

PUBLIC PERCEPTION ON THE KNOWLEDGE, ATTITUDES AND BEHAVIOURS TOWARDS HIV/AIDS AMONG MEN HAVING SEX WITH MEN (MSM) IN JALINGO, TARABA STATE, NIGERIA



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Abstract

In this research, attempt has been made to determine how residents of Jalingo perceive the knowledge, attitudes and behaviors of Men having Sex with Men (MSM) towards HIV/AIDS. 150 questionnaires were distributed across five randomly selected wards of Jalingo to elicit responses on the MSM issue. No fewer than one hundred and forty one returned questionnaires were analyzed. Demographically, the respondents cut across sexes, various educational qualifications and the age bracket is from 14 years and above. Findings from the research revealed that MSM is practiced in Jalingo; MSM in Jalingo have knowledge but little concern over the spread of HIV/AIDS and its consequences; people especially youths, are introduced into MSM on the belief that it brings fame/charm; and initiation is on the increase. The results also showed a growing shift away from the normal heterosexual society to a homosexual and bisexual society. Tables and chart were used to descriptively explain the findings of the research. From the findings, it was recommended that parents, religious leaders and NGOs need to take controlling measures through preaching and sensitization on the dangers of MSM and unsafe sexual practice through lectures and workshops.

Keywords: *Public Perception, Knowledge, Attitude, Behaviour, Men having Sex with Men*

Background to the Study

The first AIDS case reported in Nigeria was in 1986 and the epidemic has rapidly grown since then. The adult prevalence has increased from 1.8% in 1991 through 4.5% in 1996 to 5.8% in 2001 which put the nation at the “threshold of an exponential explosive growth of the epidemic.” However, the prevalence rate has decreased to 4.2% in 2008 (NARHS Nigeria, 2003 and Nigeria MDGs Report, 2010). Though some parts of the nation are worse affected than others, however, no state is unaffected. The infection cuts across both sexes and all age groups. It has continued to grow largely through both homosexual and heterosexual unprotected sexual relationships as well as through other means such as mother-to-child transmission and contaminated blood and blood products.

In Africa, heterosexual relationship is the main mode of transmission of HIV/AIDS and other sexually transmitted infections. The understanding of patterns of sexual behaviour is therefore important to gauge the forces driving the HIV/AIDS epidemic and other sexually transmitted infections, and determines how intervention strategies may be adopted to curb further spread of the scourge and minimize the impact of the epidemic on the individual, the community and the society.

According to Umar (2011), concerns over the increasing threat to life posed by the rising cases of HIV/AIDS in Sub-Saharan Africa and Nigeria in particular have reached alarming proportions to the extent that nearly all sections and sectors of society are being mobilised to be part of the global war on the scourge. The level of attention and stringent control measures different societies and communities are mounting have been unprecedented. Through the efforts of the United Nations and its agencies, most member states of the UN have been mobilised to join the war against HIV/AIDS. Emphasis has largely been placed on prevention. Of particular importance, however, is the strategic advocacy against social stigma, which has been yielding some results already. For the first time persons living with HIV exhibit a level of confidence in their daily lives (Umar, 2011).

However, the first major response of African countries to the issue of HIV/AIDS was the conference of heads of states of OAU held in Abuja in 2001. The African leaders met and came up with concrete measures to curb the negative effect of the pandemic in Africa. Soon after this conference, Nigeria set up the National Action Committee against AIDS (now National Agency for the Control of AIDS) (NACA), whose mandate was to carry out effective campaign against the spread of HIV/AIDS in the country (Saleh, 2008).

As the AIDS epidemic in Nigeria assumes major proportions, the need to understand the social context in which homosexual transmission occurs takes on urgent importance, and the alarming rate at which homosexuality is growing calls for immediate attention and action, hence the need for this research.

