direction is the perceived severity of an infection. To assess this, respondents were asked whether AIDS have a cure. Notwithstanding the high educational background of respondents, a fairly high number still felt that AIDS was curable. The highest proportion was in Lagos where nearly one out of four respondents (22%) stated that AIDS was curable. The lowest was in Enugu (5%).

Table 5 : Respondents who knew that AIDS does not have a cure

Sex of respondent	Lagos	Total	Zaria	Total	Enugu	Total	All Respondents	Total
	%		%		%		%	
Female	80.0	235	88.7	238	96.2	234	88.3	707
Male	75.5	245	77.6	241	93.8	242	82.3	728
<b>Total %</b>	<b>77.7</b>	<b>480</b>	<b>83.1</b>	<b>479</b>	<b>95.0</b>	<b>476</b>	<b>85.2</b>	<b>1435</b>

The Institutions with the highest proportion of students who knew that AIDS does not have a cure were ESUT and IMT (95%). About nine out of every ten students (88%) in ABU Zaria and 78% in Nuhu Bamali Poly knew while, over three quarter of students in Yabatech (79%) and Unilag (77%) knew that AIDS does not have a cure.



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Their opinion about it is represented thus:

*It is real. It is a killer disease. "Almighty infection sent by God to do something to human beings",*

A few participants indicated that Rev. T.B. Joshua has been curing AIDS through prayers. Some even mentioned that Dr. Agbalaka's therapy could have proved useful if he had been permitted to do so.

#### 4.3 Views on transmission

It is important to note that even in institutions of higher learning, some students had fatalistic disposition to HIV infection, claiming that people who will have it are pre-destined to have it:

*Everything has been destined; people are only working towards it. If one is destined to die of AIDS, that's all...*

A greater majority however believed that AIDS is sexually transmitted and one can stay clear of it, if she or he chooses to do so. They are surprised at people who feel invulnerable and still believe they are smart and cannot be infected.

*That's what leads to using condom. When you believe it is real, you will always want to protect yourself... people tend to use more condoms now than before. (Male FGD, Yaba tech)*

*Yes, it influences people's sexual life. It makes people avoid the 'hot pans' i.e. girls that move around ... you see guys going about with their condom... nobody wants the sickness that has no cure. Everybody wants to live a healthy and long life.*

Considering the reality of HIV/AIDS, most participants felt that people should be worried about AIDS.

*They should now.... They should be worried because they don't want to die. They should ... if you keep two or three relationships; you have a cause to worry. People should be concerned about HIV/AIDS for your personal self and your loved ones...it is not only sex that brings about AIDS but needles, barbing clippers, the salons, the hospitals...yes they should. If you are worried about your monthly period, you should be worried about the killer disease. (Female FGD Yaba tech)*

*Yes, so that you can run away from contacting it. The psychological effect alone that if a person has AIDS, he will soon die is something to be worried about...it is a thing to be worried about because it involves ones life. Once you contact it, there is no more hope. (Male FGD, Unilag)*

Others felt you should not be worried, not because AIDS is not deadly but because, unlike some other epidemics, you can easily prevent yourself from infection.

*There is nothing to be worried about. All you just have to do is to abstain from sex and be careful with sharp objects. Don't share needles that have been contaminated. If you do all these, there is nothing to be worried about.*

#### 4.4 Asymptomatic transmission

Because people with HIV can live for years without any outward sign of illness, it was considered necessary to find out whether students knew that an HIV positive person can look healthy. Nearly nine out ten of students knew that a person can look healthy and still carry HIV. There is difference between the study sites and between males and females.

**Table 6: Respondents who knew that a healthy looking person can have HIV**

Sex of respondent	Lagos	Total	Zaria	Total	Enugu	Total	All Respondents	Total
	%		%		%		%	
Female	86.6	232	89.5	237	88.1	235	88.1	704
Male	85.4	247	89.7	233	90.3	238	88.4	718
<b>Total %</b>	<b>86.0</b>	<b>479</b>	<b>89.6</b>	<b>470</b>	<b>89.2</b>	<b>473</b>	<b>88.3</b>	<b>1422</b>

The severity of AIDS is sometimes brought closer home when a person knows of somebody who is affected by AIDS or died from AIDS-related infection. From Table 7, it is clear that higher proportions of students in Zaria than elsewhere knew any such person. Apart from Lagos, where a higher proportion of females than males had had this experience, there were no gender variations at the other study sites.

**Table 7: Respondents who knew somebody infected with HIV or had died of AIDS**

Sex of respondent	Lagos	Total	Zaria	Total	Enugu	Total	All Respondents	Total
	%		%		%		%	
Female	44.3	235	63.7	237	54.3	234	54.1	706
Male	33.6	250	66.8	238	53.7	242	51.1	730
<b>Total %</b>	<b>38.8</b>	<b>485</b>	<b>65.3</b>	<b>475</b>	<b>54.0</b>	<b>1448</b>	<b>52.6</b>	<b>1436</b>

Do students who know of somebody with AIDS or had died of AIDS likely to use condoms? Table 8 compares respondents who know of a person with HIV/AIDS or has died from AIDS and those who do not in terms of whether they used condoms during last sexual intercourse. On the whole, except for Enugu, there appears to be no difference regarding condom use between the two groups. For example, in Lagos 65% of those who did not know of anybody affected with AIDS used condoms during their last sex act (66% for those who did not know anybody)..

The majority of the respondents claimed that they have not physically seen an AIDS patient but that they have either seen such in the television or heard through other means. Some of the people who do not believe in the existence of AIDS based it on the argument that they have not seen anyone who has it. For those that believe, their opinion is represented thus.

*We have seen. We have heard. There was an Alhaji who was discovered to have AIDS. Then Yela Anikulapo Kuti. A lot of people have come out to confess that they have HIV and have been going about enlightening people.*

Others argued that they have seen people with AIDS, but notwithstanding, they still do not perceive it as something which is near them; a fictional disease:

*Actually, we have not seen someone that has AIDS but we have 'This strong belief' that it exists, because of the documentaries, Seminars, etc. ...some people do not believe AIDS exist because they are daft. ....some will say AIDS is American idea of discouraging sex.*

**Table 8: Respondents who used condom in last sex act with boy/girlfriend by those who knew somebody infected with HIV or dies of AIDS**

Knowledge of somebody infected	Lagos		Zaria		Enugu	
	Don't Use	Used	Don't Use	Used	Don't Use	Used
	%	%	%	%	%	%
Don't know	23.1	65.4	28.8	52.1	17.2	79.7
Know somebody	24.3	66.2	36.0	50.6	28.3	68.8
<b>Total %</b>	<b>23.6</b>	<b>65.7</b>	<b>33.9</b>	<b>51.0</b>	<b>23.6</b>	<b>73.4</b>

#### 4.5 Stigma and discrimination

Although there were no questions on stigma and discrimination asked during the survey, the qualitative component explored issues relating to the topic. The discussions centred on what they would do if they discovered that a friend had tested HIV positive.

##### 4.5.1 Non-discriminatory Attitudes

Some agree that they will offer care and support without prejudice:

*Actually, many people would like to run away from him, but for me, I will keep his company...I will care for him... I will give him words of hope and encourage him not to spread it...I will take personal precaution. I will do everything possible to avoid having contact with him though I will encourage him not to worry. (Male FGD, Unilag)*

##### 4.5.2 Overtly Discriminatory Attitudes

A great many of the students were of the view that they would stay away and would not have anything to do with him or her again. A participant stated: *I will feel worried; I will stay away from the person completely.* Another added: *They would pack their things and leave the room.*

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### 4.5.3 Covert Discriminatory Attitudes

Some students however mentioned that they would not abandon such a friend. They would talk to them but would be careful in their dealings with them. They would pretend that everything was just to please the friend. These views were shared by both men and women. It is likely that the 'support and care' will not last long.

*You can't run away, the thing is that at first, one would be scared...I will be her best friend so that she will tell me more about it and how she contacted it. I will be careful.. I will be advising her and consoling her....I will try and talk to her but I will limit myself. (Female IGD Yaba Tech)*

*...I will limit myself ....for me, I will pretend as if I am still his best friend.... The reason is because he might use a blade and hide it somewhere. I might see it and use it.*

*For someone close to me, I will just try and give him some encouragement but stay clear. I will feel sad naturally and encourage him that is not the end of the world. ....running away from the person, he might feel rejected and end up committing suicide.*

### 4.6 Exposure to HIV/AIDS Campaign

Exposure to HIV/AIDS campaigns is a necessary precursor for HIV/AIDS prevention among special population such as the tertiary. Findings (table 9) revealed that 52% of students have either heard or seen any HIV/AIDS campaign on campus. Table 10 on the other hand, describes the different campaigns that students had seen on campus, more students (46%) had seen, 'Tequila shows' compared to 31% that had seen 'STI IPC' and 28% that had seen 'Group Africa Show'. This is hardly surprising since *Tequila* was primarily a campus intervention package while *Group Africa* was a road show for the general population.

