Women's Attitude Towards Sexually Transmitted Disease in Nigeria: A Case Study in Ilesa in Osun State[1]

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Résumé: *Des recherches récentes sur le terrain semblent indiquer qu'à Ilesa les femmes n'ont pas peur des maladies sexuellement transmissibles (MST). Pour celles qui ont pris part aux enquêtes, les MST ne concernent en général que les femmes qui sont sexuellement légères mais que les aventures extra-conjugales de leurs époux ne peuvent pas leur apporter les MST. La plupart des enquêtés ont entendu parler des MST mais aucune des femmes et seuls 5% des hommes ont connu des personnes qui avaient cette maladie. En tout état de cause, des efforts devraient être faits pour encourager les hommes à utiliser les condoms et pour mettre en place un programme de sensibilisation sur la santé dans la société afin que les hommes et les femmes puissent identifier le symptômes suffisamment tôt et se traiter.*

Introduction[2]

According to Osoba (1981, 1983), it is obvious that STDs in Africa constitute a major public health problem, while in some African regions the problem is especially acute, they are not alone in facing serious STD epidemics. High rate of infections are found in many parts of the developed world. The World Health Organization (WHO) ranks STDs among the third world's most pressing health problems. The condom has been recognized to prevent STD infections and unwanted pregnancies. However, the rate of acceptance and use of condoms in Nigeria is still low. It is recognized that syphilis, genital ulcers, chlamydia, gonorrhea and some other STDs may be more common in some African groups than anywhere in the world. So common is gonorrhea among some ethnic groups, that African doctors have written that its symptoms are sometimes regarded as a sign of sexual awakening or potency (Sabatier 1988:68-69). One rough measure of the prevalence of STDs in a community is the frequency with which women seek treatment of certain reproductive disorders, e.g. blockage of the fallopian tubes. Although untreated STDs are not the only cause of secondary infertility, it gives a good indication of the prevalence of STDs.

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1 The data for this study were obtained in a pilot study carried out under a bigger project on sexual networking in Nigeria.

2 An earlier draft of this paper was presented at session 45 during the IUSSP General Conference, Montreal, Canada, August 2 — September 1, 1993.

Infertility caused by STDs reaches its highest known levels in parts of Sub-Saharan Africa. In some areas of sub-Saharan Africa, over 40% of couples of reproductive age are childless, compared with only 3% in developing countries as a whole. This is believed to be mainly due to high levels of STDs.

Relation to Reproductive Health

The high prevalence of sterility in both men and women in Nigeria has been attributed to STD infections. Other diseases associated with STDs include blindness, and physical deformities etc.

Most of the sexually transmitted infections common in the tropics are caused by bacteria, which unlike viruses can be treated by antibiotics. However, misuse of these drugs, either by inadequately trained health workers or through self treatment (e.g. 'wonder' drugs sold at Oshodi and virtually all markets in Lagos) has led to the development of strains of STD bacteria resistant to all but the newest and most expensive antibiotics.

Proper diagnosis and regular treatment by qualified health workers, dissemination of useful information on the pattern, mode and trend of STDs, and perhaps enacting legal statutes making the release of relevant information mandatory for the STD patients would greatly reduce these problems and enhance reproductive health.

Relation to AIDS Programme

It must be recognized that the presence of STDs in any individual enhances the spread of HIV virus. A high level of STDs is clearly related to a high rate of sexual partner change, and frequent partner change has played a role in AIDS epidemics in Africa and the rest of the Third World, just as it encouraged the spread of AIDS among male homosexuals in North America and Europe. Because of the permissive nature of our society today, the study of STDs become more relevant.

In Nigeria, the National Expert Advisory Committee on AIDS (NEACA) was set up in 1988, also the AIDS Committee on Education (ACE), a voluntary Organization, was established to disseminate information about the modes of transmission and preventive measures on AIDS. As of 19th April 1990, there were 21 HIV/AIDS screening centres in the country and 3 confirmatory centres. The latter are at Maiduguri, Lagos and Ibadan. In Nigeria, as at June 1992, about 207,357 blood samples have been taken from blood donors, drug abusers, commercial sex workers and the international travellers. Of the blood samples, 2,240 were reported positive for HIV infection, 379 had developed the disease; with 1% prevalence rate, 400,000 adult Nigerians may be currently infected (Ransome-Kuti 1992; Oribuloye 1993). It would appear that Nigeria is about to enter into a major HIV/AIDS epidemic. Although the epidemic is not yet as grave compared with the

situation in the East, Central and Southern Africa and some of the neighbouring West Africa countries, it is beginning to attract public attention.

