

**ATTITUDE AND SEXUAL BEHAVIOUR OF THE RESIDENTS OF IJEBU NORTH LOCAL GOVERNMENT AREA OF OGUN STATE, NIGERIA ON THE AWARENESS OF HIV/AIDS**

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**ABSTRACT:** *This study sought to find out the Attitude and Sexual Behaviour of the residents of Ijebu North local Government Area of Ogun State towards people living with HIV/AIDS. Descriptive survey research design was adopted for the study. Accident sampling was used to sample 1,520 respondents in the local government. A self developed questionnaire was used as research instrument to sample 1,520 respondents. Simple percentages were used in analyzing the data. The result indicated that 1,520 respondents representing 100% the entire population were in support of campaigning and treatment programme for HIV/AIDS patients and also ready to encourage HIV/AIDS patients to spend the rest of their lives as loved ones 1328 respondents representing 87.36% of the entire population have changed from their promiscuous life style by being faithful to their sexual partners ,while 192 respondents representing 12.64% were still engaging in promiscuous life style .Majority of the respondents that constitutes 85.52%(1300) believed that abstinence remains the best option to avoid the infection while few respondents representing 14.48%(220) found it difficult to practice abstinence ,in other words they are not afraid of being exposed to HIV/AIDS It was established that the people of Ijebu North local government have positive attitude towards people living with HIV/ AIDS. And were ready to encourage HIV/AIDS patients to spend the rest of their lives as loved ones, the awareness of HIV/AIDS have positively influenced their sexual behaviour with the opposite sex which made them to abstain from unhealthy sexual behaviours and embrace abstinence to be healthy. It was recommended among others that government and non government agencies should make people aware that HIV/AIDS is real and has no cure up to data. Health personnel should be moving from place to place to enlighten the rural dwellers about HIV/AIDS, and the consequences of exposure to the virus and ways of prevention and control of the infection that, if they are not infected they can be affected in many ways.*

**KEYWORDS:** Attitude, Sexual Behaviour , Ijebu North, Ogun State, Nigeria, HIV/AIDS

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## **INTRODUCTION**

Acquired Immune Deficiency Syndrome (AIDS) is a disease which has no cure or preventive vaccine against its victims to date (Salomi,2003) Kudu(2015) corroborated that AIDS has no cure or vaccine to prevent its victim, research continues and efforts are still going on to identify the drug that will combat the pandemic disease. Mohammed (2016) stated that Acquired immune Deficiency Syndrome (AIDS) is a world-wide sexually transmitted diseases which can also be contracted from other means and has no cure. Research is still going on to eradicate or put an end to the pandemic problem .According to Delano (1997) the killer-disease has claimed and is still claiming the lives of both old and young including infants. In some homes both husband and wives have fallen victims of AIDS leaving their offspring who are now orphans to be cared for by aged parents or relatives.

Unfortunately, many Nigerians are still infected by the virus and claiming many people's lives, it seems people are not adequately aware of AIDS as a killer disease which is spreading like fire that is out of control (Salomi,2013). Achalu (1996) stated that AIDS is the newest and most serious sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS) is caused by Human. Immuno deficiency virus (HIV). HIV destroys the body's immune system, leaving the body open to infections that it cannot fight in the normal way. HIV attacks and destroys CD4 cells that normally help to protect the body from getting infection. The CD4 counts in a healthy, HIV negative adult are usually 600-1,200 per cubic millimeter of blood. When destroyed by HIV, the CD4 cells of people with HIV may drop to 200 per cubic millimeter of blood or even below (Rosser, 2000).