Statement of the Problem

Though the various governments at both the federal and state levels and donor agencies have been doing a lot in the area of reducing the prevalence of HIV/AIDS as well as increasing awareness, one major area that has received less attention is the rising cases of Men having Sex with Men (MSM). The alarming rate at which this menace (MSM) is skyrocketing in virtually every part of the country and particularly in Jalingo requires urgent attention and action. Some of the challenges that need to be addressed as outlined by the Nigeria MDGs Report (2010) include inadequate data for proper policy action and responses, low grassroots knowledge and awareness of the dangers of HIV/AIDS and methods of prevention and the increasing funding gaps.

However, “as homosexuality is also regarded as difficult and uncomfortable to discuss, research into HIV/AIDS and MSM is in a relatively underdeveloped state.” Therefore, there is currently little or no information available with regards to HIV/AIDS related knowledge, attitudes and behaviours among the MSM population in Nigeria. This may be attributable, at least in part, to difficulties in identifying and contacting MSM. Therefore, the principal objective of this study is to measure the perception of Jalingo residents with regards to the knowledge of HIV/AIDS among MSM in Jalingo and their attitudes and behaviours toward it. However, prior to this study, no single literature on MSM was available, which makes it the first major study to evaluate public perception of the MSM population in Jalingo, focusing on HIV/AIDS knowledge, attitudes and behaviours.

Objectives

1. To examine the association between HIV infection and patterns of sexual behaviour among men having Sex with Men in Jalingo;
2. To determine Jalingo residents' perceived level of knowledge of HIV/AIDS among Men having Sex with Men;
3. To investigate the perception of Jalingo residents on the attitudes and behaviours of Men having Sex with Men towards HIV/AIDS.

Literature Review: Conceptual and Empirical

The HIV/AIDS pandemic remains one of the greatest health challenges facing the world today. It has spread rapidly across the globe. The spread is increasing among heterosexual, homosexual and bisexual men. In Nigeria, HIV is predominant among young people for they constitute larger percentage of the society. The rapid growth of HIV positive cases in the last few years made Nigeria the third largest country with HIV/AIDS cases in the world in which majority are youths (Ajayi and Omotayo, 2010).

Since the surfacing of the HIV/AIDS in the 80s, massive sensitisation campaigns about the dreaded disease have adopted various social and intellectual dimensions. In Nigeria for instance, these information or awareness campaigns include organised workshops and seminars, radio and television jingles, brain storming conferences and paper presentations, use of posters, billboards, among others. These campaigns have penetrated homes and permeated individuals in one way or the other (Nwabueze, 2007). As Olakulehin (2004) puts it: “there is no shortage of knowledge and information on the HIV/AIDS pandemic, the only thing that is lacking is the unwillingness to undertake responsible social and sexual behaviours” (Nwabueze, 2007).

Nigeria's socio-economic status, traditional social ills, unemployment, illiteracy, cultural myths on sex and large population living in the rural areas make its citizens extremely vulnerable to the

HIV/AIDS. Nigerian government launched National AIDS control program to create awareness to all. The Government also creates in the six geo-political zones of the country where people can go to test for HIV/AIDS and provide subsidized drugs for the affected victims (Ajayi and Omotayo, 2010). To consolidate and extend progress on HIV/AIDS, challenges that need to be addressed include improving knowledge and awareness of HIV/AIDS, improving access to antiretroviral therapies and effective implementation of the national strategic frameworks for the control of HIV/AIDS... (Nigeria MDGs Report, 2010).

In a research conducted among 2000 out of school youths in 10 Nigerian Cities by Imoh (2007) to assess the levels of their knowledge, attitudes, behaviours and media habits relating to sex, STDs and HIV/AIDS prevention and education in Nigeria, the result shows that 83% of the respondents have heard about HIV/AIDS through mass media and 76% were aware that unprotected sex can lead to STD infections but their knowledge of STDs was generally poor (Jibril, 2013).

According to Nigeria Demographic and Health Survey (NDHS) report (2008), the proportion of the population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS was 18.3% in 2003 and 25.9% in 2007 (Nigeria MDGs Report, 2010). This signifies that within four years, the level of awareness of the scourge has rose to about 7.6% which is proportionately in agreement with the Nigeria MDGs Report (2010) that says the prevalence rate is reducing.