**Table 9: Respondents who had heard/seen HIV/AIDS campaign on campus by Selected characteristics**

	<b>Heard or seen any HIV/AIDS campaign on campus</b>	<b>Total</b>
	%	
<b>Sex</b>		
Female	52.6	707
Male	50.7	730.0
<b>Marital status</b>		
Married	52.8	36.0
Single	51.6	1398.0
<b>Residence</b>		
On campus residence	55.6	782.0
Off campus residence	46.7	612.0
Others	38.5	13.0
<b>Levels</b>		
100/ND/PD	31.7	407.0
200/ND2Level	59.3	307.0
300/IND1Level	56.9	341.0
Final/IND2	61.8	377.0
<b>Religion</b>		
Christianity (catholic)	51.2	434.0
Christianity (Protestant)	52.6	806.0
Islam	48.4	190.0
Traditional	50.0	4.0
Others	75.0	4.0
<b>Location</b>		
Lagos	56.3	487.0
Zaria	47.8	475.0
Enugu	50.8	476.0
<b>Total %</b>	<b>51.7</b>	<b>1438</b>

Table 10: Respondents who had heard/seen HIV/AIDS campaign by campaign and by selected characteristics

	Seen Group Africa show campus	Seen SFH IPC on campus	Seen Tequila shows on campus	Seen other forms of HIV/AIDS campaign on campus	Total
	%	%	%	%	
<b>Sex</b>	%	%	%	%	
Female	26.3	24.9	50	33.3	
Male	28.8	36.2	42.6	31.9	
<b>Marital status</b>					
Married	35.3	17.6	47.1	50.0	
Single	27.5	31.0	46.3	31.9	
<b>Residence</b>					
On campus	18.3	24.6	54.7	38.5	
Off campus	40.1	40.1	32.2	23.9	
<b>Religion</b>					
Christianity (catholic)	38.8	35.5	43.9	24.2	
Christianity (Protestant)	24.0	29.5	46.2	35.7	
Islam	16.1	23.0	53.9	37.6	
<b>Location</b>					
Lagos	23.1	19.5	39.2	46.5	
Zaria	8.3	25.6	72.2	31.6	
Enugu	49.6	47.7	31.5	17.2	
<b>Total %</b>	<b>27.6</b>	<b>30.6</b>	<b>46.3</b>	<b>32.6</b>	

Considering the high level of exposure to the risk of HIV/AIDS, majority of students mentioned that they were not aware of the existence of any organization that work on about HIV/AIDS in their campuses. A participant mentioned:

*There is scarcely any (organization) but you see some people posters around school and sign posts warning against AIDS.*

## 5 CONDOM USE

Condom use is one of the main strategies for the prevention of sexual transmission of HIV; the others being abstinence and mutual fidelity or partner reduction

### 5.1 Condom and its aliases on campus

Participants agreed that the use of condom is common and its use has increased because of the need to have protection against unwanted pregnancy and STPS including HIV/AIDS. Nearly all believed that the use of condom provides protection.

It is a popular commodity among the students of the four institutions as demonstrated by different local names given to it which include; "CD", "Rain coat", "Rubber", "Bullet" "Bullet proof", "Umbrella", "Undercover", "Leather", "Blow blow", "skopentu", (Italian word), "chachin" (Latin), "Latex", "Agbojo", "insurance", "Fere", "Ballon", and "Awo". Others include; "Okpu isi" "Okpunnabu enyi"; "Socket", "Seatbelts"; "Socks", "Preventor Boot", "Okpunnabu enyi", "Sachet bag", "Diskette", "Chukwuemeka", "Napoleon", "Nnochiah", "Kpakashigbo"; "Handout" and "Pretty man". It is interesting to note that in ESUT, one of the nicknames of condom is "Sunday Oliseh", apparently after a major SFH campaign using the celebrity.

### 5.2 Ever use of condoms

Respondents were asked whether they have ever used condoms. "Ever use" rates varied considerably. Only 40% of respondents in Lagos compared to 69% in Enugu have ever used condoms. As shown in Table 11, in Lagos and Enugu, the proportions of males who have ever used were higher than females, although in Zaria, the female proportion was slightly higher than males.

**Table 11: Respondents who have ever used condoms by sex**

Sex of respondent	Lagos	Total	Zaria	Total	Enugu	Total	All Respondents	Total
	%		%		%		%	
Female	33.8	216	56.2	210	58.4	219	77.1	645
Male	46.4	235	53.6	233	78.9	232	81.8	700
<b>Total %</b>	<b>40.4</b>	<b>451</b>	<b>54.9</b>	<b>443</b>	<b>69.0</b>	<b>451</b>	<b>73.3</b>	<b>1345</b>

### 5.3 Condom use during first intercourse

Condom use at first sex is often an indication of a persons' willingness and ability to prevent HIV/STI and pregnancy. Respondents were asked whether they used condoms at first sexual intercourse. From Table 12, one in five (22%) did so in Zaria and Enugu compared with 32% in Lagos.

**Table 12: Condom use in first sex act by location**

Sex of respondent	Lagos	Zaria	Enugu	All Respondents
	%	%	%	
Female	28.8	23.8	19.1	23.7
Male	33.9	20.0	23.8	25.8
Total %	31.9	21.8	21.8	24.9

**Table 13: Reasons for condom use by Socio-demographics**

	Pregnancy Prevention	STD Prevention	HIV/AIDS Prevention	Both STD/HIV & pregnancy prevention	Others	Total
	%	%	%	%	%	
<b>Sex</b>						
Female	20.0	3.3	2.1	72.5	2.1	240
Male	11.5	12.0	9.8	65.8	0.8	366
<b>Marital Status</b>						
Married	66.7	0.0	8.3	16.7	8.3	12
Single	13.9	8.8	6.8	69.4	1.2	591
<b>Religion</b>						
Christianity (Catholic)	11.2	9.9	6.7	70.9	1.3	223
Christianity (Protestant)	16.6	7.5	6.6	68.3	0.9	319
Islam	18.6	10.2	6.8	61.0	3.4	59
Traditional	0.0	0.0	0.0	100.0	0.0	2
<b>Total %</b>	<b>15.0</b>	<b>8.3</b>	<b>6.7</b>	<b>68.6</b>	<b>1.3</b>	<b>599</b>

### 5.4 Condom users and Reasons for condom use

People use condoms for various reasons. It is necessary to know the motive behind the use, so that non-users may be offered genuine reasons why they should use condoms. A few students use condoms mainly for one reason, either for prevention of pregnancy or STI/HIV. For example, 64% of those in Lagos and Zaria (74% in Enugu) who use condoms do so for the dual purpose of preventing pregnancy and STI/HIV. Higher proportions of males than females are more likely to use condoms for the prevention of HIV and other STIs.



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Detailed information was obtained through qualitative component on condom use and reasons for use. Many of these respondents stated that they cannot have sex without using condom. They put the percentage of students that use it at 70%. Generally, male students go around with it in their wallets in the campus indicating consistent use. As observed in the quantitative analysis, students during focus group discussions stated that condoms were used mainly to prevent STIs /HIV and pregnancy. Some of the participants said that they were consistent in their use of condoms in order to ensure maximum protection because the risks associated with non-use of condom are grave especially HIV/AIDS that is life threatening. Many indicated that they enjoyed sex with condoms because they were more relaxed as they were assured of protection.

Some students believed that a great many students use condoms, even though they still thought that it reduced sexual pleasure.

*Boys on this campus are always at alert. Wherever they go, if you check their wallets; they always have one or two condom because they know anything can come at any time. But when you interview them they say "when you use condom, you don't derive the maximum satisfaction. It reduces sensitivity. (Male FGD, Unilag)*

The focus group discussions showed that some of the participants indicated that they use condom both with regular and casual partners. This is because they have no way of ensuring that, their regular partners do not have any infection and also they want to avoid unwanted pregnancies.

### 5.5 Inconsistent use of condoms

Others also cited some situation or reasons for inconsistent use of condoms arguing that 'sometimes the sex act might not have been planned in advance and is sudden' and there may not be condoms immediately available. From the in-depth interviews, it was clear that condom use is a complex issue, dictated by several factors. However in terms of use, there was some variation. The respondents mentioned that they use condoms for casual sex only. There was evidence that some used condoms inconsistently. Condoms are used with casual partners but not with trusted boy or girlfriends. On the whole, the in-depth interviews revealed that respondents do not use condom consistently during sexual intercourse as typified by the following interviewee

*Hub! Developed that habit one and a half years ago, using condom with my casual partners, but once in a while I don't use it with them.*

As found in the quantitative research, the issue of trust as a reason for non-use of condoms was provided by women as shown by the above quotation and the following one:

*If you have a steady boyfriend i.e. fiancé, that idea doesn't come to your head at all. You just believe that the guy is faithful. You just have fun like that. It has to do with the kind of relationship of 4-5 years, you two should learn to trust each other, and hence, they should not be so conscious of using condom.*

## 5.6 Condom use in last sex act

One of the most powerful indicators of condom use is to find out the extent of condom use during the most recent sex act. Respondents who reported that they had boyfriends or girlfriends were asked whether or not they used condoms in their last sex act. As shown in Table 14, most of them used condoms. The highest figure was obtained from Enugu where 74% reported using condoms during last sex act compared with 66% in Lagos and 51% in Zaria.

**Table 14: Condom use in last sex act by location**

<b>Sex of respondent</b>	<b>Lagos</b>	<b>Zaria</b>	<b>Enugu</b>	<b>Total</b>
	%	%	%	
Don't use	23.6	33.6	23.4	<b>198</b>
Used	65.7	51.4	73.7	<b>471</b>
<b>Total %</b>	<b>178</b>	<b>253</b>	<b>304</b>	<b>735</b>

## 5.7 Who initiated condom use in the last act

Personal efficacy to use condoms is often exhibited by a person's ability to initiate condom use. Respondents who used condoms in their last sexual act were asked of who initiated condom use. Whether it was 'Self'; 'Partner' or 'Mutual' initiated its usage. On a whole, majority of the students said they initiated condoms themselves: Lagos (58%), Zaria (57%) and Enugu (63%). Given that condom (Male condom) is predominantly 'a man's contraceptive', in all study sites higher proportions of males than females reported initiating condoms

**Table 15: Respondents who initiated condom use in last sex act by socio-demographics**

	<b>Self</b>	<b>Partner</b>	<b>Mutual</b>	<b>Total</b>
	%	%	%	
<b>Sex</b>				
Female	42.0	30.4	27.6	<b>312</b>
Male	72.2	9.4	18.4	<b>414</b>
<b>Marital Status</b>				
Married	43.5	17.4	39.1	<b>23</b>
Single	59.6	18.6	21.9	<b>700</b>
<b>Residence</b>				
On campus	59.1	17.0	23.9	<b>335</b>
Off campus	59.5	20.5	20.0	<b>370</b>
Others	66.7	0.0	33.3	<b>3</b>
<b>Religion</b>				
Christianity (Catholic)	59.1	19.7	21.2	<b>269</b>
Christianity (Protestant)	60.0	18.4	21.6	<b>380</b>
Islam	54.2	13.9	31.9	<b>72</b>

Total %	59.2	18.5	22.3	736
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## 5.8 Self Esteem

It is known that 'good self esteem' in terms of positive evaluations of self-worth can create psychological climate in which persons are better able to avoid or leave risk producing relationships, resist coercions to engage in risky encounters, and perceive personally salient benefits for making change (Kelly, 1995). A series of questions were asked to assess level of self-esteem. (This report does not include such analysis but detailed sub-analysis will be undertaken to find the relationship between self-esteem scale and risk-taking behaviours).