Salomi (2003) reported that Human Deficiency virus that is scientifically proved to be causative of Acquired Immune Deficiency Syndrome (AIDS). It is just like a seed that has a certain years to germinate when planted and must be harvested within a stipulated period. He concluded that when a man contacts HIV sooner or later the man will have AIDS because the former usually responsible for the later if adequate care is not given to the victim. Achalu (1993) corroborated this statement that AIDS is regarded as a very total opportunistic infection of different manifestation and disease and total degeneration resulting from HIV infection. Kudu (2015) stated that HIV/AIDS is an opportunistic infection of diseases which can degenerate human being till death. WHO (1992) supported this by stating that HIV preferentially infects lymphocytes causing destruction and impairment of the immune system thus making an individual susceptible to infections such as tuberculosis and candidiasis and cancer such as Kaposi, sarcoma and dementia. As soon as HIV gain entrance to the blood stream it will command the immune system provided for the body, for a natural defense against disease and infections are destroyed, now gives room for bacteria, fungi, virus that caused serious life threaten illness to man. Mohammed (2016) lamented that nearly all Nigerians are now aware of HIV/AIDS but the aspect of the mode of transmission, health implications, economic and social effects such as stigmatization must be checked.

Okanlawon (2001) stated that HIV can be transmitted horizontally, that is through sexual intercourse, blood-transfusions, use of unsterilized equipment which pierces the skin. It can also be transmitted vertically, that is mother to child in uterus or during delivery and breastfeeding. He further stated that AIDS knows no age, race or geographical boundary. The time of progression from HIV infection to symptomatic disease and AIDS is variable and can take several years (10-15 years). Many people infected with HIV have no symptoms, hence, there is no way of knowing with certainty whether a sexual partner has been infected with HIV unless he or she has been repeatedly tested for the virus. This implied that many people are potential carriers. The signs and symptoms of HIV infection include weight loss, fever, diarrhea, herpes zoster, lymphadenopathy, candidates, arthritis, recurrent abscesses, maculopopular rash, unexplained nerve palsies and paraplegia and cough (WHO, 1992).

Symptoms of AIDS can be clarified as minor and major

### **Minor Signs Symptoms**

1. Cough more than one month
2. Generalised pruritic dermatitis
3. Herpes zoster-multidermatonal

4. Severe ulcerative herpes simplex (oral, anal or genital)
5. A typical pulmonary tuberculosis
6. Extra- pulmonary tuberculosis

### **Major Signs Symptoms**

1. Profound weight loss
2. Diarrhea daily or intermittently more than one month
3. Fever-continuous or intermittent more than one month
4. Repeated or multi-focal abscesses.(WHO,1992)

All over the world, there are some risks behaviours which are capable of transmitting the spread of HIV/AIDS, especially the sexual behaviour. Moronkola (2003) affirmed that those that are likely to be infected with AIDS are those that have many sexual partners, those that engages in casual sex, people with sore on their genital organs, those that patronize commercial sex workers or Prostitutes. Sexual activities which are unhealthy that involves penis and virginal penetration, sucking the genital organs, deep kissing that caused penetration of blood with an infected person can leads to HIV/AIDS infection. In any community, the residence deserves special attention in persistent effort to stop HIV infection. If one is not infected one can be affected in many ways. The earlier people are enlightened on the cause of the virus, mode of transmission, prevention, control and management for healthy nation.

### **Statement of the problem**

The attitudes of people toward HIV/AIDS victims are generally negative. Individual afflicted with HIV/ AIDS are often rejected by the society friends and family. Sometimes the victims are faced with discrimination both at work, businesses centers, and even at schools have resulted to great stress, depression and sense of isolation and personal withdrawal from the society and even fear of early death by the victims. Neighbours have shun AIDS victims at the point of death. Health workers too are not free with HIV/AIDS victims during health care delivery; often nurses are unwilling to provide necessary care and attention to AIDS patients in the hospital because of the mode of transmission and infection by the virus.

### **Purpose of the Study**

The purpose of this study was to investigate the current position of Attitude and Sexual Behaviour of the residence of Ijebu North Local Government Area Ogun State on the awareness of HIV/AIDS.

In order to achieve the purpose this study, the following research questions were embarked upon to provide a direction to the investigation.