In the African setting particularly in Nigeria it would be desirable to study the various sexually transmitted diseases (STDs) especially those that facilitate the spread of HIV. Also it is of importance to investigate the relationship of STDs to a variety of demographic variables such as population size and growth rate, age and sex structure, birth and death rates and infertility (Oyekanmi 1991).

Unfortunately, little research has been known to be directed at the pattern, mode and trend of STDs in Nigeria. This is particularly dangerous in a country like Nigeria with its apparently permissive sexual lifestyles that nurture the transference of diseases from one person to another through casual sexual contacts. Moreover the practice of polygamy does endanger some of the partners in any such union. Much of the reasons for this state of affairs is socio-cultural and any meaningful effort at effecting a change has to start with a proper identification of these socio-cultural variables (Oribuloye 1993).

Study Hypothesis

The following explicit hypothesis will be tested:

i) That there is a significant difference in the pattern, mode and trend of STD between rural and urban Nigerians.

ii) That lack of tracing the sexual partners of STD patients through their residential, migration and other socio-economic characteristics is one of the greatest factors hindering the possible arrest of infections.

iii) That STD is significantly lower among people in monogamous than those in polygamous marital unions.

Research Design and Methodology

Conceptual Framework

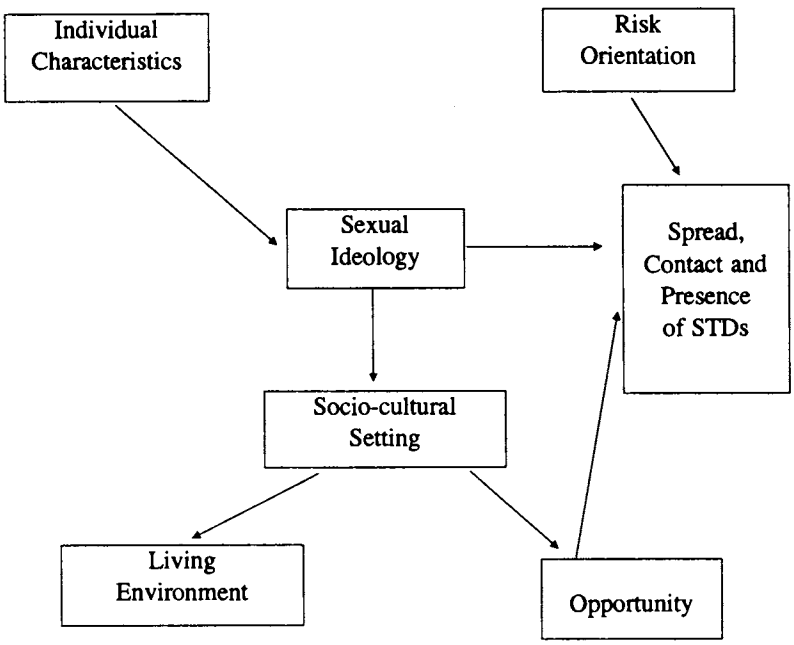
A high level of STDs is clearly related to a high rate of sexual partner change. Thus the higher the degree of promiscuity, polygamy being one of such, the higher the level of STDs in the society. Nigeria does not presently quarantine HIV and AIDS victims.

Low and high class prostitution is practised in hotel, night clubs, private houses and public places. Prostitution is an important factor in the spread of all STDs. Most five star hotels in Lagos, Kaduna, Kano and other major Nigerian cities still run informal gay harems. It is believed that the practise of homosexuality was first introduced into the country by Arabs and Lebanese traders some centuries ago and also by the colonial officers during the British rule (Ogunlade 1989). Drug addiction is said to be on the

increase. People are not bound to keep permanent sexual partners or remain faithful to their spouses. Section 5.3.5 of the 1988 population policy specifies that while women are enjoined to have four children each, men are advised to have 'limited' number of wives and have those children they can adequately support. So that implicitly there is licence for polygyny and men (as well as women) can have sexual contacts without limit on that pretext (Aina 1988).

Consequently the presence and spread of STDs can be determined by a multiplicity of individual, social, cultural, psychological and environmental variables as shown in Figure I.

