

Survey of sexual networking in Calabar*



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Abstract

Calabar is known for its easy-going sexual morality. In such a setting HIV/AIDS could spread extremely rapidly. It was therefore decided to conduct a survey among the inhabitants to determine the nature and extent of sexual networking, and people's awareness of AIDS and STDs as health risks. At least one-quarter of respondents had their first sexual experience before the age of 14 and premarital sexual contact is widespread. Many residents have more than one sexual partner and sexual networking is widespread. While most respondents had heard of AIDS and were aware of condoms, very few used them for AIDS prevention or, indeed, at all. The study demonstrates that the city is a high-risk area for the transmission of HIV and STDs and an effective awareness campaign is urgently needed.

Introduction

Mixed reactions are often expressed about AIDS and its threat to human life in Nigeria. To some, it is a dreadful disease that must be avoided by all means. These people not only dread it, they are scared stiff of getting close to anything that smacks of contact with AIDS. To others, AIDS is out there for other people; they feel removed from it. To yet others, AIDS is nothing different from other sexually transmitted diseases (STDs) and should be treated the same way.

These reactions reveal a lot of ignorance about HIV and AIDS. Efforts at offering some explanations are being made by the government¹ and by different organizations in Nigeria and outside it. It is often said that 'ignorance is bliss' but in this case ignorance can be deadly.

This is one reason why the current studies on sexual networking in different parts of West Africa are considered very important. A high rate of sexual networking, particularly with non-permanent partners, is likely to expose participants to HIV and AIDS. The sooner people are aware of this fact and its implications for their individual lives, the greater the probability that they will alter their sexual behaviour.

The choice of Calabar for this study is appropriate as it is an urban area in a riverine setting noted for its easy-going sexual morality. The pattern of sexual networking in this city may indicate whether or not an alarm should be sounded on the possibly rapid spread of HIV and AIDS.

Physical setting

Calabar is situated on latitude 04;57'N and longitude 08;20'E. This ancient town is popular for a number of reasons. Politically, it served at different periods as the headquarters of the Oil Rivers

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¹ See for example the Federal Ministry of Health National AIDS Programme, Nigeria Leaflet entitled 'Facts about HIV and AIDS'.

Protectorate (1885), the southern Niger Coast Protectorate (1901) and, in 1906, it was made the headquarters of the Eastern Province (Mylius 1931).

In more recent times, Calabar has attained the status of a capital city of varying sizes of states. With the first creation of states in 1967, Calabar was made the capital of the South Eastern State. In 1976, when this state was subdivided into two states (Rivers and Cross River States), Calabar became the capital city of Cross River State. Currently, it is the capital of a new Cross River State after Akwa Ibom State was excised from the former Cross River State.

This town experienced early activity in education; as early as 1874 Goldie published an Efik-English Dictionary and in 1895 the Hope Waddel Training Institute was founded. This opened the gate for formal education to take root in Calabar thereby giving it an advantage over many towns and cities in the interior. Such early contact with foreigners and foreign values seems to have left some lasting effects on the people. This is observable in their liberal moral values and their mode of dressing which still indicate Western contact. For example, in many parts of Nigeria, older women (over 40 years) would not wear Western-style dresses on a regular basis; in Calabar old women wear dresses as a matter of habit.

Economically Calabar owes much to its maritime location: it 'has since its foundation earned its growth and livelihood by the sea, and it was the sea that made it once economically famous' (Aye 1967:3). Calabar was once famous as a major slave trading depot on the West African Coast. It was also famous for fresh fish but now citizens can hardly find sufficient fresh fish to buy.

Socially, Calabar has always been popular for its serene, clean and friendly environment which once captured the interest of many a visitor. Consequently, Calabar is translated by pleasure-seekers as 'come-and-live-and-be-at-rest'. This easy and comfortable life style exhibited by the indigenes and often copied by the migrant population is likely to involve unrestrained sexual networking. Tales depicting an 'easy-virtue culture' in Calabar still prevail, sometimes to the point of exaggeration. However, if there is such high-level sexual networking it should constitute a serious matter for concern, especially as the Human Immunodeficiency Virus is transmitted through penetrative sexual intercourse (WHO 1989a, b) which is widely practised in Calabar.

AIDS in Sub-Saharan Africa: the Nigerian situation

The AIDS epidemic in East, Middle and Southern Africa seems to portend serious threats of its spread into Nigeria; this is the major reason for the current research on sexual networking. Such research is expected to highlight the levels of practice, the types of sexual partners and the extent of condom use, which will indicate the probable exposure of the participants to the HIV virus and AIDS.