1. What will be the attitude of the residents in Ijebu-North LGA of Ogun State towards people living with HIV/AIDS?
2. Will the residents of Ijebu North LGA of Ogun State encourage AIDS patients to spend the rest of their lives as loved ones?

3. Will the awareness of HIV/AIDS by the residents of Ijebu North LGA influence positively their sexual act behaviour by protecting themselves from the virus?
4. Will the awareness of HIV/AIDS influence the residents of Ijebu North LGA positively by abstaining from premarital sexual intercourse?

The following research hypotheses were tested in the study

1. The attitude of the residents in Ijebu-North LGA of Ogun State will not significantly be positive to HIV/AIDS victims.
2. The attitude of the residents at Ijebu-North of Ogun State will not significantly encourage HIV/AIDS victims to spend the rest of their lives as loved ones.
3. The behavior of the residents in Ijebu-North LGA of Ogun State will not positively prevent HIV virus gaining entrance to the body through sexual acts.
4. The behaviour of the residents in Ijebu-North LGA of Ogun State will not positive to practice abstinence on awareness of HIV/AIDS.

## **METHODOLOGY**

The sample for this study consisted of 1,520 respondents (900 males and 620 female) which were accidentally sampled for the study that comprises of sexually active respondents ranging from 16-50 years of age from Ago-iwoye axis, Oru-Awa and Ilaporu axis and Ijebu-Igbo axis.

### **Research Design, Instrument and Procedure For Data Collection**

A descriptive survey research design was used for the study. Modified Likert type was adopted and ranged from strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD) was used to gather information from the respondents. The items on the structured questionnaire were framed to adhered information based on the four research questions. The structured questionnaire was validated by experts in field of Health Education. The validated inventory was distributed to the respondents in their various locations such as their homes, offices, business centers, schools etc.

### **Data Analysis**

The data collected were sorted and coded and analyzed using descriptive statistics of frequency (f) and percentage (%) in illustrating the data.

**Table 1: Responses of the residence on their Attitude towards People Living with HIV/ AIDS in Ijebu North Local Government.**

S/N	Variable Statements	SA	A	D	SD
1.	I can support HIV/AIDS campaign and treatment programme	1,100 72.37%	420 27.63%	0 0%	0 0%
2.	If I discovered that I have HIV I will report to appropriate authority.	800 52.63%	350 23.02%	25% 16.44%	120 17.91%
3.	HIV/AIDS patients should be encouraged to spend the rest of their lives as loved ones	1,100 72.37%	420 27.63%	0 0%	0 0%
4.	I can sit with an HIV/AIDS victims in the hospital, market, bus etc.	900 59.24%	200 13.15%	320 21.05%	100 6.58%
5.	I can take care of a family members living with HIV/ AIDS	1,050 69.08%	350 23.03%	100 6.58%	20 1.31%
6.	HIV/AIDS victims right must be respected by all	800 52.63%	220 14.48%	350 23.02%	150 9.87%
7.	We should be our brothers keeper when it comes to the matter of HIV/ AIDS	1,100 72.37%	400 26.31%	12 0.79%	08 0.53%

Table 1 above shows the responses of the residents in Ijebu North Local

Government Area of Ogun State on their attitudes towards people living with HIV/ AIDS.

The table reveals that 1,520 respondents that made up the whole population representing 100% of the people of Ijebu North are in support of HIV/AIDS campaign and treatment. The table further shows that 1150 representing 75.65% of the total population agreed that they will report to appropriate quarters or authority if they have HIV/ AIDS. While 370 representing 24.25% said they will not report to the appropriate quarters if they have the virus. The table further shows that the total population of 1520 respondents representing 100% agreed that they are ready to encourage HIV/ AIDS patients to spend the rest of their lives as loved one. Majority of the population 1100 respondents representing 72.37% of the people of Ijebu North said they can be comfortable with .people living with HIV/ AIDS victims either in markets, hospitals, shops, buses, etc. while 420 respondents representing 27.63% are contrary to the opinion. 1400 respondents representing 92.11% the reveals that nearly all the people of ijebu North are ready to take good care of their family member living with HIV/AIDS. While 120 respondents representing 7.89 are also contrary to the idea of taking care of family members that are victims of HIV/AIDS. It could be seen that majority of the respondents 1,020 representing 67.11% said that HIV/ AIDS victims right must be respected by all while 500 respondent representing 32.8% are also contrary to the opinion.