Figure I: Conceptual Model of the Spread of Sexually Transmitted Diseases in Nigeria



In this model:

I. Individual characteristics means socio-economic attributes of the individual particularly those pertaining to education, sex, age, occupation, ethnicity etc.

II. Living environment means geophysical and socio-political environment especially urban versus rural settings, political ideology.

III. Sexual ideology refers to beliefs, norms values and attitudes concerning sexual behaviour and sexuality.

IV. Socio-cultural setting, refers to variations in social institutions and social structure; kinship, marriage, religion, economy together with their underlying value systems and modes of relationship.

V. Risk orientation refers to both the perceived risk of specific sexual behaviours, and the general disposition of the individual 'to (or not to) engage in behaviour believed to have some probability of an undesirable physical or social results' (WHO 1988).

VI. Opportunity refers to availability of conditions which are favourable to the performance of particular sexual acts.

Data Source

A survey was carried out in order to see whether people would respond to questions on the topic of sexuality in the Ilesa area. The findings here represent the initial attempt to analyze the data gathered from the survey.

The pilot survey was conducted in 1991 in Ilesa,[3] medium sized urban centre predominantly inhabited by the Ijesha (Yoruba) and few individuals from other tribes. The survey comprises of 93 respondents, of who 52% are males, and 48% are females. Despite its small sample size, the study is however representative of all age groups. The age group having the largest respondents is 25-29 (30), followed by 20-24 (18) and 35-39 (15). The least is in age group 15-19 with just a respondent, while 3 of the respondents are above 54 years of age (Table I). It is clearly evident from the above age distribution that a considerable proportion of the respondents are youths. While 38% of the respondents in the study are single, 46% are married. A negligible proportion of 15% are widowed, divorced or separated from their partners. One has to realize that the sexual behaviour of the respondents would be somewhat influenced by their marital status, one would also expect that the single people (never married) would have the least frequency of sexual interactions.

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3 Ijesha Province, of which Ilesa is the main urban centre, had a population of 481,720 as of 1963 national census.

The study is also representative of all educational categories. As indicated in Table 1, a remarkably large proportion (48%) had completed secondary school, while only 29% have none or primary school. The highest educational background comprises of 16 (17.2%) individuals who have post-secondary school education. Ilesa which is within Osun State is part of the old Western Region that had undergone free primary school education which was introduced by the now defunct Action Group led government around 1954. Hence the general level of education of the populace tends to be higher than for the national average.

Table 2 provides a reasonable assessment of the relationship between age, sex, education and the question of virginity. Before the contact with colonization and so-called modernization, especially among unmarried females, virginity was highly valued among the various African societies. Marriage was believed to be a sacred institution that should be entered into with spiritual purity in body and soul, and having sexual intercourse before, and outside of marriage was considered a taboo. However, the rule was enforced more for girls than boys. As revealed in Table 2 people no longer have such a high regard for virginity. Although 38% of the respondents still believed in virginity at marriage yet only 10% were themselves virgins at the time of their own marriage. From Table 2, we see that 61% of the respondents below 30 years of age do not believe in virginity before marriage while 50% of the older respondents gave a similar response. A control for sex of respondents shows that a higher proportion of the females than males believes in maintaining one's virginity before marriage. The highest percentage of such belief occurs among older females (45%), followed by older males (41%), younger males (38%) and least among younger females (26%).

In a nutshell, 56% of the respondents do not believe in the preservation of virginity until marriage, 38% still hold the belief, while a negligible proportion of 6% did not respond at all.

To support the above views on virginity before marriage, Table 2 shows that a total of 54 respondents (30 males and 24 females) were not virgins at marriage, these comprise 58% of the respondents. A control for age showed that 55% of the youths and 61% of the older respondents had given such negative response. Among the females a higher proportion of older women aged 30 and above than younger women aged below 30 (9%) were virgins at the time of their first marriage. On average only 10% of the respondents were virgins at first marriage.