The 2003 National HIV/AIDS and Reproductive Health Survey (NARHS) which is a nationally representative survey of 10, 090 respondents were to provide information on levels of HIV preventive knowledge and behaviour among others. Data were analysed and it reveals that a significant proportion of both male and female respondents had ever had sex. It also revealed that awareness of HIV/AIDS was generally high in both urban and rural areas and between males and females and all age groups. Although in North East and North Central zones two out of ten respondents have never heard of HIV/AIDS. Misconceptions about transmission were still high. Knowledge about HIV prevention and transmission is only fair (NARHS Nigeria, 2003).

The 14th international conference on HIV/AIDS and Sexually Transmitted Infections in Africa (ICASA-2005) which was held in Abuja between 4th and 9th December, 2005 provided a leadership forum among over 500 youths across Africa who gathered in Abuja. The main purpose was to create awareness among the youths who are the most vulnerable. The conference was also aimed at the elimination of all forms of social exclusion and stigmatisation of people living with HIV/AIDS. The central theme was "Stop AIDS and Keep the Promise" (Saleh, 2008).

Research evidence has revealed that more than 80% of HIV/AIDS victims in Nigeria got it through sexual intercourse (Radio Nigeria, Metro FM, 19/7/2003). This is why most HIV/AIDS awareness campaigns stress responsible sexual behaviour as a key way of eradicating the disease

(Nwabueze, 2007). In a research work carried out in three higher institutions across three senatorial districts in Delta State showed that out of every 80 students, 20 were HIV/AIDS carriers (Ogbolu, 2004 cited in Nwabueze, 2007).

Sankey (2004) in a UNICEF sponsored survey of Narayi area of Kaduna found that “HIV/AIDS is a major disease claiming lives and spreading rapidly in the squatter settlement of Narayi, Kaduna” (Umar, 2011). Kusseling, Shapiro, Greenberg and Wenger (1996) in their study, they try to understand why heterosexual adults do not practice safer sex with their last sexual partner. Of the 652 sexually active subjects, 61 reported not having safer sex with their last sexual partner. 62% said low perceived risk of HIV infection was their reason, though most knew too little about their partner to ensure the encounter was low risk. Other reasons were: condom unavailability (20%), the subject “didn't want to” use a condom (19%), “couldn't stop ourselves” (15%), the partner's influence (14%) and alcohol or drug use (11%). 31% of subjects indicated more than one reason for not having safer sex. Their conclusions were that there are many different factors promoting sexual behaviour at risk of infection and that these factors differ between samples.

However, there is generally a dearth of relevant literature on HIV/AIDS and MSM in Nigeria and at the local level in Taraba State largely due to low level of attention government is paying to the scourge and near absent interest the researchers have on the issue. A cursory look at other countries will reveal a serious attention being paid to the issue in question. For instance, a study by Kurfin et al. (2006) on the pattern of sexual behaviour and reported symptoms of STI/RTIs among young people in China, higher burden of STI-related symptoms was found among men who have men as sexual partners. These findings conclusively point out to the immediate need to strengthen sexual health education among young people.

According to Ramirez, et al. (1994), in Latin America, sexual transmission from man to man is the leading cause of HIV infection. Their study shows that in Mexico, which ranked third in number of AIDS cases in the Americas, more than three-quarters of the cases are due to sexual transmission; among which 35% and 23.7% are due to homosexual and bisexual male practices respectively. In 2009, the World Health Organisation found that at the global level, prevalence of HIV was falling, while the prevalence of HIV among the MSM population continues to rise, particularly in certain parts of Asia (Sohn and Cho, 2012).