**Table 16: Percentage of respondents who agree with selected issues regarding self-esteem according to sex**

	% Agree		
	Female	Male	All respondents
I always tend to lead any group I find myself	64	70	67
In order to get along and be liked, I tend to be what people expect me to be rather than be my true self.	10	18	14
I rely on my friends to advise me on how to solve my personal problems	18	25	22
My efforts always produce poor results	2	3	2
When I am in a group, I'm unlikely to express my opinion for fear others may not think well of me	13	17	15
I feel inferior to my friends	3	7	5
If I hear that someone expresses a poor opinion of me, I do my best to please him or her the next time I see him or her	40	49	45
I think I am confident enough to speak in front of a group	91	92	91
I feel self conscious when I am with people who have superior positions to mine at work or at school	58	73	65
I often criticize myself afterwards for acting silly or inappropriately in some situations	85	87	86
I become panicky when I think of something I might do wrong in the future	61	69	65
I don't believe much in my ability	6	10	8
When I am in a group, I usually don't say much for fear of saying the wrong things	28	33	30
I live too much by other people's standards	8	20	14
Although people sometimes compliment me, I feel I do not really deserve the compliments	40	51	46

## 5.9 Gender Issues

In predominantly male-dominated communities, condom use is enmeshed in gender relationships. It is often stated that women's powerlessness contributes to the non-use of con-

doms. Table 17 compares men and women on certain key issues on gender. On certain issues, especially on decision-making, there are substantial male female differentials. For example, while 91% of females felt that both wife and husband should have equal say on important issues, only 77% of men felt so. Given that condom use is a vital decision, it is likely that some men will arrogate the decision making to themselves.

**Table 17: Percentage of respondents who agree with selected issues on gender according to sex**

	Female	Male	All Respondents
Parents should encourage their daughters to aspire to professional positions in life.	98	94	96
Within the couple, both the wife and the husband should have equal say on important decisions.	91	77	84
Males and females should have equal rights	80	68	74
Boys should help with housework the way girls do.	82	67	74
A male child is preferable to a female child	14	30	22
When resources are scarce only boys should be sent to school	6	21	14
It is okay for a man to beat his wife as a sign of discipline if she does something wrong	3	8	5
A woman should not question the authority of a man	33	43	38
Women should have the same opportunities as men to hold leadership positions in the country.	82	65	73
Women cannot make as good decisions on important matters as men can.	15	32	24
A woman should leave her husband if he does not provide for her	6	9	8
A husband should have girlfriends outside marriage	1	2	1
It is acceptable for parents to choose a wife for their son.	3	5	4
It is acceptable for parents to choose a husband for their daughter.	3	6	5

### 5.10 Condom Negotiation and Personal Self Efficacy

Sexual relationship is largely a phenomenon requiring mutual consent of the parties involved. To therefore use condom in the course of sexual intercourse could involve a moment of negotiation. This position is affirmed thus:

*It is normal for boys and girls to ask their girl/boyfriend to use condom when they want to have sex. You have to negotiate it with girls though most of them don't like it. They don't derive pleasure in it.*

Some of the male participants mentioned that a few girls get offended when men ask that condoms be use. According to them the girls often argue thus:

*You want to take me as if I'm a prostitute, you cant trust me. We've been moving out for over \_\_\_ years, you can't trust me. There are some that do accept. (Male FGD, Yaba Tech).*

To most of the respondents, however, requesting for the use of condom from the female partners is very easy.

They were further probed on what happens if the girl refuses the request for use or non-use of condom. Some argued that since females were 'the weaker sex' a man who wants to use condom can 'control the situation'. It is important to note that most of the male participants would not object to their girlfriends requesting for the use of condom.

*I will use it without having second thought. There is no need to argue. The moment she said it, I would even be happy. I will welcome it... it is the only way to save and free oneself from problems. We should not have a choice.*

It was found that when a partner suggests the use of condoms, males are less likely than women to consider it as lack of trust in the partner. Yet most girls said they would feel uncomfortable suggesting condoms, because the partner may think they are 'loose'. Majority, however, were of the opinion that if their boyfriends requested the use of condom with them that they would react positively.

**Table 18: Percentage of respondents who said they were definitely or probably not confident to refuse sexual intercourse in selected situations according to sex**

Selected Situation	% Definitely/ Probably could not		
	Females	Males	All Respondents
With a person you have known for few days	19	24	22
With a person you have known for more than three months	22	27	24
With a person who offers you gifts/money	25	30	27
With somebody you care about deeply	37	40	39
With someone who has power over you like your, lecturer, employer	25	30	28

**Table 19: Percentage of respondents who said they were definitely or probably confident to engage in selected health-enhancing sexual behaviours according to sex**

Health-enhancing sexual behaviour	Percentage Confident		
	Females	Males	All Respondents
Use condom every time you have sexual intercourse	68	76	72
Avoid sex anytime you didn't want it	89	86	88
Have sexual relationship with only one person (i.e. boyfriend/girlfriend/)	94	87	91
Refuse sex with partner if he has an STI	91	88	90
Can you propose condom use with partner if he has an STI	71	72	72

Some other key conclusions were that:

- When girls carry condom in their bags, they are often seen as bad girls, loose, and looking for sex.
- Girls are often shy to request and insist on the use of condom for fear of being perceived as spoilt.
- Sometimes if a girl requests her boyfriend to use a condom, he might suspect that she has started sleeping around or that she does not trust him.
- However some indicated that when there was a good understanding between the boy and girl, then condom negotiation becomes easier.
- Some suggested that if a girl wanted to use condom, that all she needed to do was to tell the boy and insist on it. They emphasized that condoms be used both for regular and casual partners.

### 5.11 Reasons for Non-use of Condom among Tertiary Students

Among single sexually active persons, the use of condom seems to be an appropriate option. However, there are several factors inhibiting young persons from using condom, such reasons as to why young persons do not use condom were explored by this survey: the main reason offered for non-use of condoms is that the partner is trusted. Findings show that 'Trust of partner' ranked highest in all study sites, ranging from 33% in Lagos to 54% in Enugu. It is important to note that over one-quarter (27%) of respondents in Zaria stated that they were not using condoms because they are not interested in contraceptives. The proportion that offered this as a reason for non use of condoms in Lagos was only 6%. It is interesting to note that females are more likely than males to offer trust as a reason (59% vs. 37%), perhaps suggesting that women more than men trust their partners.

**Table 20: Reasons for non use of condoms by socio-demographics**

	Trusted partner	No pleasure	Partner object	Not available	Use other contraceptive	Not interested in any contraceptive	Total
	%	%	%	%	%	%	
<b>Sex</b>							
Female	59.3	14.8	3.7	0.0	0.0	22.2	54
Male	36.5	14.3	6.3	20.6	4.8	17.5	63
<b>Marital status</b>							
Married	60.0	20.0	20.0	0.0	0.0	0.0	5
Single	46.4	14.3	4.5	11.6	2.7	20.5	112
<b>Residence</b>							
On campus residence	51.5	12.1	6.1	7.6	3.0	19.7	66
Off campus residence	40.4	14.9	4.3	17.0	2.1	21.3	47
<b>Religion</b>							
Christianity (catholic)	54.3	17.1	2.9	8.6	0.0	17.1	35
Christianity (Protestant)	44.3	14.8	6.6	13.1	0.0	21.3	61
Islam	40.0	10.0	5.0	10.0	15.0	20.0	20
<b>Location</b>							
Lagos	33.3	25.9	3.7	14.8	0.0	22.2	27
Zaria	49.1	7.3	9.1	1.8	5.5	27.3	55
Enugu	54.3	17.1	0.0	22.9	0.0	5.7	35
<b>Total%</b>	<b>47.0</b>	<b>14.5</b>	<b>5.1</b>	<b>11.1</b>	<b>2.6</b>	<b>19.7</b>	<b>100</b>

## 5.12 Reasons for non-use

### 5.12.1 No pleasure

A great many who do not use condoms argued that condoms reduce pleasure.

People emphasized that they do not enjoy sex with condom. Several people give this excuse as the basis for not using.

*To some people, it is essential but to lots of people, they will say they prefer skin to skin ... the best protection is abstinence, but for those who cannot control themselves, they use condom to be safe.*  
(Male FGD, Unilag)

*Flesh to flesh is very good, it is sweet. From experience, most girls don't enjoy sex with condom...they often time request that we remove it. We don't enjoy sex with condom...using it is like something blocking your normal life. But due to what is happening, we don't give a damn about enjoying it, all we are after is about our lives. We don't want to die young.*

It must be noted that the issue of the unnaturalness of condom in love making is not mentioned by men only. Some women too offer it as a reason.

To then enhance sexual pleasure when using condom, an advice was given in one of the FGD sessions to the makers of condom to make it thinner.

### 5.12.2 Condom breakage

Aside from this, the question of condom breakage is another factor that could militate against the use. The mixed opinion below represents that of the majority in the FGDs:

*Using it is good but cannot completely stop somebody from contracting diseases. They do break or burst. (Male FGD, Yaba Tech)*

### 5.12.3 Trust

Some students do not use condom because they trust their partners or because they think that sex is not enjoyable with condom. Also there is the problem of doubt or lack of trust or suspicion being introduced in the relationship, either by the boy or girl if the partner insists on use of condom.