Table 1: Profile of Respondents

Sex		Number		Percent
	Male	48		51.6
	Female	45		48.4

Age	Male		Female		All	
	n	%	n	%	n	%
15 — 19	1	2.08	-	-	1	1.07
20 — 14	8	16.67	10	22.3	18	18.35
25 — 29	17	35.42	13	28.89	30	32.27
30 — 34	3	6.25	5	11.11	8	8.60
35 — 39	8	16.66	7	15.57	15	16.13
40 — 44	6	12.5	6	13.34	12	12.19
45 — 49	2	4.17	2	4.44	4	4.30
00 — 54	2	4.17	-	-	2	2.15
Above 54	1	2.08	2	4.44	3	3.23
Marital Status						
Single	20	41.67	15	33.33	35	37.67
Married	25	52.08	18	40.00	43	46.24
Sep/Divorced	2	4.17	7	15.56	9	9.68
Widow	1	2.08	5	11.11	6	6.45
Education						
No School					9	9.68
Primary/ Koranic					19	20.43
Secondary not completed					4	4.30
Secondary					45	48.39
Above Secondary					16	17.20
Total	48	100	45	100	93	100

Source: Compiled by author

Table 2: Respondents' Believe in Virginity

Belief in Virginity								
Age	Yes		No		NR		All	
	n	%	n	%	n	%	n	%
Under 30	16	32	30	61	3	6	49	100
30 +	19	43	22	50	3	7	44	100
Age/Sex: Male								
Under 30	10	38	13	50	3	12	26	100
30 +	9	41	10	45	3	14	22	100
Age/Sex: Female								
Under 30	6	26	17	74	-	-	23	100
30 +	10	45	12	55	-	-	22	100
Education								
No school	5	56	4	44	-	-	0	100
Primary/Koranic	7	37	12	63	-	-	19	100
Sec. attended								
& Above	25	38	40	62	-	-	65	100
Virginity								
at Marriage								
Under 30	3	6	27	55	19	39	49	100
30 +	6	14	27	61	11	25	44	100
Age/Sex: Male								
Under 30	1	4	11	42	14	54	26	100
30 +	1	4	19	80	2	10	22	100
Age/Sex: Female								
Under 30	2	9	8	35	13	56	23	100
30 +	5	23	16	73	1	4	22	100
Education								
No school	6	67	3	33	-	-	9	100
Primary/Koranic	2	11	17	89	-	-	19	100
Sec. attended								
& Above	16	25	49	75	-	-	65	100

Source: Compiled by author

In the light of the advantage of virginity before marriage, one might have expected the number of respondents that would support virginity till marriage to outnumber those that consider such preservation unnecessary; but the data here show the reverse. An attempt was made to see the effect of education (as a proxy for modernization) on the perception of and belief in virginity. Of the 56 respondents that do not believe, 40 have secondary school education and above, while the rest have lower education background than this level. While 56% of illiterates said they believe in virginity, 37% of primary school and 38% of secondary school holders have such views. However, this might be partly accounted for by other personal reasons or family background. Furthermore, the retention of virginity till marriage seems to be negatively related to education.

About three-quarters of the respondents do not see the significance of their daughters being virgins at marriage. On the other hand 24 (25%) respondents are optimistic to see their daughters enter marriage as virgins. Findings suggest that the acceptance or rejection of virginity at marriage is strongly affected by the individual's age, sex and educational background. It portrays that males are more promiscuous than females, and females tend to support the need for virginity at marriage more than their male counterparts. This might be because of the societal norms. It also creates the impression that more females enter into marriage without having had premarital sexual relations than males.

Concomitant to the above are some corroborative evidence in Table 3. More than 50% of the males that responded to the question on age at first sexual relations confessed to having had their first sexual experience early in life i.e before 19 years of age. Though the least age at first sexual relation is 10-14, none of these male respondents were virgins at about 29 years of age. A higher proportion of youths had had sex before age 19 than the older male respondents.

However, just as early sexual experience was pronounced among males, a similar observation could be made among their female counterparts. While 4 of them did not respond, more than half (25) of those that responded have had sexual intercourse before the age of 19. Though the least age at first sexual relation is 10-14, 3 respondents claimed to have kept their virginity till above 29 years of age. Moreover while 74% of young females had had sex before age 19, only 36% of older females had similar experience as shown in Table 2.

