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SEXUAL BEHAVIOURS AND CONDOM USE IN SELECTED FISHING COMMUNITIES OF KAINJI LAKE BASIN, NIGERIA

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ABSTRACT

This paper has highlighted the sexual behaviour and the use of condom among the fisherfolk in some selected fishing communities in the Kainji lake basin. The sample was taken from Yauri emirate in ten fishing communities. This finding revealed that 76.0% of the respondents were still in their active age, 15 – 45 years. 58.7% were into polygamy, sexually active with multiple relationships. 74.0% of respondents of them have heard of condom and its uses but the desire of respondents to protect themselves and use of effective measures like the condoms is lacking in the study area. 62.2% of respondents perceived the condom as a protective devise for individual against possible HIV infection during any sexual activity. There is a high level of knowledge about the condom and its protective role against infections but does not translate safe sex in the fishing communities. Various health programmes for the eradication of STIs diseases had not been well extended to fishing communities. However, some recommendations were made to fight against health related problems, especially HIV/AIDS

KEYWORDS: Behaviour, Sex, Condom, Fisheries and HIV/AIDS

INTRODUCTION

The prevalence rate of HIV/AIDS is on the increase and fisheries sector is more vulnerable because of the likelihood high-risk behaviour involvement in sexual for monetary Males, more than females, are often under intense pressure to initiate sexual activity, even when they still lack adequate information on sexual matters (WHO,1996, and Macphail and Campbell 2001). It is a fact that HIV/AIDS is contracted mainly through sexual activities. Several million people worldwide have been infected with Human Immunodeficiency Virus (HIV), the causative agent of Acquired Immune Deficiency Syndrome (AIDS). According to Chikonzo (2005), Sub-Saharan Africa is the region of the world most affected by HIV/AIDS. An estimated 25.4 million people are living with the disease and approximately 3.1 million new infections occurred in 2004. Keating, et al. (2006) observe that, "HIV/AIDS is a serious concern in Nigeria today because the estimated annual deaths as a result of the disease have increased from 50,000 in 1999 to over 350,000 in 2004." The Nigerian HIV/AIDS situation is no better than in most African countries ravaged by the disease. In the pilot study, it was reported that out of the 20 million HIV cases in the world in December 1995, 11 million (35.5%) were from Sub-Saharan Africa, and 4.8 million (5.2%) Nigerians had tested positive for HIV (Komolafe 1999).

The distribution of self-reported number of sexual partners in Nigeria among sexually active individuals has been shown to be similar to those reported in many East and Southern African countries (Orubuloye, *et al*, 1993), but there are sharp differences in the reported number of HIV infections between Nigeria and most East and Southern African countries. Nigeria reportedly has an estimated 1 million people infected with HIV (WHO, 1995). This estimate represents between one and two per cent of the total sexually active population, while estimates among the sexually active population in some East and Southern African countries are higher than 30 per cent (US Bureau of the Census 1997). Knowledge of AIDS as an incurable disease is widespread in sub-Saharan Africa, but sexual behaviour putting this knowledge into practice is known to be lacking (Orubuloye *et al* 1990; Mbizvo *et al*. 1994; Okojie *et al*, 1995). Gender inequality, bred by stereotypical cultural norms and expectations that are difficult to change, strongly influences heterosexual relationships in an unhealthy way (Sen, Germain and Chen, 1994). In some cultures, sexual experience is viewed as a rite of passage for boys. Social norms can reinforce the notion that controlling women is a sign of masculinity, contributing to acts of sexual violence and transactional sex (Finger, Thapa, Jepeobhoy *et al* 2004). It is pertinent to put into perspective the sexual behaviour of the fisheries sector since

it is central to the awareness of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV). However, this study, therefore, is aimed at determining sexual behaviours and use of condoms in selected fishing communities of Kainji Lake Basin.

METHODOLOGY

Kainji lake basin comprises of Niger and Kebbi States with the following neighbouring emirates Kontagora, Borgu and Yauri. For this study, the sample was taken from Yauri emirates from the following communities: Wara, Wawu, Tunga Mairuwa, Zamare, Rukubalo, Yauri, Rashe Salkawa, Hella, Barashi Tunga Alhaji Sharo. The selections of these communities were based on accessibility, level of fisheries activities and traditional institutions. A total of 187 questionnaires and 20 interview guides for key informants were administered in the above communities and further subjected simple descriptive statistical analysis.

RESULTS AND DISCUSSION

On the socio – economic characteristics as shown in Table 1, on sex, 63.6% of the respondents were males while 36.4% were females. Male population predominate in the fishing communities. The variation may be as a result women restriction to their household that is, they are in Purdah, which buttresses the findings of gender studies carried out in the northern Nigeria (Yahaya, 1999). It can be assumed that the men are more likely to be aware of this deadly disease to support the findings of experts that almost twice as many men as women were aware of HIV/AIDS. (UNAIDS, 1998)

76.0% of the respondents were still in their active (reproductive) age, that is, 15 – 45 years. 24% were above 46 years. These ages are the active and productive years in agricultural production and they are crucial to agricultural development. The study revealed young people, implying that they were in sexually active ages and it corroborates the findings of NDHS, 2003, UNAIDS, 2001 that majority of those who are prone and contract the HIV/AIDS virus fall under the age of 30 years. Thus, they are the very people who are vital to the economic future of the rural communities where poverty is dominant.