Sohn and Cho (2012) added that several studies have shown that approximately half of MSM in Southeast Asia engage in unprotected sex. And that “MSM who engaged in unprotected sex were more likely to have low levels of HIV/AIDS knowledge or education, and were relatively likely to be misinformed about HIV/AIDS.” In one of the more disturbing findings of studies about MSM, Sohn and Cho report that 17% of the MSM surveyed in Thailand were HIV-positive. A study by

Ndiaye et al. (2011) on the knowledge, attitudes and practices related to STD and HIV/AIDS among MSM in Senegal, findings reveal that among 245 registered MSM studied, sexual habits, according to anal intercourse differentiated the receptive/passive (the “Ubbi”) (57%), the active (the “Yoos”) (25%), the passive/active (“Ubbi/Yoos”) who played the two roles (14%) and the neither active nor passive who had other practices than anal (4%). Practices between men, concerned mutual stroke (100%), fellatio (61%) and anal intercourse (49%), counted 45% for remuneration, 35% of multi-unprotected partnership and 12% of breaking condom. Their conclusion was that, sexual relations between men in Senegal constitute a factor of propagation for STDs and HIV/AIDS.

In a World Health Organisation report of a technical consultation in 2009, findings reveal that around 50% of all HIV infections in Latin America are assumed to have arisen through unprotected anal sex between men, but this is lower in some settings (e.g. 13% in Brazil). Data from Central and Eastern Europe show that sex between men accounts for a wide range of new HIV infections, from 0.1% of all new HIV infections in Ukraine to 60% of all new infections in Slovakia. Gouws et al. (2009) found that MSM activity may account for 20% of all new HIV infections in Thailand and 4.5% in Kenya.

Theoretical Framework

Theories are important to any empirical study because they provide the latitude for analysis aimed at predicting phenomena of any research. This study is therefore anchored on Theory of Reasoned Action (TRA). Theory of Reasoned Action was propounded by Martin Fishbein and Icek Ajzen in 1975. The underpinning of the theory specifies that adoption of behaviour is a function of intent, determined by a person's attitude (beliefs and expected values) towards performing such behaviour and by “subjective norms” (perceived social pressure towards a behaviour). TRA assumes that the strongest or most proximal predictor of volitional behaviour is one's behaviour intention. Behavioural intentions are thought to be the result of both individual influence and normative influence. The individual influence on intention is one's attitude toward performing the volitional behaviour. The normative influence on intention is what Fishbein and Ajzen referred to as a person's subjective norm (perceived social norm towards behaviour (Hale, Householder and Greene, 2002 and Mojaye, 2013). Hale, et al. also expressed TRA as the following mathematical function:

$$BI = (AB) W1 + (SN) W2$$

Where BI represents one's behavioural intention, which is a function of both AB (one's attitude toward performing the behaviour) and SN (one's perceived social pressure related to performing the behaviour), and the Ws which represent empirically derived weights.

Methodology

This study is aimed at assessing the perception of Jalingo residents on the HIV/AIDS knowledge, attitudes and behaviors among Men having Sex with Men in Jalingo. Cross-sectional survey research design was used for this research. Structured questionnaire was developed in consultation with a variety of key informants including academics and informed members of the study community. Close-ended questionnaire was distributed to informed sources to generate primary data for this study. 150 questionnaires were distributed across five wards in Jalingo. Jalingo is the state capital of Taraba State, located in the North-eastern Nigeria. It has ten wards, namely: Barade, Kachalla Sembe, Kona, Majidadi, Sarkin Dawaki, Sintali A, Sintali B, Turaki A, Turaki B and Yelwa. Purposive sampling was employed to sample 150 respondents, 30 from each of the randomly selected Barade, Majidadi, Sarkin Dawaki, Sintali A, and Kona Wards. The domains of this instrument included the baseline demographics and the perceived knowledge, attitudes and behaviours towards HIV/AIDS. The demographic variables asked respondents about their age, gender, marital status and education.