This issue of sexual permissiveness, moral decadence and laxity had been an age long affair, which is, unfortunately, more pronounced at the present time. Premarital sexual intercourse is not only considered a taboo, the fear of not finding suitable husbands, after being disvirgined, prevented young ladies from yielding unnecessarily to sexual temptations in the olden days. Beside the fear of being exposed by the gods, adultery was also

Table 3: Respondents Current Age and Sex by Age at First Sexual Relations

Male														
Current Age:	10-14		15-19		20-24		25-29		30+		NR		ALL	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Under 30	3	12	15	58	3	12	1	3	-	-	4	15	26	100
30 +	-	-	8	36	9	41	1	5	-	-	4	18	22	100
Sub-Total	3	6	23	48	12	25	2	4	-	-	8	17	48	100
Female														
Current Age:														
Under 30	8	35	9	39	5	22	-	-	-	-	1	4	23	100
30 +	2	9	6	27	6	27	2	9	3	14	3	14	22	100
Sub-Total	10	22	15	33	11	24	1	5	3	7	4	9	45	100

Source: Compiled by author.

seriously avoided by women in order to prevent the ridicule and shame of being caught and to avoid catching sexually transmitted diseases, of which gonorrhea was the most widely known. The situation, however, is no longer the same today due to urbanization, migration in search of jobs, influence of contact with other cultures, etc.

The data show that virtually all the respondents have had at one time or the other had more than one sexual partner. Such sexual relations is an experience that spreads across all ages. About two-thirds of the respondents had 1 or 2 sexual partners as at the survey time, while 32% had 3 or more sexual partners. Only 45 people (48%) had precisely one sexual partner at survey time. While they confessed having sexual partners before marriage, some married ones still claim to be having illicit sexual relationship with outsiders at present although such practice is more prevalent among the male members Table 4.

Some 17 (35%) of the 48 male respondents said they patronize commercial sex workers (prostitutes) to gratify their sexual desires. Such extension of sexual relations to prostitutes has occurred irrespective of the men's marital status as pointed out in Table 5. The separated/divorced men seemed to be less susceptible but the study being a pilot survey with a small sample size, the exclusion of the divorced or separated individuals is, however, not an attempt to exonerate them from similar patronage of prostitutes. These extra marital sexual indulgence at times result in unwanted pregnancy, teenage morality from abortion, forced marriage, procreation of unwanted babies, abandonment of babies, and the spreading of venereal diseases. All this may occur because those involved do not use any mode of prevention against unwanted pregnancy. The 1981/82 World Fertility Survey in Nigeria indicated that only 6% of married women use modern contraception.

Furthermore, the venereal diseases in the form of gonorrhea, herpes, etc., which are the consequences of indiscriminate sexual expositions, are also themselves factors that may likely pave the way for the most deadly AIDS. According to the British medical journal the *Lancet*, 'each year, more than 300 million additional people throughout the world become infected with sexually transmitted diseases, such as gonorrhea, syphilis, herpes, and chlamydia. These may weaken the body, perhaps making it even more susceptible to the AIDS virus' (AWAKE 1988). Several studies have shown high rates of HIV seropositivity among prostitutes (Anarfi 1992; Bruyn 1992) and other high risk groups.

Table 4: Respondents Age and Sex by Number of Sexual Partners*

	Present Sexual Partner				Last Week				Last Month				Last Year				All
Age	Nil	1-2	3-4	4	Nil	1-2	3-4	4	Nil	1-2	3-4	4	Nil	1-2	3-4	4	-
Under 30	5	30	10	4	11	32	4	2	7	32	6	4	7	31	9	2	49
30 +	4	34	5	1	10	32	2	-	7	26	11	-	8	26	9	1	44
Sex																	
Male	5	32	9	2	10	32	4	2	7	31	7	3	7	27	12	2	48
Female	4	32	6	3	11	32	2	-	7	27	10	1	8	30	6	1	45
Total	9	64	15	5	21	64	6	2	11	58	17	4	15	57	18	3	93
			22				9				23				23		

Source: Compiled by author.

* 45% had one sexual partner at survey time.

Table 5: Male Respondents and Patronage of Prostitutes

Marital Status	Yes		No		NR		All	
	n	%	n	%	n	%	n	%
Single	9	45	11	55	-	-	20	100
Married	7	28	16	64	2	8	25	100
Separated/ Divorced	-	-	2	100	-	-	2	100
Widow	1	100	-	-	-	-	1	100
All	17	35	29	60	2	5	48	100

Source: Compiled by author

Thus, the knowledge of AIDS and other sex related diseases is no longer a secret affair, as confirmed by Table 6 where (90%) expressed their awareness of venereal diseases, and 97% have heard of AIDS. Although 4% of the respondents (3 males, 1 female) said they have once seen victims of these diseases, as much as 23% (12 males, 9 females) confessed to have been treated for one of them once, except AIDS.