## 5.13 Knowledge about condom brands

There are several brands of condom in Nigeria today. Respondents were asked to mention the different brands of condoms they have heard of. As found in several other surveys (e.g. NARHS, 2003), the most popular condom was *Gold Circle* which was mentioned by about nine out of ten students (see Table 21) followed by *Rough Rider* (39%) and *Durex* (38%). It must be noted that over one-half of respondents in Enugu have heard of *Rough Rider*. The highest proportions of students who cited any of the brands came from Enugu.

Table 21: Brand of Condoms – Respondents ever heard of Condom by

Institution of respondents	Durex	Ro-mantic	Rough Rider	Cool	Gold circle	Prudence	Protector	Others	Total
	%	%	%	%	%	%	%	%	
Unilag	47.7	23.9	37.4	33.3	90.1	9.1	11.1	9.9	243
Yabatech	22.4	6.1	20.8	24.5	91.4	0.8	2.4	4.1	245
ABU	42.7	13.3	37.8	22.4	86.7	7.1	3.3	12.0	241
Nuhu Bamalli Poly	25.9	11.7	29.3	21.3	87.9	7.5	7.1	3.3	239
ESUT	48.1	24.7	50.2	31.4	89.1	15.5	11.3	10.5	239
IMT	43.6	32.0	59.8	25.7	92.5	16.2	11.2	9.1	241
Total %	38.4	18.6	39.2	26.5	89.6	9.3	7.7	8.1	100

### 5.14 Brands of condom ever used

The most popular condom in terms of usage is *Gold Circle*. The proportions that reported having used that brand ranged from 71% in University of Lagos to 90% in IMT, Enugu. The next most popular is *Rough Rider* which has been used by over one half (56%) in IMT. This



study again confirms the growing popularity of *Rough Rider*, particularly in Eastern Nigeria. In the University of Lagos (and not Yabatech) Durex was a close second to *Gold Circle*, with over one half (51%) of respondents reporting ever used *Durex*.

**Table 22: Brand of Condoms – Respondents ever used by Institution/by those who have ever used a Condom**

Institution of respondents	Durex	Roman-tic	Rough Rider	Cool	Gold circle	Prudence	Protector	Total
Unilag	51.2	15.1	32.6	16.3	70.9	5.8	4.7	86
Yabatech	19.8	5.2	15.6	9.4	84.4	1.0	1.0	96
ABU	34.4	10.7	30.3	12.3	79.5	5.7	1.6	122
Nuhu Barnalli Poly	18.2	9.1	24.8	19.8	86.0	1.7	5.0	121
ESUT	28.7	13.3	40.0	22.0	83.3	4.7	2.7	150
IMT	21.7	14.3	55.9	16.8	90.1	6.2	5.6	161

### 5.15 Embarrassment at buying condoms

Awkwardness or inhibition in purchasing condoms is widespread in almost all societies. Even though the embarrassment associated with buying condoms is gradually on the decline as HIV prevention campaigns becomes more and more strident, surveys still show that some people avoid buying condoms, especially if there were other shoppers around. Respondents were asked what they would do if they wanted to buy condoms from a shop where other shoppers might see them. The results showed some considerable level of embarrassment; the highest being recorded in Zaria (41%) and Lagos (38%) reported that they would either postpone purchase and buy the condoms at some later time or would buy but conceal the fact that they were buying condoms. Given that the condom is a male method, considerably higher proportions of females than males reported that they would be embarrassed.

**Table 23: Respondents who are embarrassed or not to buy condoms by sex**

Sex of respondent	Lagos		Zaria		Enugu	
	Embarrassed	Not Embarrassed	Embarrassed	Not Embarrassed	Embarrassed	Not Embarrassed
Female	43.0	50.2	48.3	48.7	41.9	48.3
Male	33.9	62.2	34.0	57.7	24.6	70.9
<b>Total %</b>	<b>38.3</b>	<b>56.4</b>	<b>41.1</b>	<b>53.2</b>	<b>33.1</b>	<b>59.8</b>

### 5.16 Condom availability on campus

People are more readily influenced to use a particular product or service if they know where those products and services can be obtained. As with young persons, sexual activities among students on campus may be unplanned. Weekend socio-sexual activities may sometimes lead to unanticipated and potentially risky sexual encounters. In such circumstances, availability of condoms on campus is a useful indicator to assess how supportive the environment is in enhancing HIV prevention through condom use. Respondents were asked of where one could buy condoms on campus. For all the institutions studied, the mini-supermarket was the most cited source of condoms on campus with kiosks as the second most popular.

**Table 24: Places where respondents can get condoms to buy on campus by institution**

Location	Institution of respondents	Cafeteria %	Common Room %	Mini-Supermarket %	Kiosk %	Buttery %	Others %	Total
Lagos	Unilag	4.5	0.8	67.9	38.3	4.1	11.5	243
	Yabatech	2.4	6.9	57.6	32.2	4.9	22.4	245
Zaria	ABU	0.4	2.5	41.5	15.8	3.7	29.5	241
	Nuhu Bamalli Poly	0.8	0.8	25.5	18.4	1.7	42.3	239
Enugu	ESUT	3.3	7.9	28.5	15.1	2.5	12.1	239
	IMT	4.6	12.9	41.9	19.5	2.9	19.5	241
	<b>Total N</b>	39	77	636	337	48	33	1448
	<b>Total %</b>	2.7	5.3	43.9	23.3	3.3	22.9	100.0

### 5.17 Information about condom and HIV prevention on campus

On the whole, the evidence suggests that there is not sufficient/adequate presence of organizations in the institutions working or talking about the transmission of HIV/AIDS. **Organizations that work/talk about HIV/AIDS amongst others on these campuses** include; students' Christian Fellowships that provide talks on HIV/AIDS; Rotary Club, and Leo Club that organize seminars, and put up messages on billboards and posters. Participants accept the fact that they and their peers have a role to play in preventing/reducing HIV/AIDS. They are to be involved in providing positive messages to sensitize people about HIV/AIDS. This can even be in their regular discussions. They are also to encourage faithfulness, avoidance of casual sex and promote use of condom. Although some do not see any role for the government in this matter, given the positive role being played by NGOs, others felt that the government has some role to play. Suggestions given are; government should make good condoms available in schools at cheaper prices; and sexuality education should be included in school curriculum. The role of the parents is also seen as that of providing adequate sexuality education as early as possible to their children, including

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knowledge about contraceptive devices. On the part of the university authorities, some of the suggestions include reduction of school fees so that the pressure for girls to exchange sex for money will reduce. Recognizing the impact of infected equipment on the spread of HIV/AIDS, some also suggested that students should be encouraged to ensure that objects used in letting out blood as in cult ceremonies, etc and for haircuts are sterilized.

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## 6 CONCLUSION

It is clear that while a substantial number of students in tertiary institutions are sexually active, a fair minority have never had sex before. While less than one half (48%) of respondents in Lagos reported that they have ever had sex, over two thirds in Zaria (67%) and over three-quarters in Enugu (77%) reported so. In all the three sites higher proportions of males than females reported that they have ever had sex. In Enugu for example, 69% of females compared with 85% of males had had sex. Similarly in Lagos, 55% of men compared to 41% of women reported that they have ever had sex.

There were divergent views on whether people enjoyed sex more with or without condom. Although some said they prefer having sex without condom in order to have real contact, others indicated that they were more relaxed with condom because they were assured of protection. Many participants were of the view that inconsistent use of condom should be discouraged.

Women exchange of sex for money, favour, marks and other material gains, and finally, what campus life is like in the institutions were explored. Students explained that a lot of girls indulge in multiple partnerships for various reasons including exchange of sex for financial gains, to gain grades and to derive emotional satisfaction and other material rewards. There was a consensus that girls at ESUT as well as other higher institutions of learning exchange sex for money with businessmen and students and for grades with lecturers and other things. This behaviour is influenced by their quest for materialism, easy success and high cost of living at most campuses, which is aggravated by poverty.

More often than not, participants in the FGDs were unanimous in saying that they used condoms more when engaged in casual relationship, but sometimes in regular ones to prevent unwanted pregnancies.

Using the theoretical framework, it is clear that students score very high on 'fulfilment'. Accessibility and availability of condoms is not considered a major issue. On brands, there was evidence that students know of and do use several brands of condoms, with *Gold Circle* as the most popular. Knowledge in terms of awareness and transmission is high, although there are still about 15% who believe AIDS is curable. Given the level of education, this is too high and may need to be addressed. Regarding 'Solution Deployment' there seems to be an overall acceptance that condoms are effective. But while many reported high level of self efficacy, the 'social support' in terms of partner support may not be forthcoming given the often misconstrued notion when one partner suggests condom use. Finally another area to improve is risk perception.

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7 REFERENCES

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## 8 APPENDIX

### 8.1 Appendix 1: Sampling Procedure

1. All the faculties in each selected institution were enumerated to get the total students population (Total number of students in the school or all faculties)
2. Based on the enumerated number of students, the *faculty sample size* was derived by using simple proportionate sampling procedures.

Formula:

$$\frac{\text{Sub population (No of students in each faculty)} \times \text{Sample size (240)}}{\text{Total population of students in the school.}}$$

3. All the departments in all faculties were listed and one department per faculty was randomly selected.
4. From the selected department, a sample size per level was proportionately determined.

Formula:

$$\frac{\text{Sub population (No of students in each level)} \times \text{the derived sample size.}}{\text{Total population of students in the department.}}$$

5. Using the departmental level register as sampling frame, at each level respondents were desegregated by sex.
6. From the desegregated list at each level, equal number of male and female respondents were selected using simple random sampling.