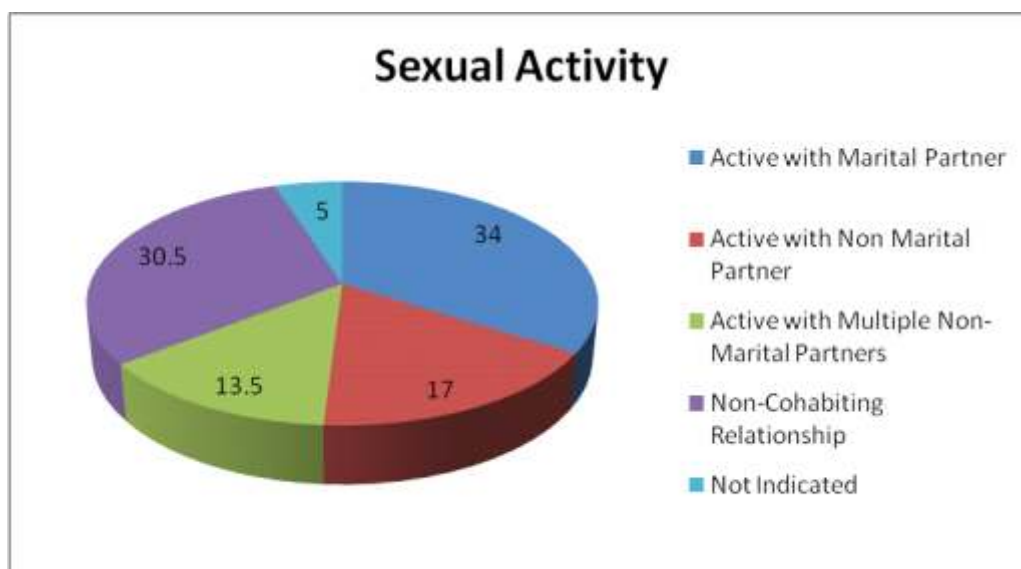
Results

One hundred and fifty questionnaires were distributed to residents of Jalingo across five randomly selected words, thirty for each. One hundred and forty eight (148) of the administered questionnaires were retrieved for analysis. From the retrieved questionnaires, seven (7) were returned blank, while the remaining one hundred and forty one (141) were filled.

The result from the retrieved questionnaires shows that majority of the respondents (34.8%) fell within the age bracket of 25-29 years, followed by 30 years and above (31.9%), 19-24 (24.1%) and 14-18 (6.4%) while 4 respondents (2.8%) did not indicate their age. This shows that majority of the respondents were mature. There was uneven distribution of respondents across sexes as the male had an edge over female in terms of gender representation with male having 65.2% while female have 29.1% and 5.7% did not indicate their gender. The data showed that most of the respondents (47.5%) were HND/Degree holders with very few of them (1.4%) having First School Leaving Certificate. The data also showed that 64.5% of the respondents were single, 29.1% were married, 2.9% were widow(er)s and 1.4% were divorced while 2.1% did not indicate their marital status.

Sexual Activity and HIV/AIDS Knowledge

The first four questions in the questionnaire, after the demographic questions, were personal questions. Respondents were asked their current sexual activity, and the result is presented in the chart below



Source: Author's Fieldwork

Respondents were also asked about their HIV/AIDS knowledge, 129 (91.5%) said they have knowledge of HIV/AIDS while 12 (8.5%) said they did not have. They were also asked if they have knowledge of who had AIDS or died of AIDS, 113 (80.1%) said yes and 24 (17%) said no, while 4 (2.9) did not respond to that question. And they were asked about the means through which person gets infected by HIV. 78 (55.3%) believed it is through unprotected sexual intercourse, 16 (11.3%) said it is through blood transfusion, 7 (5%) said through the use of unsterilized sharp object, 2 (1.4%) said through mother-to-child infection while 38 (27%) said all of the above.

Table 1: Sexual Behavioural Pattern of Jalingo Residents

Response Category	Frequency	Percentage
Man vs. Man	5	3.6%
Man vs. Woman	115	81.5%
Woman vs. Woman	5	3.6%
All of the Above	16	11.3%
Total	141	100%

Source: Author's Fieldwork

In Table 1, respondents were asked the sexual behavioral pattern of Jalingo residents, their responses reveal that 81.5% believed that it is between man and woman, 3.6% said it is between man and man, another 3.6% believed it is between woman and woman. The remaining 11.3% said all of the above.