Among the 90% people that have heard of venereal diseases, approximately 66% are educated individuals. Pathetically too, among those that have no knowledge are about 6 educated persons, while as much as 8 of them have been treated of venereal diseases so far. Similarly, 97% hinted that they have heard of AIDS but only 4% said they have known AIDS victims (Table 6). Youth and education seem to have positive influence on hearing about VDs. Both men and women seem equally predisposed towards sexually transmitted diseases, including AIDS. AIDS cases in Africa are becoming increasingly common among women of child bearing ages. Children account for one of every five AIDS cases in Rwanda. In Zambia, it was estimated that in 1988, 6,000 babies will be born with AIDS. Among 800 prostitutes tested in Nairobi, nine out of 10 were infected with HIV. And these women sleep with an average of 1000 customers per year. This is why Dr. Halfdan Mahler of WHO (World Health Organization) stated: 'We stand nakedly in front of a very serious pandemic as mortal as any pandemic there ever has been... Everything is getting worse and worse in AIDS'. And Dr. William O'Connor, a microbiologist, laments: 'What we're dealing with is probably the greatest plague ever to hit the world' (AWAKE 1991).

Table 6: Knowledge of Venereal Diseases

	Heard of VD				Treated for VD				Heard of AIDS				Know Victim			
	Yes		No		Yes		No		Yes		No		Yes		No	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Under 30	46	92	4	8	7	14	42	86	47	96	2	4	4	8	45	92
30 +	38	86	4	14	14	32	30	68	43	98	1	2	-	-	44	100
Male																
Under 30	23	96	1	4	2	8	22	92	21	88	3	12	2	8	27	92
30 +	20	91	2	9	4	18	18	82	24	100-	-	-	1	5	21	95
Female																
Under 30	20	87	3	13	5	22	18	78	22	96	1	4	-	-	23	100
30 +	20	91	2	9	4	18	18	82	22	100	-	-	1	5	21	95
Education																
None	7	78	2	22	3	33	6	67	7	78	2	22	2	22	7	78
Primary/																
Koranic	18	95	1	5	8	42	11	58	19	100	-	0	-	-	19	100
Sec. +	59	91	6	9	10	15	55	85	64	98	1	2	2	3	63	97
Total	84	90	9	10	21	23	72	77	90	97	3	3	4	4	89	96

Source: Compiled by author

The knowledge of the existence of venereal diseases, especially AIDS, is not enough without knowing how they could be contacted. The knowledge of how they could be contacted and those who are susceptible to them would serve as the surest avenue for prevention, since some of them are incurable, most particularly AIDS. Apart from contact through sexual intercourse, AIDS, for example, was first spread mainly through homosexuals and drug addicts. Blood transfusion has also been known to be possible avenue for spreading AIDS. This is confirmed, by our data where virtually all respondents believe that venereal diseases could be contacted through sexual intercourse with somebody that has been infected with the virus, including prostitutes. About 74% and 72% of the respondents also believed that these diseases could be contacted through blood transfusion and kissing respectively. Moreover prostitution is also (88%) seen as a possible source of AIDS. Unfortunately, 16% majority of respondents who are illiterates, still believe that contacting venereal diseases could be the act of God. The belief that such diseases are through act of God is more common among females than male respondents.

About 95% of the respondents believe that the primary source of contacting AIDS is sexual intercourse, especially with prostitutes. About 3% and 75% of those that responded also said that kissing and blood transfusion, respectively, are other dangerous avenues.

It is however pathetic to discover that a notable number of respondents could still disbelieve the possibility of contacting venereal diseases and AIDS through kissing and blood transfusion despite several medical testimonies of victims. Some (more than 19% for both venereal diseases and AIDS) even believe that contacting these diseases is the act of God or a manifestation of supernatural intervention. Therefore, it can be said that ignorance and the carefree attitude of individuals are responsible for the widespread of venereal diseases and AIDS.

Moreover, knowing fully well the deadly effect of these diseases, it appears people are still careless about taking precautions. Though sexual behaviour of individuals seem to have been modified but such modifications are not adequately matched with proper precautions. As indicated in Table 7, 90% confessed that their sexual exploits have reduced tremendously. Yet, about 12% of males and 11% of females still indulge in extra-marital sexual activities.

Furthermore, we attempted to assess how the educational background of individuals has influenced their sexual behavioural modification. Among those that said the awareness of venereal diseases and AIDS contributed to the adjustment of their sexual behaviour, 69% had secondary school education and above, while the rest had below this level. The same 69% that had sexual behaviour adjusted from the fear of contacting sexually transmitted diseases also do not engage in extra-marital sexual affairs, while

73% of those who still persist in this had below secondary school education. It could be said that those with higher education believe that AIDS is real and they guide against it somehow.