It is to be anticipated that this virus has not restricted itself to the East and Central African regions, rather it has stealthily found its way into the West African region. For instance, it is understood that there are more than 685 positive cases from the 41,110 people screened for HIV in the five anglophone West African countries Nigeria, Ghana, Sierra Leone, Liberia and Gambia (*Daily Times*, April 12, 1989: 24).

The situation in Nigeria is still very conjectural, as specific cases of AIDS victims have yet to be confirmed in numbers large enough to cause panic; and the AIDS screening exercise seems not to have taken off at all in most states of the federation, probably because of cost or sheer negligence. Until 1987 when Ransome-Kuti, the Health Minister, warned that there was positive proof that there were Nigerians with AIDS, the government had adopted a *laissez faire* attitude towards the disease. Before that time, there was no real effort to find out the truth of the matter in spite of announcements that even Ghana had proven AIDS cases. According to *Newswatch* (1987) Nigeria has been trying to wish the disease away but to no avail. The situation is compounded by what could be described as the 'sealed lips' attitude of the public. Furthermore, the National Expert Advisory Committee on AIDS (NEACA)

has taken a stand against indiscriminate quoting of wild figures from quarters other than NEACA itself. In fact, the relatively slow rate of release of reliable data on the issue has facilitated rumour-mongering as an easy source of information.

However, while this seeming conspiracy of silence over AIDS prevails, the situation is different with regard to other sexually transmitted diseases (STDs). It is often averred that these diseases, particularly syphilis and gonorrhoea, have assumed epidemic proportions in some urban sectors of tropical Africa; Calabar seems to belong to this group. In Calabar, gonorrhoea is metaphorically called 'GCE' (General Certificate of Education). Among the young people and even the old, a person who has not contracted this disease is said not to have earnestly started sexual exploration yet. To sex explorers, therefore, gonorrhoea is said to be a recognized general certificate. This closely corroborates Sabbatier's (1988:68-69) view that 'so common is gonorrhoea among some ethnic groups, African doctors have written that its symptoms are sometimes regarded as a sign of sexual awakening or potency'.

Thus it can be predicted that even before NEACA comes up with fine-tuned AIDS figures, AIDS could surreptitiously be competing for candidates with other old and more familiar sexually transmitted diseases. If sexual culture is related to AIDS spread, then it is a matter of time before many Africans, including Nigerians, will be healthy carriers of both sophisticated and less sophisticated STDs - with AIDS as the master of them all.

The theory of comparative sexual behaviour

In order to understand the spread of AIDS in particular regions, it is necessary that the sexual behavioural factors of the people of such regions are known; when these factors are known it will be possible to gauge the magnitude of behavioural change over time. 'The major force behind change', argues P. Caldwell (1990:3), 'may well be a knowledge of the risk potential of present levels of sexual behaviour and the greater safety achieved by behavioural change'.

African sexual behaviour was seen as contrasting to the 'Eurasian' system. The Eurasian model is marked by a class system. The class model of stratification makes it possible for culture bearers to know where they belong on the social ladder; thus landowners and peasants are clearly demarcated. In a highly stratified society, such as the caste system, crossing of boundaries is an impossibility, and one is condemned for life to the caste in which one finds oneself. Stratification pervades the economic, religious, political and social realms of existence. As must be expected, therefore, marriage between groups is not tolerated. Sexual behaviour is closely monitored because women are seen as 'the door of entry to the group' (Douglas 1976:126) and those who commit adultery are said to introduce impure blood into the group. Virginity, as well as marital constancy, is religiously approved and enforced. This strict observance and regulation of sexual behaviour leads to a high level of sexual discipline and stability of marriage in the Eurasian world.

Sub-Saharan Africa, on the other hand, is seen as an egalitarian system. There is communal ownership of land. Emphasis is on fertility or reproduction. This system, argue Caldwell, Orubuloye and Caldwell (1991), leads to less emphasis on the control of female sexuality and promotes sexual networking as potent sexual behaviour is seen as normal. The authors assert it is its absence rather than its presence which arouses surprise and disgust. In effect, female sexual 'purity', though desirable, is not as important as reproduction.

The theory makes some predictions with regard to sub-Saharan sexual networking: in the long run the fear of AIDS will reduce sexual activity and will probably increase and strengthen spousal emotional and economic connections. This fear will also lead to 'greater economic nucleation of the conjugal family' and to an 'increasing sexual and emotional binding of the married couple' (Caldwell, Caldwell and Quiggan 1989:225). This is expected to encourage fertility decline.