**Table II: Sexual Behavior On Awareness Of Hiv/Aids.**

S/N	Variable Statements	SA	A	D	SD
8.	I use condom before casual intercourse because of HIV/ AIDS	1,008 66.36%	320 21.05%	180 11.85%	12 0.79%
9.	I have reduced my sex partners because of fear of HIV/ AIDS	1,200 78.94%	210 13.82%	80 5.26%	30 1.98%
10.	I have had sex within the past three years with opposite I met at parties	100 6.58%	120 7.90%	500 32.89%	800 52.63%
11.	I have stopped sucking the genital organ of my casual sex partners because of HIV/AIDS	800 52.63%	500 32.89%	100 6.58%	120 7.90%
12	I have stopped promiscuous life style because of HIV/ AIDS	1,008 66.31%	320 21.05%	180 11.85%	12 0.79%
13	Fear of HIV/ AIDS have made me to abstain from premarital sex.	800 52.63%	500 32.89%	120 7.90%	100 6.58%

Table 11 above showed that 1,328 respondents representing 87.41% of majority of Ijebu North people are aware of the virus and they encouraged their casual sex partners to use condom when it comes to casual sex acts. While few respondents of 192 representing 12.64% are of contrary to the opinion. It further reveals in the table II that 1,410 respondents representing 92.26% of the sample of study have reduced their sex partners for fears of contracting HIV/AIDS while 110 respondents representing 7.24% are contrary to the opinion. It could be seen in the table II that 1,300 respondents representing 85.52% of the total population disagreed that they have not had sex within the past three years with opposite sex they met at parties while 220 respondents representing 14.48% Agreed that they have had sex within the past three years with opposite sex they met at parties. It could also be seen that 1,300 respondents representing 85.52% have stopped sucking the genital organs of their casual sex partners because of HIV/AIDS while 220 representing 14.4% are of contrary to the opinions. 1328 representing 87.36% in the table II have stopped promiscuous lifestyle because of HIV/AIDS while 192 representing 12.64% are of contrary to the opinion. Finally in table II it could be seen that 1,300 respondents representing 85.52% have abstain from premarital sex for fear of contracting HIV/AIDS. While 220 respondents representing 14.48% are contrary to the opinion.

## DISCUSSION

The findings in Table I and 2 on the respondents attitude and sexual behaviour of residents of Ijebu North local government towards people living with HIV/AIDS in the local government, revealed that the residents attitude towards people living with HIV/AIDS were positive. Sexual behaviour of the people in the LGA were also checked on the awareness of the virus and the people now embraced faithfulness to one's sex partner and abstinence still remains the best practice. Therefore all the four hypotheses stated were rejected this was in line with Kudu (2015) that stated the attitude and behaviour of residents of Lapai LGA of Niger state towards people living with HIV/AIDS were positive since they were knowledgeable on the disease

especially the mode of transmission. In the same vain Mohammed (2016) in his study on the knowledge and behaviour of traders of Badegi market in Lapai LGA of Niger State concluded that 98% of the traders were knowledgeable of the disease and their attitude to those living with the virus were positive and encouraging which were contrary to Wallis (1985) that people attitude towards AIDS victims are generally negative, that individual afflicted with AIDS are often rejected by society, friends and family. They are faced with discrimination both at work and at school. The result of which can often cause great stress, depression and sense of isolation and personal rejection and fear of death. Green (1985) also concord by stating that majority of the general population worldwide hold highly restrictive and repressive attitude towards HIV/AIDS victims.