In addition a total of 24 FGDs were conducted using a screening questionnaire to select participants, for consistency 2 FGDs were conducted for both male and female participants. The use of Participatory Learning and Action (PLA) techniques explored to identify movement and locations within the socio-sexual network of students in tertiary institutions. The study also combined the use of Individual In-depth Interview (IDI) and Sexuality Life Lines to have a deeper insight into the sexual activities of a typical tertiary institution student. A total of 4 female students were interviewed per location using key informant interviews (KII) and a total of 18 porters attached to the female hostel were also interviewed.

## Sample Structure

	Questionnaire	Focus Group Discussion [mobility mapping]	Individual In- depth Interview [sexuality life line]	Key Infor- mant inter- view
Male Students	600	12	Nil	Nil
Female Students	600	12	04	Nil
Hostel Porters	Nil	Nil	Nil	12
Significant others	Nil	Nil	Nil	Nil
Total per school	120 (m) + 120(f) 240students	2(m) + 2(f) 4FGDs	02 persons	03 porters
Total per location [2 schools]	2(240) students  480 students	2x4 FGDs  8 FGDs	2(2) persons  04 persons	2(3)porters  6porters
Total Nation Wide [3 locations ]	480(03)=1440 students	08(03)=24 FGDs	4(03)=12 persons	06(03)=18 porters

8.2 Appendix 2: QUESTIONNAIRE

SEXUAL BEHAVIOUR OF TERTIARY INSTITUTION STUDENTS  
QUESTIONNAIRE

QUESTIONNAIRE NO:

8.2.1.0.1.1.1.1 Date of interview

Date of interview

8.2.1.0.1.1.1.2 Interviewer Identity

Time Started

<u>LOCATION</u>	
Lagos .....	1
Zaria .....	2
Enugu .....	3

<u>INSTITUTION</u>	
Unilag .....	1
Yaba Tech .....	2
ABU .....	3
Nuhu Bamalli Poly .....	4
ESUT .....	5
IMT .....	6

FACULTY/SCHOOL.....

DEPARTMENT.....

INTRODUCTION

*My name is -----, I am working on behalf of the Society for Family Health.  
We are undertaking a survey on health issues to help us develop a health education programme and we are inter-  
viewing students of ----- (name of institution). This information will be treated strictly as confidential  
and your name will not in anyway be connected to the findings.*



1.0 BACKGROUND

101. Sex

Female..... 1  
Male..... 2

102. Place of residence

On campus [hostel] 1  
On campus [private] 2  
Off campus [hostel] 3  
Off campus [private] 4  
Others (specify) 5

103. State of origin of respondent (Specify state)----- and circle Region

Region

South-South 1  
South-West 2  
South-East 3  
North-East 4  
North-West 5  
North-Central 6

104. Ethnic group

Hausa..... 1  
Ibo..... 2  
Yoruba..... 3  
Others (specify)..... 4

105. Age at last birthday (completed years).

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106. Level

Pre degree ..... 1  
100 Level/ND 1..... 2  
200 Level/ND 2..... 3  
300 Level/IND 1..... 4  
Final/IND 2..... 5  
Post graduate..... 6

107. How many years have you spent in this institution as a student?

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108. Marital Status

Married..... 1  
Single..... 2  
Divorce/Separated..... 3  
Living together..... 4

109. Religion

Christianity (Catholic)..... 1  
Christianity (Protestants)..... 2  
Islam..... 3  
Traditional..... 4  
Others (Specify)..... 5

Family Background

110. **Are your parents currently.... (Read out)**
- |                                             |   |
|---------------------------------------------|---|
| Married/living together.....                | 1 |
| Married not living together.....            | 2 |
| Separated/divorced/not living together..... | 3 |
| Widowed .....                               | 4 |
| Dead.....                                   | 5 |

111. **What is the occupation of your parents? ( head of your household)**
- |                         | Mother | Father |
|-------------------------|--------|--------|
| Professional/Specialist | 1      | 1      |
| Civil Servant           | 2      | 2      |
| Farmer                  | 3      | 3      |
| Retired/Pensioner       | 4      | 4      |
| Unskilled Labourer      | 5      | 5      |
| Self Employed/Artisans  | 6      | 6      |
| Unemployed              | 7      | 7      |

112. How many wives does your father have?

113. How many children does your father have?

114. How many children does your mother have?

115. **Who is mainly responsible for your schooling? (Single response)**
- |                             |   |
|-----------------------------|---|
| Father.....                 | 1 |
| Mother.....                 | 2 |
| Siblings.....               | 3 |
| Self.....                   | 4 |
| Community.....              | 5 |
| Scholarship/Benefactor..... | 6 |
| Spouse.....                 | 7 |
| Family member .....         | 8 |
| Other (specify) .....       | 9 |

**2.0 SECTION TWO: SOCIO-SEXUAL LIFE STYLE**

201. Do you belong to any association/club?
- |          |   |                                    |
|----------|---|------------------------------------|
| No.....  | 1 | <b>(IF NO, GO TO QUESTION 204)</b> |
| Yes..... | 2 |                                    |

202. Which of the following associations/clubs do you belong to both within and outside the campus?
- |                                              | No | Yes |
|----------------------------------------------|----|-----|
| (a) Cultural/Ethnic/Tribal Associations..... | 1  | 2   |
| (b) Religious Associations.....              | 1  | 2   |
| (c) Departmental Associations.....           | 1  | 2   |
| (d) Sporting Associations/Clubs.....         | 1  | 2   |
| (e) Kegites Club.....                        | 1  | 2   |
| (f) Social Clubs.....                        | 1  | 2   |
| (g) Others (Specify).....                    | 1  | 2   |

203.	Which of these activities does any of the associations you belong to engage in?	No	Yes
	Going to disco/night parties/shows.....	1	2
	Drinking of alcohol.....	1	2
	Smoking of cigarette.....	1	2
	Travelling in groups for leisure/pleasure.....	1	2
	Others Specify.....	1	2

204.	How often do you participate in any of these activities?	Never/ Practically never	About once or twice a year	About once a month	About once a week	More than once a week
	Visit night clubs / discos	1	2	3	4	5
	Night parties	1	2	3	4	5
	Drinking alcohol	1	2	3	4	5
	Smoking	1	2	3	4	5
	Travelling for leisure/pleasure	1	2	3	4	5

**SHOW CARD**

**GENDER ISSUES**

		DISAGREE	DON'T KNOW	AGREE
205.	Parents should encourage their daughters to aspire to professional positions in life.	1	2	3
206.	Within the couple, both the wife and the husband should have equal say on important decisions.	1	2	3
207.	Males and females should have equal rights	1	2	3
208.	Boys should help with housework the way girls do.	1	2	3
209.	A male child is preferable to a female child	1	2	3
210.	When resources are scarce only boys should be sent to school	1	2	3
211.	It is okay for a man to beat his wife as a sign of discipline if she does something wrong	1	2	3
212.	A woman should not question the authority of a man	1	2	3
213.	Women should have the same opportunities as men to hold leadership positions in the country.	1	2	3
214.	Women cannot make as good decisions on important matters as men can	1	2	3
215.	A woman should leave her husband if he does not provide for her	1	2	3
216.	A husband should have girlfriends outside marriage	1	2	3
217.	It is acceptable for parents to choose a wife for their son.	1	2	3
218.	It is acceptable for parents to choose a husband for their daughter.	1	2	3

3.0 SECTION THREE: SEXUAL BEHAVIOUR

301. Have you ever had sexual intercourse?

- No.....1 (IF NO GO TO QUESTION 313)
- Yes..... 2

302. How old were you when you first had sexual intercourse?

Age in years.....			
-------------------	--	--	--

Don't know.....

303. When you first had sexual intercourse, how old was that person with whom you first had it?

Age in years.....			
-------------------	--	--	--

Don't know..... 88  
 No response..... 99

304. When you first had sexual intercourse, did you want to have sex at that time of your life?

- Yes, I wanted to have sex at that time..... 1
- No, I was drunk..... 2
- No, I was raped..... 3
- No, I wanted to wait..... 4
- I can not remember..... 8

305. Have you had sexual intercourse in the last 12 months?

- Yes.....1
- No.....2

306. When was the last time you had sexual intercourse?

- Less than One week ago..... 1
- Between a week and a month..... 2
- Between a month three months ago..... 3
- Between four and six months ago..... 4
- Between seven months and one year..... 5
- More than one year ago..... 6
- No response..... 7
- Don't know..... 8

307. What is your relationship to the person with whom you last had sexual intercourse?

- Spouse..... 1
- Concubine..... 2
- Boyfriend/Girlfriend..... 3
- Casual partner..... 4
- Commercial sex worker..... 5
- No response..... 8

308. Our survey revealed that a good number of young men/women, have more than one sexual partner at the same time. Would you say this has ever applied to you?

- No.....1
- Yes.....2
- No response.....8

309. How many sexual partners have you had in your lifetime?

Number of partners.....		
-------------------------	--	--

Can not remember..... 88

310. In the last two months, how many different sexual partners have you had, including casual partners?

--	--

(Record in number)

311. During the last two months, did you have sex intercourse with? (PROBE FULLY)

	No	Yes
Spouse .....	1	2
Concubine .....	1	2
Boy/Girl friend.....	1	2
Casual Partner.....	1	2
Commercial sex worker	1	2
Others.....	1	2

312. Have you ever had sex in exchange for money or favour / gifts?

No.....1  
Yes.....2

313. What do you consider to constitute sexual harassment? .....

314. Have you heard of / seen any case of sexual harassment on campus?

No.....1  
Yes.....2

315. Have you personally experienced any case of sexual harassment before?

No.....1  
Yes.....2

316. Do you think that you will be able to resist any act of sexual harassment by the following? (ASK ALL OPTIONS)

	No	Yes
a. Fellow Students	1	2
b. Lecturer/Administrator	1	2
c. Employers	1	2
d. Religious leaders	1	2

317. Who usually are the perpetrators of sexual harassment? .....

**SHOW CARD**

318. Now we are going to talk about sexual relationships. I am going to say some statements. Please tell me whether you as a person agree or disagree. I am not asking about what is right or wrong, but for your personal views.