These theoretical assertions have some flaws, despite the depth and sophistication in presentation. In the first place, there is a generalization that ignores obvious variations in behaviour in the different societies that make up the West African region. Such variations can still be observed in the people's attitudes to marriage and to premarital and extramarital sex. Some of the different ethnic groups that make up Nigeria - the Igbos and the Ibibios for instance - attach much importance to the maintenance of the marital home, fidelity in marriage and virginity. In these communities, premarital pregnancy attracts societal denunciation; sometimes parents refuse their unwed pregnant daughters accommodation and maintenance. Often, to avoid bringing shame to the family, immediate marriage is arranged for the defaulting pair when the male partner is known and admits responsibility. Where such marriages are not possible, the marriage value of these women drastically drops and quite often only already married men or widowers come as prospective suitors.

Besides punishments meted out as discussed above, the families of such girls are derided by society for failing to raise their members properly. The mother in particular is sneered at as a failure. Sometimes, too, the parents are fined and/or refused participation in some customary activities, for example sharing in marriage gifts brought to another family for their not-yet-pregnant daughter. Since the communities are closely knit and face- to -face interaction is common such denials tend to have devastating impacts on those affected.

In these societies, in the recent past, it was common practice for young marriageable girls to go into 'fattening' houses before marriage to be taught home management. They were liberally catered for in addition to the lessons they learned. This practice was used to demonstrate the 'purity' of the girls as the fattening house was meant only for virgin girls. Girls who went into this expensive venture brought pride and happiness to their families and presented a contrast to the 'sinful' ones who were denied the opportunity.

From these observations, it is argued that practices like some of those described above indicate the value of the societies' strict observance of the rules of sexuality. It is therefore not accurate to present the view that there was 'free' heterosexual partnership in these societies. Men defended their women in many of the communities. No doubt, acculturation has modified some of these values but evidence of their persistence can still be observed in many places.

It is challenging to test this theory in Nigeria especially in Calabar with its 'permissive' culture. Time is needed for change to become manifest. However, the current research provides some benchmark data for analysis of the state of affairs.

The method of data collection

The survey method was used. The instrument was a questionnaire. This enabled a combination of sociological and anthropological approaches to be adopted in the process of data collection. The instrument contained dichotomous, multiple-choice and a few open-ended questions. These questions were aimed at eliciting information on the sexual behaviour of respondents. Questions touched on awareness of AIDS, AIDS tests, previous contact with other STDs, knowledge and use of condoms, sexual partners and sexual life, reasons for sexual activities, and factors influencing sexuality. This instrument was pretested and modified accordingly before its final use in the survey.

A probability sampling technique was used for the selection of sampling districts and respondents. Calabar municipality is currently divided into 19 administrative wards. From the total number it was possible to identify five clusters from each of which one ward was selected using a simple random selection method.

The streets in each of the selected wards were chosen through the systematic sampling technique. Every other street was chosen; in each street every fourth house was included in the sample of houses.

Subsequently in each house at least one eligible respondent was selected, and was given a questionnaire or was interviewed.

The research population

Calabar is a civil service town and state capital. Its population, estimated at just over 200,000 people, though largely indigenous, is heterogeneous because of the presence of immigrants from various parts of the federation. Our research population consists of people aged 15-60 in the selected wards; from this group a total sample of 500 persons were selected and interviewed or given a questionnaire to fill in. As educational backgrounds varied, the illiterates and semi-illiterates were interviewed while the literate ones were given the questionnaire to fill in.

This approach encouraged varying degrees of interaction with the respondents. English, Efik or pidgin English was used to explain the questions.

Fieldwork

Ten research assistants were hired and trained, and a pilot study of five interviews per assistant was undertaken. This helped in the refinement of the survey instrument: some unclear questions were modified to draw out appropriate responses. The assistants carried out the field operations under the supervision of the principal investigators.

Field problems

Given the sensitive nature of the study, we had anticipated a lot of constraints in the field. Some of our fears were justified; others were not. We had thought that co-operation from the respondents would be extremely difficult to get, and indeed there was much hesitation by many respondents at answering such intimate questions. With assurance of confidentiality, proper explanation of the purpose of the study, matching of the characteristics of interviewers with those of the respondents, and the establishment of good rapport, much of the hesitation disappeared. Some respondents still needed some coaxing.