In the finding in table II on sexual behaviour towards AIDS awareness there are some risk behaviours which are capable of transmitting the spread of AIDS. These behaviours commonly practiced all over the world are those that are related to sex such as sucking of breast, genital organs, deep kissing with bleeding gum, prostitution or having many sex partners, homosexuality, having cut in the part of the body especially the finger being exposed to vaginal fluid/semen and those practices that are related to blood contact such as intravenous drug, tattooing of the skin and during oar in secret cults.

## CONCLUSION

This study confirmed that the residents of Ijebu North have positive attitude towards HIV/AIDS programmes, supporting the campaign, loving the people living with the virus and encouraging them to spend the rest of their lives as loved ones. It was established that the residents of Ijebu North have checked their sexual behaviour and embrace abstinence.

## Recommendations.

Based on the responses of the residents in Ijebu North Local Government Area of Ogun State, the following recommendations are made.

1. Seminars, conferences, workshops on scourge of H V/AIDS prevention and control should be organized in the LGA
2. Programmes which indicate lectures on sex education
3. Different teaching methods can be used such as discussion, role play, telling stories, songs, and poems, Audio-visual materials such as pictures, chats, posters video recordings and films. Anti AIDS clubs by the youth can also be very useful.
4. Qualified personnel should be trained and employed to change people's attitude and sexual behaviour positively
5. People should note that if they are not infected they can be affected in many ways.

## REFERENCES

- Achalu E.I (1996) AIDS: How to Protect Yourself and Family. Aba Jericho Press.  
Delano G.E (1997) Femi Dies of AIDS Association of Reproductive and Family Health (ARFH) Pg 2-4

- Green G. (1995) Attitude towards People with HIV. Are they as Stigmatizing as people with HIV perceived them to be in MCwan, P.J.M (Ed) An International Journal on Social Science and Medicine 41: 557-568 New York. Pergamun Press.
- Hertit C. (1993) Sexual Behaviour in the General Behaviour of Sweden in MC Ewan.
- Kudu A.S. (2015) Knowledge and Behaviour of the Residence of Lapai towards People living with HIV/AIDS in Lapai L.G.A of Niger State. Unpublished Bsc.ed project.
- Martins M.C (1998) Epidemio1or, Transmission Symptoms and Control of AIDS. A Publication of Niger State NYSC Vol. 1 Pg 22-23.
- Mohammed S.N.(2016) Knowledge and Behaviour of Traders of Badegi Market Towards Acquired Immune Deficiency Syndrome(AIDS) in Lapai L.G.A of Niger State. Unpublished Bsc.ed project.
- Olaleye O. (2000) July 22. AIDS Scarce in Nigeria. How Real? Sunday Tribune P. 8-9
- Plot, P & Colebundebs, R. (1988). The clinical Symptoms. World Heath, 3; 25-26.
- Roser J. (2000) AIDS and Sexual Health Programme. HI.V and Save Mothhood. Russel Press Ltd.
- Salomi M.O. (2000) Knowledge, Attitude and Sexual Behaviour of Undergraduates in Ogun State University Ago-Iwoye. Towards AIDS Unpublished M.ED Thesis.
- Salomi M.O. (2003) Teachings, Counseling, the Nigeria School Child about HIV/AIDS and STDS Journal of Sport Sciences and Health Education Vol. 2 Pg 36.
- Salomi M.O.(2013) .Sports Competition And HIV/AIDS Scare During Camping; implication For Health Education Counseling. Journal of Education And Applied Psychology IBBU Lapai Vol 6 pg 248
- W.H.O (1992) Guidelines for the Clinical Management of HIV Infection and AIDS in Adults and Children. Zambia National AIDS Prevention and Control Programmes., 2nd Ed, Zambia. Pg 9.