(In this section pay/paying is a colloquial expression for providing for a person's needs in the form of money and other possessions by a sexual partner. "Things" is also a direct translation of personal possessions such as clothing, which a person receives from a sexual partner.

(OPTIONS: Strongly Disagree (SA), Disagree (DA), Neither Agree Nor Disagree (NANDA), Agree (AG) or Strongly agree (SA))

	SD	DA	NANDA	AG	SA
(a) "I cannot keep to only one sexual partner at a time unless he/she is willing to supply all the things I need."	1	2	3	4	5
(b) "I do not care if my sexual partner has other sexual partners provided he/she supplies me with the money and things I need."	1	2	3	4	5
(c) "I cannot enter into a sexual relationship with a person who has other sexual partners even if he/she will provide all the money and things I need."	1	2	3	4	5
(d) "Even if my sexual partner does not provide the money and things I need, I cannot have more than one sexual partner at a time."	1	2	3	4	5
(e) "In my opinion a sexual partner who does not pay is not worth staying with."	1	2	3	4	5
(f) "I do not expect any money or things when I enter into any sexual relationship."	1	2	3	4	5
(g) "If my sexual partner is not paying, there is nothing wrong in breaking the relationship and looking for another who can pay."	1	2	3	4	5
(h) "If I break my friendship for another partner because the former cannot pay, there is no difference between me and a prostitute."	1	2	3	4	5

4.0 SECTION FOUR: CONDOM USE (for sexually active persons)

401. Have you ever used a condom?  
 No ..... 1 (IF NO GO TO QUESTION 407)  
 Yes ..... 2  
 No response ..... 8

402. Did you use a condom during your first sexual intercourse?  
 No ..... 1  
 Yes ..... 2  
 No response ..... 8  
 Can't remember ..... 9

403. With ..... (Partners), how often did you use condom in the last two months? (Single response)

	Never 1	Sometimes 2	All the time 3	Does not have such partner/ sex with such partner 9
A. Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Concubine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Boy/Girl friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Casual Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. SW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

404. In your last sex intercourse with ..... (Partner type) did you use a condom? If NO, go to 406

	No	Yes	Does not have such partner
A Spouse- .....	1	2	9
B Concubine .....	1	2	9
C Boy/Girl friend .....	1	2	9
D Casual Partner .....	1	2	9
E SW .....	1	2	9

405. Why did you use a condom?  
 Pregnancy prevention ..... 1  
 STD prevention ..... 2  
 HIV/AIDS prevention ..... 3  
 Both STD/HIV and pregnancy prevention ..... 4  
 Other ..... 5  
 No response ..... 8

406. The last time you used a condom who initiated it?  
 Self ..... 1  
 Partner ..... 2  
 Mutual agreement ..... 3  
 No response ..... 8

**For those who have never used a condom / not sexually active**

407. What was the main reason why you have never used a condom?
- Trusted partner..... 1
  - No pleasure..... 2
  - Partner object..... 3
  - Not available..... 4
  - Too expensive..... 5
  - Use other contraceptives..... 6
  - Not interested in any contraceptive..... 7
  - Never had sex..... 8
  - Other (Specify)..... 9
408. Would you like to use a condom in the future?
- No..... 1
  - Yes..... 2
  - Don't know..... 3

**(If sexually active and has never used a condom) ask**

409. Do you intend to use condom in the next six months?
- No..... 1
  - Yes..... 2
  - Don't know..... 3

**(Ask those not sexually active)**

410. When you start having sex, can you convince your partner to use a condom?
- No..... 1
  - Yes..... 2

411. What would your partner say to you that would convince you to use a condom?
- .....
- .....
- .....

**For both condom and non-condom users**

412. Do you know any of your friends who has used a condom in the past?
- No.....1 **(IF NO, GO TO QUESTION 414)**
  - Yes..... 2

413. What was the main thing he/she told you was his or her experience? **(DO NOT READ OUT)**

- Condom reduces sexual pleasure for them/ not enjoyable..... 1
- Condom burst during intercourse..... 2
- Enjoyed using the condom..... 3
- Felt very safe with condom/it gives rest of mind..... 4
- It prevents disease and unwanted pregnancy..... 5
- It is comfortable /just like the real thing..... 6
- Others specify..... 7

414. Which brand of condom have you ever heard of? **(PROBE FULLY)**

	No	Yes
Durex.....	1	2
Romantic.....	1	2
Rough Rider.....	1	2
Cool.....	1	2
Gold circle.....	1	2
Prudence.....	1	2
Protector.....	1	2
Others.....	1	2



415. What brand of condom have you ever used? (Ask condom users only in Ques. 401)

	No	Yes
Durex.....	1	2
Romantic.....	1	2
Rough Rider.....	1	2
Cool.....	1	2
Gold circle.....	1	2
Prudence.....	1	2
Protector.....	1	2

416. Are condoms easily available on campus?

No.....	1
Yes.....	2
Don't know.....	9

417. Where can you get condoms to buy on campus? [Prompt]

	No	Yes	None on Campus	Don't know
Cafeteria.....	1	2	3	9
Common room.....	1	2	3	9
Mini-supermarket.....	1	2	3	9
Kiosk.....	1	2	3	9
Buttery.....	1	2	3	9
Others.....	1	2	3	9

418. Would you say that the price of condom is affordable?

Not Affordable.....	1
Affordable.....	2
Don't buy.....	3

419. Suppose you wanted to buy condom in a place where others might see you, would you (READ OUT)

Wait and buy the condom some other time?.....	1
Try to hide that you were buying condom?.....	2
Buy the condoms without hiding?.....	3

## 5.0 SECTION FIVE: KNOWLEDGE AND EXPERIENCE OF STDs

501. Have you ever heard of any sexually transmitted disease (STD)?

No.....	1 (If No, go to Ques. 601)
Yes.....	2

502. Can you describe any symptom of STDs in women? (PROBE FULLY)

	No	Yes
Abdominal pain.....	1	2
Genital discharge.....	1	2
Foul smelling discharge.....	1	2
Burning pain on urination.....	1	2
Genital ulcers/Sores.....	1	2
Swelling in the groin area.....	1	2
Itching.....	1	2
Others [specify].....	1	2

503. Can you describe any symptom of STDs in men? **(PROBE FULLY)**
- |                                   | No | Yes |
|-----------------------------------|----|-----|
| (a) Abdominal pain.....           | 1  | 2   |
| (b) Genital discharge.....        | 1  | 2   |
| (c) Foul smelling discharge.....  | 1  | 2   |
| (d) Burning pain on urination.... | 1  | 2   |
| (e) Genital ulcers/Sores.....     | 1  | 2   |
| (f) Swelling in the groin area... | 1  | 2   |
| (g) Itching.....                  | 1  | 2   |
| (h) Others [specify].....         | 1  | 2   |
504. Have you ever experienced any of these symptoms of STDs mentioned before?
- No.....1 **(IF NO, GO TO QUESTION 508)**  
Yes.....2
505. Did you seek treatment?
- No.....1 **(IF NO, GO TO QUESTION 507)**  
Yes..... 2
506. The last time you had an STD, where did you first go for treatment?
- |                               |   |
|-------------------------------|---|
| Pharmacy Shop.....            | 1 |
| Chemist/PMS.....              | 2 |
| School /Health centre.....    | 3 |
| Private clinic.....           | 4 |
| Traditional /herbal cure..... | 5 |
| Did not seek treatment.....   | 6 |
| Other (Specify).....          | 7 |
507. **If No, why did you not seek treatment?**  
.....  
.....  
.....
508. What is the **main** thing you are currently doing to avoid infection? **(SINGLE RESPONSE)**
- |                                                |   |
|------------------------------------------------|---|
| (a) Use antibiotics before sex.....            | 1 |
| (b) Use antibiotics after sex.....             | 2 |
| (c) Stuck to my regular partner.....           | 3 |
| (d) Abstain from sex completely.....           | 4 |
| (e) Use condoms always.....                    | 5 |
| (f) Use condoms with people I don't trust..... | 6 |
| (g) Nothing.....                               | 7 |
| (h) Others.....                                | 8 |

6.0 SECTION SIX: KNOWLEDGE OF HIV/AIDS

601. Do you believe that HIV/AIDS is real in Nigeria?  
 No..... 1  
 Yes..... 2
602. Does AIDS have a cure?  
 No..... 1  
 Yes..... 2
603. Do you believe that if infected with HIV/AIDS, one's future dreams could be jeopardized?  
 No ..... 1  
 Yes..... 2
604. Do you know AIDS kills?  
 No.....1  
 Yes.....2
605. I want you to tell me how HIV/AIDS is passed from one person to another **(PROBE FULLY)**

Do not read out options (MULTIPLE RESPONSE)

o cs

Sex.....		2
By sharing toilet.....	1	2
Needles and syringes.....	1	2
Sharp objects (barbing salon Shaving blade) ...	1	2
Through mosquito bite.....	1	2
Infected blood.....	1	2
Kissing/Hugging.....	1	2
Others (specify).....	1	2

606. Can somebody already infected with HIV look healthy?  
 No.....1  
 Yes.....2
607. Have you known somebody who has been personally infected with HIV or died of AIDS?  
 No.....1  
 Yes.....2
608. Do you know a place where someone can be tested for HIV/AIDS?  
 No.....1 **(IF NO, GO TO QUESTION 610)**  
 Yes.....2
609. Where?.....
610. Would you like to be tested for HIV/AIDS?  
 No.....1 **(IF NO, GO TO QUESTION 612)**  
 Yes.....2
611. Why would you want to be tested for HIV/AIDS? .....
612. What is the main reason you would not want to be tested? .....