Another major problem was the recovery of the questionnaires given to some of the respondents: the assistants had to pay repeated visits to the few who filled in the questionnaires themselves before they could get them back.

General characteristics of the sample

In Table 1 selected general characteristics of the sample are displayed.

The respondents were mostly males, in the prime of their sexually active life. Most of them were single and in paid employment or were students in varying stages of their education. The Christian faith predominates (especially among women), which is understandable given the large number of Christian sects in the city. The Muslim community in Calabar is quite small.

Calabar is a cosmopolitan city. Its indigenous population is made up of three strong ethnic groups: the Efiks, the Quos and the Efuts. Politically, the three traditional rulers are recognized but the Efiks seem to assume superiority largely because of their greater social visibility. Apart from these three, other groups of economic, political or social significance are the Ibibios (who now belong to the Akwa Ibom State), the other Cross-Riverians from the northern part of the state, the Igbos, the Yorubas, and the Hausas, who have migrated from neighbouring and other states. These groups have varying marriage and sexual practices. While the Ibibios and the Igbos are relatively strict in their observance of the rules of marriage and sex, the Efiks and to some extent the Yorubas are not very strict observers. The implications of such divergent systems for sexual networking in Calabar will become clearer as further analysis is undertaken.

An examination of the marriage type which prevails in Calabar shows that traditional marriage is the popular choice. Christian marriage comes a poor second which is surprising since in every corner of

Calabar there are churches of different denominations. Though one should not be overly judgmental, it may be inferred that much of the religious fervour in the city is not related to marriage practices. A fair proportion of the respondents live together without any form of marriage undertaking. This sort of arrangement suggests a high level of insecurity for the partners, especially the women who may be rejected when relations sour.

However, this may not be the case in the city; Calabar women may seem insulated from such insecurity. They are highly independent, inherit both property and headship of families and therefore feel free quite often to break off relations that no longer serve their best interests. In this sense, many women who marry outside their ethnic groups tend to return home when a divorce occurs, or their husbands die, or the marriage is no longer functional for them. As a general practice, an Efik woman, irrespective of her marital status, has a room reserved always for her in her father's house in case she comes home. Such a high rate of female independence as can be observed in Calabar, especially among Efik women, may have some relevance for the study of sexual networking in the city.

Table 1
Selected characteristics of the respondents.

Characteristics	Respondents		%	
	Male	Female	Male	Female
Sex:	318	178	64.1	35.9
Age:				
Below 19	22	26	6.9	14.6
20 - 29	160	92	50.3	51.7
30 - 39	86	35	27.0	19.7
40 and over	46	22	14.5	12.4
No response	84	3	1.2	1.7
Marital Status:				
Single	191	97	60.1	54.8
Married	112	57	35.2	32.2
Separated/Widowed/Divorced	14	22	4.4	12.4
No response	1	2	0.3	0.6
Occupation:				
Self-employed	108	48	34.0	27.0
Paid employment	105	48	33.0	27.0
Students	71	53	22.3	29.8
Jobless	26	25	8.2	14.0
No response	8	4	2.5	2.2
Education:				
No education	5	5	1.6	2.8
Primary	50	26	15.7	14.6
Secondary	136	74	42.8	41.6
Post secondary	127	73	39.9	41.1
Religion:				
Christian	266	169	83.6	94.9
Muslim	7	0	2.2	0.0
Traditional/Animist	38	8	12.0	4.5
No response	7	1	2.2	0.6
Ethnic Groups:				
Indigenous (Efiks, Efuts, Quos)	93	67	29.2	37.6
Ibibios	91	70	28.6	39.3
Other Cross-Riverians	73	19	23.0	10.7
Igbos	43	15	13.5	8.4
Others	10	5	3.1	2.8
No response	8	2	2.5	1.1
Marriage Type:				
Traditional	67	43	21.1	24.2
Christian	45	24	14.2	13.5
Muslim	3	2	0.9	1.1
Living together	11	6	3.5	3.4
Court	12	3	3.8	1.7
Not applicable	180	100	56.6	56.2

Note: The totals are less than 500 by 4 missing values for sex.

Attitudes to virginity

Answers to the direct question on whether a woman should be a virgin at marriage as contained in Table 2 show that the majority of the respondents do not consider it a necessary condition for marriage. Even when the question is whether one's custom specifies virginity at marriage, a higher proportion of the respondents do not see it as a part of their cultural stipulation. Indeed, discussions about virginity at

marriage are seldom heard, not only in contemporary Calabar but in many other Nigerian societies. In the past, however, there used to be some public show of pride by the husband of a virgin, to honour the wife for keeping herself pure and her parents for protecting her. Such practices are rare in these days of cultural diffusion and fast living.