Table 7: Sexual Behavioural Modification

	Modification of Sexual Behaviour				Having extra marital Partners					
Sex	Yes		No		Yes		No		Total	
	n	%	n	%	n	%	n	%	n	%
Male	42	88	6	12	6	12	42	88	48	100
Female	42	93	3	7	5	11	40	89	45	100
Education										
None	7	78	2	22	3	33	6	67	9	100
Primary	15	79	4	21	5	26	14	74	19	100
Secondary +	62	95	3	5	3	5	62	95	65	100
Total	84	90	9	10	11	12	82	88	93	100

Source: Compiled by author

The implication of the above, however, is that awareness of venereal diseases might help to modify an individual's sexual activities, especially among the educated ones. The females are more restrictive in their sexual engagements than their male counter parts.

However, it is not enough to be aware of these venereal diseases without taking a corresponding action to prevent contact with them. The preventive measures could be in the form of contraceptives, careful selection of males and total abstinence from sex, especially before and outside of marriage. Though chastity before marriage, sticking to one partner and avoidance of extra-marital sexual activities would go a long way to curb the spread of venereal diseases, a total abstinence from sex seems unrealistic. Therefore, some prefer the use of contraceptives and condoms.

As shown in Table 8, while 62% of female respondents claimed to have ever used contraceptives, 44% are currently using them. This is quite high compared with the national average of 6% mentioned earlier for 1981/82 WFS Survey. Only 38% and 56% have never tried or are not using contraceptives presently. Of those using contraceptives, Table 9 indicates the various types adopted by them. The most commonly used is the oral pill while about 61% 70%, and 29% have ever used condom/diaphram, injectables and traditional methods, respectively. No one seems to have reported using the safe/rhythm method at all. Among those who are currently using contraceptives, 70%, 10% and 20% use oral pills, injectables, and traditional methods, respectively, while none of them is

using condom/diaphram at present. Therefore, this is an indication that the use of contraceptives is becoming more acceptable to women, especially the use of oral pill. However protection from contacting sexually transmitted diseases through the use of condoms seems to be lacking. This is an issue that should be of concern to this study.

Table 8: Female Respondents and Contraceptive Use

Response	Contraceptive use				Total	
	Yes		No			
Ever use	n	%	n	%	n	%
Contraceptive	28	(62.2)	17	(37.8)	45	(100.0)
Currently using contraceptive	20	(44.5)	25	(55.5)	45	(100.)

Source: Compiled by author

Table 9: Female Respondents and the Type of Contraceptive Use

Types	Ever use		Currently use	
	n	%	n	%
Condom/diaphram	1	3.6	-	-
Oral Pill	17	60.7	14	70.0
Injectables	2	7.1	2	10.0
Safe/Rhythm	-	-	-	-
Traditional	8	28.6	4	20.0
Total	28	100	20	100

Source: Compiled by author

Summary

The study is a pilot survey on the spread of sexually transmitted diseases in Nigeria, conducted in Ilesa with a small sample size. The study cuts across all ages, sexes, marital statuses and national categories. It attempted to obtain the current opinion of people on the significance of virginity before marriage, premarital and extra marital activities as well as the level of awareness of the people on the sources and spread of venereal diseases, including AIDS, as they are influenced or determined by age, sex, marital status and educational backgrounds.

At this initial step, it has been revealed that people are gradually realizing the need to take preventive measures from contacting venereal diseases, especially AIDS that defies all cures. Thus, if sexual intercourse

can not be totally abstained from, particularly by men, selective choice of partners becomes imminent and inevitable.

Moreover, the females are now beginning to realize the significance of using contraceptives to prevent pregnancies. However, its use to prevent the spread of venereal diseases among females is still very limited. Moreover in polygamous settings where the man can lay claim to two or more women it is very difficult for a particular woman to restrict her husband's sexual activities in such a way as to protect herself or reduce her exposure to sexually transmitted diseases.

In conclusion this paper recommends that it is necessary to carry out a larger survey to assess the extent to which people are modifying their sexual behaviour as well as use of contraception in order to stem the escalation of sexually transmitted diseases, including AIDS. In some cases it might even be necessary to ascertain what diseases are perceived as STDs and AIDS related in different cultural contexts.

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