7.0 SECTION SEVEN: PROTECTIVE BEHAVIOUR

701. What can a person do to prevent himself/herself from contracting HIV/AIDS?  
 (Prompt) Multiple Codes possible

	No	Yes
(a) Staying with only one faithful uninfected partner .....	1	2
(b) Using condoms.....	1	2
(c) Avoid having sex with SWs.....	1	2
(d) Avoiding sex completely.....	1	2
(e) Going for medical check/taking medicines regularly.....	1	2
(f) Praying to God.....	1	2
(g) Nothing.....	1	2

702. What have you been doing to avoid contracting HIV/AIDS? .....

703. Giving your current sexual behaviour: Suppose you are not using condom, would you be at high risk, low risk or no risk of contracting HIV/AIDS?

High Risk.....	1
Low Risk.....	2
No Risk.....	3

## SHOW CARD

### 8.0 SECTION EIGHT: PERCEIVED SELF-EFFICACY

Let us reflect on your ability to cope with certain situations. As I read out each question, tell me to what extent you can do each of the things below

801. If you did not want to have sex, how confident are you that you would be able to refuse sexual intercourse		Definitely could not	Probably could not	Probably could	Definitely could	Don't know/ Unsure
A	With a person you have known for few days?	1	2	3	4	9
B	With a person you have known for more than three months?	1	2	3	4	9
C	With a person who offers you gifts/money?	1	2	3	4	9
D	With somebody you care about deeply?	1	2	3	4	9
E	With someone who has power over you like your, lecturer, employer, religious leaders?	1	2	3	4	9
802. How confident are you that you would be able to						
A	Use condom every time you have sexual intercourse	1	2	3	4	9
B	Avoid sex anytime you didn't want it	1	2	3	4	9
C	Maintain sexual relationship with only one person (i.e. boyfriend / girlfriend / spouse)	1	2	3	4	9
D	Refuse sex with partner if he/she has an STI	1	2	3	4	9
E	Propose condom use with partner if he has an STI	1	2	3	4	9

---

SHOW CARD

**803 SELF ESTEEM**

*I am going to read you a list of statements dealing with your general feelings about yourself. Tell me if you strongly agree (SA), agree (AG) disagree (DA) or strongly disagree (SD) with the statement.*

804		SA	AG	DA	SD
1	I always tend to lead any group I find myself	1	2	3	4
2	In order to get along and be liked, I tend to be what people expect me to be rather than be my true self.	1	2	3	4
3	I rely on my friends to advice me on how to solve my personal problems	1	2	3	4
4	My efforts always produce poor results	1	2	3	4
5	When I am in a group, I'm unlikely to express my opinion for fear others may not think well of me	1	2	3	4
6	I feel inferior to my friends	1	2	3	4
7	If I hear that someone expresses a poor opinion of me, I do my best to please him or her the next time I see him or her	1	2	3	4
8	I think I am confident enough to speak in front of a group	1	2	3	4
9	I feel self conscious when I am with people who have superior positions to mine at work or at school	1	2	3	4
10	I often criticize myself afterwards for acting silly or inappropriately in some situations	1	2	3	4
11	I become panicky when I think of something I might do wrong in the future	1	2	3	4
12	I don't believe much in my ability	1	2	3	4
13	When I am in a group, I usually don't say much for fear of saying the wrong things	1	2	3	4
14	I live too much by other people's standards	1	2	3	4
15	Although people sometimes compliment me, I feel I do not really deserve the compliments	1	2	3	4

**9.0 SECTION NINE: HIV/AIDS CAMPAIGN**

901. Have you heard/seen any HIV/AIDS campaign in your campus?  
 No.....1 (If No, go to Q909)  
 Yes.....2

902. Can you describe the nature of the campaign?

	No	Yes
(a) Men/women on a stage truck with loud speakers (Group Africa)	1	2
(b) Men/women using head-phones and flip chart to talk about HIV/AIDS.	1	2
(c) Organized shows with local artist and comedians talking about HIV/AIDS.	1	2
(d) Others	1	2

903. What were the key messages in the campaign?.....  
 .....

904. Did you like/dislike the campaign?  
 Like ..... 1  
 Did not like..... 2 (GO TO QUESTION 908)

905. What did you like about the campaign?  
 .....

906. Are you willing to adopt safer sexual behavior as a result of the campaign messages?  
 .....

907. Which safer sexual behavior are you willing to adopt?  
 Abstinence ..... 1  
 Consistent condom use ..... 2  
 Having sex with a faithful uninfected partner ..... 3  
 Others specify ..... 4

908. What did you not like about the campaign?  
 .....

909. *Through which main medium would like to receive information on how to prevent HIV/AIDS (MENTION ONE SOURCE ONLY)*

Public lectures.....	1
Posters.....	2
Handbills.....	3
Road shows.....	4
Television.....	5
Radio.....	6
Hospital/Medical personnel.....	7
Pharmacy, PMS/Chemist.....	8
Family Planning Clinics.....	9
Others (Specify).....	10

Time completed

THANKS

Supervisors Identity \_\_\_\_\_ Signature .....

Edited, Back checked, Spot Checked

***SEXUAL BEHAVIOUR OF TERTIARY INSTITUTION STUDENTS  
FOCUS GROUP DISCUSSION GUIDE FOR MALE STUDENTS***

**WARM -UP and explanation**

**A. Introduction**

*Welcome participants.*

*Describe what the focus group is- a group discussion forum that allows you to discuss among yourselves the topic rather than talking to us.*

**B. Purpose**

*We will be discussing health-related issues.*

*I am interested in all your ideas, comments and suggestions.*

*All comments both positive and negative are welcome.*

*Please feel free to disagree with one another. We would like to have many points of views. (I WOULD WANT YOU TO DISCUSS ALL THE ISSUES AMONG YOURSELVES)*

*(Explain use of audio tape) All comments are confidential and are for research purposes only. I will also want you to speak one at a time so that the tape recorder can pick your voice appropriately.*

**C. Self Introduction**

*(Ask each participant) Tell us your first name and something about yourself.*

**1. Community characteristics:**

- Can you tell me more about your university/polytechnic hostel?
- What makes this university/polytechnic hostel uniquely different from other places of residence?

**Probe for:**

*-Outsiders' view of hostel*

*-Who are the frequent visitors?*

**2. Sexual Behaviour:**

- What do you think are the views of students in this university/polytechnic about pre-marital sexual relationship?

**Probe for:**

❖ *students' view on virginity*

❖ *multiple partnership*

❖ *serial monogamy*



- 
- It is usually said that ladies exchange sex for money, favour, marks and other material gains. Do you think this kind of thing takes place in this university/Polytechnic?

**Probe for:** involvement with the followings:

- ❖ Lecturers
- ❖ Rich businessmen (Alhaji in the North), (Omata in the East) and (Aristo in the West)
- ❖ Rich students
- ❖ Others
- ❖ Circumstances under which such exchanges take place?

- Lets now talk about campus life: People often say Saturday night is “lovers’ night”.

In terms of social and sexual activities, how does a typical weekend look like on this University / polytechnic campus?

**Probe for:** the kinds of social and sexual activities that take place?

- ❖ weekdays
- ❖ weekends (Friday, Saturday, Sunday)

### 3. Sexual harassment

- Is sexual harassment a problem in this community?

**Probe for:**

- ❖ Why is it problem?
- ❖ Whose problem is it?
- ❖ Who are the likely victims and perpetrators
- ❖ Suggest how the problem can be solved

### 4. Condom use:

- How do people in your community (hostel) see condom?

**Probe for reasons for use:**

- ❖ HIV and Pregnancy
- ❖ Condom efficacy and common terms
- ❖ Other expressions used to describe condom

- Some people of our age say they don’t enjoy sex with condom. How about you?

**Probe for:**

- ❖ Consistent condom use
- ❖ Inconsistent condom use

### 5. Condom negotiations

- Do you think boys normally ask their girlfriends to use condom when they want to have sex?

**Probe for:**

- ❖ If it is easy or difficult for a boy to request condom use.
- ❖ If a boy wants to use condom how will he go about it.
- ❖ Types of relationships (regular and irregular partners)
- ❖ If your girlfriend requests to use condom with you, how would you react?

- 
- ❖ What can she do or say to make you agree to use condom with her?
  - If a boy believes that his girlfriend has STI can he insist they use a condom during sex?
  - Can he refuse to have sex with her if she refuses to use a condom?

**Probe for:**

- ❖ If it is a woman can she do the same?
- ❖ Can she refuse to have sex with him if he refuses the use of a condom?

**6. Health related beliefs about HIV/AIDS**

- What do people in our community (hostel) say about HIV/AIDS?

**Probe for:**

- ❖ Local names use in describing HIV/AIDS.
  - ❖ Do they believe that HIV/AIDS exist in Nigeria?
  - ❖ Belief in the existence of HIV/AIDS in hostel community
  - ❖ Reasons for believing and not believing.
  - ❖ How it has influenced peoples' sexual life on campus. (Male/female)
  - ❖ Participants' personal experiences.
- Some of our friends say they are worried about getting HIV while others say they are not. Should people be worried of getting HIV or not?
  - If one of your friends tested positive for HIV in this community (hostel) what would you do?
  - What organizations work/talk about HIV/AIDS here on campus and how do they operate?
  - What can you and your peers do to prevent/reduce HIV transmission on campus?

**Probe for:**

- ❖ Government
- ❖ What about the university authority
- ❖ Student union govt.
- ❖ Parents

**Conclusion**

Lets now summarize the key points of this discussion (*The moderator should spend 5mins in summarizing the key points*)

Is this summary complete [A fair description of our discussions today]

Do you have anything to add or something you disagree with?

Our goal is to reduce the transmission of HIV/AIDS among tertiary institution students.

Have we missed out anything?

What advice /suggestion do you have for us?