Respondents were asked if they are aware of Men having Sex with Men in Jalingo, 120 (85%) respondents said yes, while 20 (14.2%) said no and 1 (0.8%) did not respond.

Table 2: What Prompts Men to have Sex with Men

Response Category	Frequency	Percentage
Gift/Favour Received	21	14.9%
Peer Influence	23	16.3%
Charm/Fame Seeking	51	36.2%
All of the Above	29	20.6%
Others	11	7.8%
Not Responded	6	4.2%
Total	141	100%

Source: Author's Fieldwork

Respondents were asked what they think prompts Men to have Sex with Men, 51 (36.2%) said charm/fame seeking is what prompts them, 21 (14.9%) said they do it for gift or favour they expect to receive, 23 (16.3%) said it is peer influence, 29 (20.6%) said all of the above, 6 (4.2%) did not respond and 11 (7.8%) under others category responded differently. 3 of them said it is done for ritual and selfish purposes, 2 said for pleasure and satisfaction, 3 said low self-esteem, 1 said end time, another 1 said for wealth accumulation and the last 1 said it is perversion.

Respondents were asked if they know anyone involved in such sexual behavior, 60 (42.5%) of them said yes they know, while 80 (56.7%) said no and 1 (0.8%) did not respond. Respondents were also asked if they think MSM have knowledge of HIV/AIDS, 94 (66.7%) said yes, 13 (9.2%) said no, while 34 (24.1%) said they did not know.

Respondents were asked again if sex between man and man leads to HIV infection, 83 (58.8%) said yes, 14 (10%) said no and 44 (31.2%) said they did not know.

Table 3: Level of Knowledge of HIV/AIDS among MSM

Response Category	Frequency	Percentage
Very High	14	9.9%
High	53	37.5%
Low	52	36.9%
Very Low	21	14.9%
Not Responded	1	0.8%
Total	141	100%

Source: Author's Fieldwork

Respondents were asked about their perception of HIV/AIDS knowledge among MSM, their responses were: Very High 14 (9.9%), High 53 (37.5%), Low 52 (36.9%) and Very Low gets 21 (14.9%), while 1 (0.8%) did not respond.

Table 4: HIV/AIDS Knowledge Seeking Behavior among MSM

Response Category	Frequency	Percentage
Positive	60	42.6%
Negative	44	31.2%
Neutral	31	22%
Not Responded	6	4.2%
Total	141	100%

Source: Author's Fieldwork

Respondents were asked the HIV/AIDS knowledge seeking behavior of Men having Sex with Men, 60 (42.6%) said it was positive, 44 (31.2%) said negative and 31 (22%) said it was neutral while 6 (4.2%) did not respond. They were also asked about the attitudes of MSM towards HIV/AIDS, only 28 (19.9%) said it was positive while 70 (49.6%) said it was negative and 43 (30.5%) said it was neutral.

Respondents were again asked if AIDS spread influences sexual behaviour of Men having Sex with Men, 87 (61.7%) said no, 25 (17.7%) said yes while 29 (20.6%) said they did not know.

Table 5: Influence of HIV Knowledge on MSM

Response Category	Frequency	Percentage
Very High Influence	23	16.3%
High Influence	26	18.4%
Little Influence	54	38.3%
Very Little Influence	17	12%
No Influence	21	15%
Total	141	100%

Source: Author's Fieldwork

Respondents were also asked the influence of HIV/AIDS knowledge on MSM, 23 (16.3%) said it has a very high influence, 26 (18.4%) said high influence, 54 (38.3%) said it has little influence, 17 (12%) said it has very little influence while 21 (15%) said it has no influence. At the end, respondents were asked on the measures to take to prevent further spread of HIV/AIDS among MSM, 35 (24.8%) suggested the use of Media Sensitization, 18 (12.8%) said it should be one-on-one communication, 56 (39.7%) said religious preaching is the best measure while 30 (21.3%) said all of the above and 2 (1.4%) said through sensitization seminars.