Table 2
Attitudes to virginity

Question	Responses (%)					
	Male	Yes Female	Male	No Female	Male	No Response Female
Should women be virgins at marriage?	40.9	38.8	44.1	50.0	15.1	11.2
Does custom specify virginity at marriage?	34.0	28.7	40.7	58.4	17.3	12.9
Were you a virgin at marriage?	17.0	18.1	25.7	34.3	57.3	47.6
Do you want your daughter to be a virgin at marriage?	45.9	41.5	38.8	31.3	18.6	27.3
(If not a virgin at marriage) Do you wish that you had been?	24.8	29.1	31.4	28.6	43.8	42.3

Follow-up questions on the issue such as 'Were you a virgin at marriage?' and 'If you were not do you wish you had been one?' provoke similar reactions. No doubt these are moral questions. Perhaps, to save face and avoid embarrassment, respondents answered in the affirmative, but most responses still show a non-committal attitude to virginity as a virtue. It is only when the question is directed at another person, that is, their daughter, that slightly more positive responses (especially from men) are recorded. Indications from these observed responses are that being a virgin at marriage may be desirable but there are no strict regulations which attract punishment or societal reprobation if one is not. As society appears permissive in this regard, individuals seem not to attach a premium to the virtue. The responses point to this lack of strict compliance.

This observation is further confirmed by the respondents' reaction to the question on names used for those who indulge in sexual activities. Many of them do not answer the question. Since some of the popular names such as *ashawo* and prostitute are commonly used, it may be that those who fail to answer the question either do not feel it is sufficiently important to regard such people as deviants or they do not genuinely know. Those who are aware that such persons attract names, identify 'harlot', '*ashawo*' and 'prostitute' as the usual derogatory names given. Only an insignificant one per cent see people in this category as 'sex maniacs', which may indicate that the society does not really object to such activities, especially on the part of men. For women in this category, eyebrows are usually raised.

For those who seem not to like sex since they are not open participants, names are devised. In Calabar, the commonest is 'eunuch', some are called 'virgin' while a few others may be called 'born again'. Names like these suggest that society expects people to participate in sexual activities; non-participants are encouraged to come out from their 'cocoons' and be active.

Premarital sexual activities

Apart from questions on the importance of being a virgin at marriage, questions were posed to respondents on the age at which they had their first sexual experience and the person with whom they had this first contact (see Table 3).

Table 3
Premarital sexual activities of respondents

Premarital activities	Respondents		%	
	Male	Female	Male	Female
Age at first sexual activity (years):				
6 - 8	26	7	9.1	4.5
9 - 11	26	0	9.1	0.0
12 - 14	46	20	16.0	12.7
15 - 17	80	58	27.9	36.9
18 - 20	78	58	27.2	36.9
Cannot remember	29	11	10.1	7.0
No response	2	3	0.7	1.9
With whom respondent had first contact:				
Boy /girlfriend	186	106	67.4	70.7
Older man /woman	31	13	11.2	8.7
Non-kin's husband /wife	2	4	0.7	2.7
Kin's husband /wife	10	14	3.6	9.3
Stranger	17	5	6.2	3.3
Relative	19	2	6.9	1.3
Other (prostitute)	11	6	4.0	4.0

Responses suggest that before age 14 at least a quarter of the respondents have already experienced their first sexual contact: some even recall being so exposed before age eight. This is certainly an indication of freedom of behaviour at early ages. Frequent marriage breakups and high rates of remarriage among the indigenous population in the city (suggestive of loose parental supervision) may largely explain this finding. It raises questions about who could be the other participants and in what circumstances such relations occurred.

From the responses about the partner in the first sexual contact, it is obvious that most people shared the experience with a boy- or girl-friend (58 per cent). The second group of persons were introduced to this behaviour by older men or women. Others were initiated into sexual activity by the husband or wife of a relative. Prostitutes do not feature much, probably because the respondents do not have much contact with such people or they have enough persons in their social milieu to provide the necessary opportunities.

It must be borne in mind that these are recalled responses which may be subject to memory failure or faulty recall. Also, the subject is so intimate that many people would present themselves as respectable by using the boy- or girl-friend response. Nonetheless, that some young people are introduced to sexual life by older men and women is rather frightening. It would have been revealing to interview some of the people more intensively to know whether these were cases of rape or not. In Calabar, even though there is a lot of sexual permissiveness, it is still an offence for older persons to induce younger ones to have sexual relations with them. From the responses to these two questions, it seems that some young people are manipulated into such situations by older persons, particularly the spouses of relatives.