**THANKS**

***SEXUAL BEHAVIOUR OF TERTIARY INSTITUTION STUDENTS  
FOCUS GROUP DISCUSSION GUIDE FOR FEMALE STUDENTS***

**WARM -UP and explanation**

**A. Introduction**

*Welcome participants.*

*Describe what the focus group is- a group discussion forum that allows you to discuss among yourselves the topic rather than talking to us.*

**D. Purpose**

*We will be discussing health-related issues.*

*I am interested in all your ideas, comments and suggestions.*

*All comments both positive and negative are welcome.*

*Please feel free to disagree with one another. We would like to have many points of views. (I WOULD WANT YOU TO DISCUSS ALL THE ISSUES AMONG YOURSELVES)*

*(Explain use of audio tape) All comments are confidential and are for research purposes only. I will also want you to speak one at a time so that the tape recorder can pick your voice appropriately.*

**E. Self Introduction**

*(Ask each participant) Tell us your first name and something about yourself.*

*1. Community characteristics:*

- Can you tell me more about your university/polytechnic hostel?
- What makes this university/polytechnic hostel uniquely different from other places of residence?

**Probe for:**

*-Outsiders' view of hostel*

*-Who are the frequent visitors?*

**2. Sexual Behaviour:**

- What do you think are the views of students in this university/polytechnic about pre-marital sexual relationship?

**Probe for:**

- ❖ *students' view on virginity*
- ❖ *multiple partnership*
- ❖ *serial monogamy*

- 
- It is usually said that ladies exchange sex for money, favour, marks and other material gains. Do you think this kind of thing takes place in this university/Polytechnic?

*Probe for:* involvement with the followings:

- ❖ Lecturers
- ❖ Rich businessmen (Alhaji in the North), (Omata in the East) and (Aristo in the West)
- ❖ Rich students
- ❖ Others
- ❖ Circumstances under which such exchanges take place?

- Lets now talk about campus life: People often say Saturday night is “lovers’ night”.

In terms of social and sexual activities, how does a typical weekend look like on this University / polytechnic campus?

*Probe for:* the kinds of social and sexual activities that take place?

- ❖ weekdays
- ❖ weekends (Friday, Saturday, Sunday)

#### 4. Sexual harassment

- Is sexual harassment a problem in this community?

*Probe for:*

- ❖ Why is it problem?
- ❖ Whose problem is it?
- ❖ Who are the likely victims and perpetrators
- ❖ Suggest how the problem can be solved

#### 4. Condom use:

- How do people in your community (hostel) see condom?

*Probe for reasons for use:*

- ❖ HIV and Pregnancy
- ❖ Condom efficacy and common terms
- ❖ Other expressions used to describe condom

- Some people of our age say they don't enjoy sex with condom. How about you?

*Probe for:*

- ❖ Consistent condom use
- ❖ Inconsistent condom use

#### 5. Condom negotiations

- Do you think ladies normally ask their boyfriends to use condom when they want to have sex?

*Probe for:*

- ❖ If it is easy or difficult for a lady to request condom use.
- ❖ If a lady wants to use condom how will she go about it.
- ❖ Types of relationships (regular and irregular partners)
- ❖ If your boyfriend requests to use condom with you, how would you react?
- ❖ What can he do or say to make you agree to use condom with him?

- 
- If a lady believes that her boyfriend has STI can she insist they use a condom during sex?
  - Can she refuse to have sex with him if he refuses to use a condom?

***Probe for:***

- ❖ If it is a man can he do the same?
- ❖ Can he refuse to have sex with her if she refuses the use of a condom?

## **6. Health related beliefs about HIV/AIDS**

- What do people in our community (hostel) say about HIV/AIDS?

***Probe for:***

- ❖ Local names use in describing HIV/AIDS.
  - ❖ Do they believe that HIV/AIDS exist in Nigeria?
  - ❖ Belief in the existence of HIV/AIDS in hostel community
  - ❖ Reasons for believing and not believing.
  - ❖ How it has influenced peoples' sexual life on campus. (Male/female)
  - ❖ Participants' personal experiences.
- Some of our friends say they are worried about getting HIV while others say they are not. Should people be worried of getting HIV or not?
  - If one of your friends tested positive for HIV in this community (hostel) what would you do?
  - What organizations work/talk about HIV/AIDS here on campus and how do they operate?
  - What can you and your peers do to prevent/reduce HIV transmission on campus?

***Probe for:***

- ❖ Government
- ❖ What about the university authority
- ❖ Student union govt.
- ❖ Parents

## ***Conclusion***

Lets now summarize the key points of this discussion (*The moderator should spend 5mins in summarizing the key points*)

Is this summary complete [A fair description of our discussions today]

Do you have anything to add or something you disagree with?

Our goal is to reduce the transmission of HIV/AIDS among tertiary institution students. Have we missed out anything?

What advice /suggestion do you have for us?

***THANK***

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8.5 Appendix 5: FGD GUIDE FOR FEMALE

**SEXUAL BEHAVIOUR OF TERTIARY INSTITUTION STUDENTS  
SEXUALITY LIFE LINE DISCUSSION GUIDE  
IDI: FEMALE STUDENTS**

**WARM -UP and explanation**

**B. Introduction**

*Welcome respondent.*

*Describe what the Interview is all about – This is to allow us share from the experience of those who actually know what we are talking about.*

**C. Purpose**

*We will be discussing personal health-related issues.*

*I am interested in all your ideas, comments and suggestions.*

*Please feel free to share your experiences as this will enable us discover how best to address the issue at stake.*

*(Explain use of audio tape) All comments are confidential and are for research purposes only.*

**1. Self Introduction**

(Ask respondent) Tell us something about yourself.

How old were you at your last birthday?

Where were you born?

Where did your early childhood life start? (City or village)

Where do you live presently?

**2. Sexuality issues:**

How and when did you first begin to learn about sexual development/sex education?

How and when did you learn about sexual intercourse?

When did you have your first menstruation?

When did you first begin to have sex play with others?

Think of the first person with whom you had sex play: What was your relationship with him?

How old were you the first time you had sexual intercourse?

How old was your partner?

Can you describe what happened?

How old were you when you began to have sex with someone who you will consider a regular partner?

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Before you came to campus were you involved in any regular relationship?  
Can you tell us about it?

Now that you are on campus do you currently have a regular partner?  
How many regular partners have you had?

Aside from your regular partner, do you have sex with occasional partners?  
How frequent?

How do your sexual interactions with occasional partners differ from your interactions with regular partner? I mean in terms of condom use and type of sexual intercourse

When was the last time you had sexual intercourse?

Have you ever been in a position of having to exchange sex for favours, or gifts?

Have you ever had sexual relation with some one of the same sex?

### **3. Issues on Sexual harassment:**

Have you ever experienced any act of sexual harassment?

When did you experience it?

With whom did you experience it?

Can you narrate briefly how it happened?

Can you explain what happened later on?

### **Conclusion**

Lets now summarize the key points of this discussion (*The moderator should spend 5mins in summarizing the key points*)

Is this summary complete [A fair description of our discussions today]

Do you have anything to add or something you disagree with?

Our goal is to reduce the transmission of HIV/AIDS among tertiary institution students.

Have we missed out any thing?

What advice /suggestion do you have for us?

**THANKS**

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8.6 Appendix 6: IDI GUIDE FOR MALE/FEMALE PORTERS

**SEXUAL BEHAVIOUR OF TERTIARY INSTITUTION STUDENTS  
INDIVIDUAL INDEPTH INTERVIEW DISCUSSION GUIDE  
KEY INFORMANT: MALE/FEMALE HOSTEL PORTERS**

**WARM -UP and explanation**

**Introduction**

*Welcome respondent.*

*Describe what the Interview is all about – This is to allow us share from the experience of those who actually know about what we are about to discuss.*

**Purpose**

*We will be discussing Reproductive health-related issues.*

*I am interested in all your ideas, comments and suggestions.*

*Please feel free to share your experiences as this will enable us discover how best to address the issue at stake.*

*(Explain use of audio tape) All comments are confidential and are for research purposes only.*

**1. Self Introduction**

(Ask the respondent) Tell us something about yourself.

How old were you at your last birthday?

How long have you lived or worked in this hostel as a porter?

Can you recall your most exciting experience as a porter?

**2. Community characteristics:**

Can you tell me more about your community (university/polytechnic hostel)

**Is this community (university/polytechnic hostel) uniquely different from other places of residence? How?**

What do people outside think and say about this hostel?

**3. Lets talk about visitors and student members**

How does this place look like during the weekdays and weekend? (Friday Saturday Sunday)

It is sometimes said that some rich men come around to pick female students in tertiary institution. From your experience in this place how would you describe this?

How do these visitors get to know the ladies they come to pick?

Do you or any of your colleagues get to see these men?

What is your role (if any)?

Is this a new development or has it been like that before you came here?

Is there specific incident that you can recall?

**3. Sexual harassment**



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Is sexual harassment a problem in this community?

**Probe for:**

- ❖ Why is it problem?
- ❖ Whose problem is it?
- ❖ Who are the perpetrators/victims?
- ❖ Suggest how the problem can be solved

#### **4. Health related beliefs about HIV/AIDS**

Are you familiar with HIV/AIDS infection?

How do you think people get HIV?

Do you think you can do any thing special to avoid getting HIV/AIDS?

Are condoms easily available in the hostel?

*If I want a condom now where can I find one?*

What is your view about premarital sex?

*Conclusion*

Lets now summarize the key points of this discussion (***The moderator should spend 5mins in summarizing the key points***) Is this summary complete [A fair description of our discussions to-day]

Do you have anything to add or something you disagree with?

Our goal is to reduce the transmission of HIV/AIDS among tertiary institution students.

Have we missed out any thing?

What advice /suggestion do you have for us?

**THANKS**

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8.7 Appendix 7: List of names of Coordinators and Supervisors.

**Central Coordinator –** Mrs Retta Akingbade

**Location:** Lagos  
Coordinator: Dr. Adeyinka Aderinto  
Supervisors Mr. Richard Fakolade  
Mr. Bayo Afelumo

**Location:** Zaria  
Coordinator Dr. Emmanuel Gyong  
Supervisors A. I. Karl  
Ahmed Mulajuh

**Location:** Enugu  
Coordinator Dr. Nkoli Ezumah  
Supervisors Evang. P. N. Akumah

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