Discussion

From the study, the results obtained reveal important issues. First, it could be deduced that large number of the respondents are sexually active but most with their marital partners, have knowledge of HIV/AIDS, who had or died of AIDS and the mode of its transmission. This study

has presented information concerning MSM issues as perceived by the residents of Jalingo. Based on the results presented, one can see that even though a large percentage of the respondents said they are aware of MSM in Jalingo, very little believe that the sexual pattern of people in Jalingo is between man and man as majority believe it is between man and woman. But a considerable number of them also said they know of someone that is involved in such sexual behavior. This result shows that there is inconsistency in the respondents' choice of answer, except in the other questions where they maintained consistent responses. Perhaps the result could best be explained by the respondents' fear of being implicated by what they said. The perception is that charm/fame is what prompts men to have sex with men and despite the fact that MSM have knowledge of HIV/AIDS, their knowledge of HIV/AIDS have very little influence on their sexual behaviour. This study reveals that despite their little concern on the effect of HIV/AIDS, MSM have positive knowledge seeking behaviour towards HIV/AIDS and their attitudes towards HIV/AIDS is negative; most of them believe that MSM leads to HIV infection. This indicates that despite seeking the knowledge of the risk involved in the act and having that knowledge, HIV/AIDS spread have no strong influence on MSM sexual behaviour. As such, the finding suggests the use of effective measures such as religious preaching, media sensitization and other means to curb the menace. Another explanation for the desperate practice observed is the material favour and emotional satisfaction received that compels some to engage in such behavior.

This study perceptually helps reveal how people are being led to believe that the act of MSM brings fame/charm which prompts many to engage in it. This research has also analyzed the inevitable risk involved and the inability of those involved in it to stop despite the dangers and the immorality in it. A look at the implication of this study for theory and practice regarding MSM is necessary. The residents of Jalingo, whose perceptions were used to measure the knowledge, attitudes and behaviours of MSM towards HIV/AIDS, should best be considered for they are in better position to tell about MSM aside the MSM themselves. When viewed from the stand point of perception-which is an attempt at bridging ready-made binary terms such as self and other, mind and body, individual and society, it will be safe to sum up from the result of the study that the said perception is more or less correct, but subject to further investigation.

Conclusion

From the findings of this study, the following conclusions can be drawn: Men having Sex with Men in Jalingo have knowledge but little concern over the spread of the dreaded and pandemic HIV/AIDS and its consequences. It is also believed that new members are being induced to join under the assumption that such an act brings about fame and charm; and initiation is on the increase, majority of which are youths. The results showed a growing shift away from the normal heterosexual society to a filthy homosexual and bisexual society. The shift toward that direction suggests that precariousness and perilousness hold sway and requires a serious turn around to normal.

This study also confirms the feasibility of collecting sensitive information from vulnerable population by using a specially designed data collection methodology. The results may be used as benchmark data of a future perceptual survey of behavioural and attitudinal study system of MSM in Jalingo. One limitation of this study is the relatively small number of respondents captured by the survey. Yet, the study's response rate may be its strength compared to those of other risk behaviour surveys in the locality.

Recommendations

From the results obtained in this research, concerted efforts must be taken by parents, religious leaders and other stakeholders to be able to carry out their responsibility effectively and efficiently in trying to bring sanity and maintain healthy society. In light of the above, it is recommended that:

- 1 Behaviour Change Communication should be adopted to develop, promote, sustain and maintain positive individual, community and societal behaviour change.
- 2 Parents' attention must be drawn to pay close attention to their children and the type of people they relate with.
- 3 There is immediate need for concerted effort by religious leaders and NGOs to strengthen sexual health education among young people and bring to public notice the dangers of such act from both health and religious perspectives. These can be done through organized lectures, seminars and workshops.
- 4 Safe sex practice must be encouraged to avoid premature death from the incessant HIV/AIDS.

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