Majority (78.1%) of the respondents were married, 21.4% were single while 0.5% were widow. This indicates tendency for sexual continuation, irrespective of their marital status among the people of the fishing communities. On religion, 84.5% practice Islam, only 15.5% practiced Christianity and 0.5% claimed to be idol worshipper. With this finding the religion of majority supports a man to have more than one wife, and therefore enhances multiple sexual relationships in the study area. Majority (58.7%) were into polygamy, 2.1% were monogamous and 49.2% could not response. This is not surprising because it has buttressed religion as a factor that supports multiple sexual relationships among the people.

On educational background, Only 18.7% had primary education and the same percent for respondents who had secondary school education. More than half of the respondents (57.2%) had no formal education. This is a reflection of the areas in which the study was carried out and also the fact that the many of the people are not interested in the western education. Some of the fishing communities are more interested in sending their children to Quaranic School within and outside the community than attending western education. This has made them not see the need for at least primary school in their immediate environment. Therefore, the low level of western education may affect the knowledge of devastating HIV/AIDS that is ravaging globally.

Fisheries sector provides livelihood strategies to its dwellers. The study revealed that 84.5% of the respondents had their primary occupation in fisheries related activities and only 15.5% were into skill labour (such as welding, carpentry) and trading in other products. 27.8% of the respondents had secondary occupation such as firewood cutting, food hawking and haulage. The result confirms the high mobility in labour among fisherfolk. The finding corroborates Neiland *et al*, 2005 that combination of activities ranging from catching, processing, trading and transportation are important occupation in the fishing communities.

Table 1. Socio - economic characteristics of the Respondents

Table 1. Socio - eco	nomic characteristics of the Respondents	
Characteristics	Frequency(F)	Percent (%)
Sex		
Male	119	63.6
Female	68	36.4
Total	187	100
Age		
15-25	45	24.1
26-35	55	29.4
36-45	42	22.5
46-55	28	15.5
Above 55	17	9.1
Total	187	100
Marital status	107	100
Single	40	21.4
Married	146	78.1
Widowed	1	0.5
Separated	-	-
Divorced	-	-
Total	187	100
Number of wife		
One	4	2.1
Two	59	31.6
Three	27	14.4
More than three	5	2.7
No response	92	49.2
Total	187	100
Religion		
Islam	157	84.5
Christianity	29	15.5
Idol	1	0.5
Total	187	100
Education		
Primary	35	18.7
Secondary	35	18.7
Tertiary	5	2.7
Adult education	5	2.7
No formal education	107	57.2
Total	187	100
Primary occupation		
Fishing	23	12.3
Farming-fishing	23	12.3
Trading in fish	15	8.0
Processing of fish	40	21.4
Boat construction	27	14.4
Craft/gear making	7 5	3.7
Skilled labour		
Others	47	24.2
Total	187	100
Secondary occupation		0.5
Skilled labour	1	0.5
Firewood cutting	2	1.1
Food vendor	45	24.1
Transporting	4	2.1
No response	135	72.0
Total	187	100

	Percent(%)
	34.8
	39.6
23	12.3
10	5.3
4	2.1
11	5.8
187	100
39	20.9
30	16.0
13	7.0
21	11.2
20	10.7
187	100
8	4.3
5	2.7
10	5.3
	1.1
2	1.1
160	85.6
187	100
19	10.2
	18.2
50	26.7
14	7.5
70	37.4
187	100
60	32.1
17	9.1
24	12.8
71	38.0
	38.0 8.0
	4 11 187 39 30 13 21 20 187 8 5 10 2 2 2 160 187 19 34 50 14 70 187

About 62.5% of them said they became sexually active between ages 15-20. They have started having sexual intercourse in that age bracket. 10% became sexually active before age 10. Others (34.9%) cannot remember the exact period they had first sexual intercourse. 16.9% have had 1-2 sexual partners since they were 12 years old. 11.6% had 3-4 sexual partners since then, 8.3% had above 5 partners, and 28.2% had 5 or more sexual partners. Most respondents (68.1%) live with one partner, 21.9% live with two, 7.5% live with three, 2.5% live with four. On individual premarital experiences, 6.0% of the respondents had over 10 sexual partners before marriage, 7.0% had

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Table 3 showing distribution of con Variable	Frequency (F)	Percent (%)
Use of condom during sex		
Yes	38	20.3
Never	141	75.4
I can't remember	2	1.1
No response	6	3.2
Total	187	100
Use of condom in the past 12 months		
Yes	26	13.9
No	149	79.7
No response	12	6.4
Total	187	100
Unprotected sex in last		
12 months		
Yes	97	51.9
No	79	42.2
No response	11	5.8
Total	187	100
Knowledge of condom	107	100
Yes	156	83.4
No	28	15.0
No response	3	2.6
Total	187	100
Uses of condom		
Contraception	12	6.4
Prevention of HIV/AIDS	93	49.7
To avoid STIs	52	27.8
I don't know	30	16
Total	187	100
Perception of use of condom		
Promote sexual misbehavior	46	24.6
and immorality		
Protects against HIV	104	55.6
Does not protect 100%	10	5.3
Reduces pleasure	7	3.7
Can cause disease	9	4.8
Something for young people	1	0.5
No response	10	5.3
Total	187	100
Accessibility of condom in the village		
Yes	65	34.8
No	114	61.0
No response	8	4.2
Total	187	100
Reason for non use of condom		
Not sold in the Village	5	2.7
Difficult to find	8	4.3
Too expensive	5	2.7
Partner refused	3	1.6
Hate condom	25	13.4
Living with partner	29	15.5
	l 17	191
Trust partner	17	9.1
Trust partner Partner didn't insist	6	3.2
Trust partner		

between 5-9 partners, 29.9% had between 1-4 and 57.0% said they had none. 9.3% said they have had extra marital sex while 86.5% claimed that they never did; 3.5% others did not response. 1.0% had experienced extra marital sex with over 10 persons in the past 12 months, 4.1% with between 5-9 persons, 18.4% with between 1-4 persons, and 76.5% had none. This percentage is worrisome and it suggests widespread practice of multiple sex partners even among those that are married. This practice is risky and capable of fuelling the spread of STIs, HIV and unwanted pregnancies in the communities.

On the sexually transmitted disease(s) 72.6% was aware and could mention at least one of the diseases. Only 30% claimed ignorance sexually transmitted diseases. 52.9% of the respondents could mention one if not all of the symptom associated with sexually transmitted diseases while 47.1% don't know the signs of the diseases. Majority of men and women of reproductive age had knowledge on the symptoms and management of common STIs. It is believed that because of the wide prevalence of the infections, individuals are quite familiar with them. They are easily treated or so it seems by the local patent medicine dealers or the traditional healers.

On condom use, majority(74.0%) of respondents of them have heard of condom and its uses while 25.7% said they have no knowledge of condom 11.6% said condoms are used for contraception, prevention of HIV and to avoid STIs; 10.6% said condoms are used for contraception only; 40.7% said they are used for HIV prevention; 17.5% said they are used to prevent STIs; 18.5% said they do not know what they are used for; 1.0% others did not respond at all. Majority (62.2%) of respondents perceived the condom as a protective devise for individual against possible HIV infection during any sexual activity. 14.3% of respondents believe that condoms may promote "sexual misbehaviour and immorality" especially among young persons. 4.2% think that it does not guarantee a 100 per cent protection against possible infection. In fact, 4.2% said condom is only meant to be used by young people. 3.1% feel that it reduces the level of pleasure and satisfaction obtained during sexual intercourse which corroborates the findings of Oswatt and Matsen (1993) in their survey reported that about 8% of their respondents with multiple partners use condom during sexual intercourse while about 90% do not use condom and Strider and Beaman (1989) reported that majority of sexually active persons do not use condom because of the following reasons: Spontaneous sexual response, decreased pleasure for self and partner, they are inconvenient and uncomfortable and decrease feeling.

12.6% simply could not say clearly how they perceive condom and its use, perhaps, due to their little knowledge about the commodity contrary to the finding of Thompson *et al.* (1996) that respondents' perception on the use of condom is that they perceive condom as ineffective, and interfering with pleasure. 87.7% knew the points where condoms can be purchased in their communities. Similarly, 57.8% of the respondents said that condom can easily be accessed in their places of migration. 18.6% said while condom can be accessed, it is however difficult to secure in terms of cost and point of purchase. While 23.6% others reported that it is not accessible at all. Majority of the respondents have agreed that they abstained from sex while away from his home (38.3%), and 2.3% use of condom. 5.7% of respondents simply don't know what to do for protection supported the works of Akande 1994 that majority of sexually active persons do not use condom during intercourse, condom use was not perceived as necessary in sexual encounters involving a regular partners and Singh, *et al.* (1997) and Baggaley *et al.* (1997) that respondents who were sexually active do not use condom and some inconsistently use condom with causal partners. There is a high level of knowledge about the condom and its protective role against infection.

CONCLUSION

This paper has highlighted the sexual behavior and the use of condom among by the fisherfolk in some selected fishing communities in the Kainji lake basin. This finding revealed that the people are sexually active with multiple relationships but the desire of respondents to protect themselves and use of effective measures like the condoms is lacking in the study area. There is a high level of knowledge about the condom and its protective role against infections but does not translate safe sex in the fishing communities. Various health programmes for the eradication of STIs diseases had not been well extended to fishing communities. However, the following recommendations will assist the fishing communities to fight against health related problems, especially HIV/AIDS;

- Provision of health facilities and health personnel in fishing communities
- The establishments of Sex Education Support Organization in enlightening the people on a broad based community approach.

Provision of behaviour change messages on Reproductive Health and HIV/AIDS in the region.

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