Sexual partners

Several questions were asked on this issue; Table 4 shows the responses.

Table 4
Respondents' sexual partners

Questions	Respondents		% Female	
	Male	Female	Male	Female
Does respondent have regular sexual partners?:				
Yes	229	141	72.0	79.2
No	70	24	22.0	13.5
No response	19	13	6.0	7.3
Relationship with sexual partner:				
Wife/husband	104	55	32.7	30.9
Boy/Girlfriend	126	75	39.6	42.1
Concubine	6	14	1.9	7.9
No response	82	34	25.8	19.1
Keeps other sexual partners:				
Yes	169	40	53.1	22.5
No	123	117	38.7	65.7
No response	26	21	8.2	11.8
Type of men/women kept as additional partners				
Single boys/girls	143	38	45.0	21.3
Married men/women	23	36	7.2	20.2
Free women/prostitutes	7	0	2.2	0.0
No response	145	104	45.6	58.4
Number of men/women currently kept				
None	78	55	24.5	30.9
1 - 2	154	88	48.4	49.4
3 - 4	39	8	12.3	4.5
5 and above	12	2	3.8	1.1
No response	35	25	11.0	14.0
Parallel sexual partners before AIDS				
None	82	61	25.5	34.3
1 - 2	138	74	42.9	41.6
3 - 4	29	10	9.0	5.6
5 and above	10	0	3.1	0.0
Cannot remember	45	13	14.0	7.3
No response	18	20	5.6	11.2
Total regular sexual partners in life				
None	47	31	14.8	17.4
1 - 4	109	87	34.3	48.9
5 - 9	36	30	11.3	16.9
10 - 14	16	2	5.0	1.1
15 and above	73	5	23.0	2.8
No response	37	23	11.6	12.9

From this table, it is obvious that a majority of the people claim to have regular partners. Only about a fifth have no regular partners. This high level of 'regulars' causes some suspicion of the responses, as many of the respondents are not married. It is not clear whether many of these people are 'progressive regulars' in that they have regular partners at each given time who can be changed to another regular if things do not work out well.

Of special interest in this regard is the 20 per cent who have no regular partners. These are the people who may be at risk of frequent networking that could introduce them to HIV carriers. Perhaps the type of partners they associate with could give an indication of their vulnerability.

To further explore this issue, the respondents were asked to state the relationship with their sexual partners, whether regular or not. The greater proportion of them have boy or girlfriends as partners. A small proportion have concubines while about a third limit themselves to their husbands and wives. This could be interpreted to mean widespread sexual networking. The boy or girlfriend category is nebulous: first, many kinds of relationships could be so described. Secondly, since many contemporary men seem to want evidence of pregnancy before entering marriage, many of the relationships may not evolve into marriage, in which case the partners will move to others. Although the proportion living in concubinage is not very high, it is yet another group that is free to move around, increasing the amount of sexual networking in Calabar.

This observation tallies with the responses to the next question on whether the respondents have other sexual partners. In this case, nearly half of them (especially men) have other partners whereas less than half (mainly women) assert they do not. This result deviates significantly from the responses to the question on regular partners. In this case more people (48.4 per cent) than earlier (19.0 per cent) accept having more partners than one. Either the later question is less judgemental than the earlier one or the respondents failed to make the connection between the two. However, it is clear that many residents of Calabar have more than one sexual partner.

The next question required respondents to state the type of men or women with whom they associated. Many partners are single, some are married and a very small number are divorcees and free women or prostitutes. Since more than half of the respondents participate in multiple relationships, there is evidence of a high rate of sexual networking. The contact with free women or prostitutes may be small but could affect larger numbers if protective materials (for example condoms) are not used.

On a related matter, there is sufficient evidence to show that at least one eighth of the respondents (more men than women) currently have more than two sexual partners. Since for each of these people at least two other persons are involved in the network, there is an increasing number of people involved: this probably comprises a large proportion of the populace, thus widening the scope of HIV risks.

To see if there has been behavioural change since the coming of AIDS, a question was posed on the number of sexual partners before AIDS. It does not appear that there has been any noticeable behavioural change in the number of partners before AIDS and currently (that is, now there is a widespread knowledge of AIDS). It seems that in Nigeria generally, and Calabar particularly, AIDS is not taken as seriously as it should be. People may think of it as no different from the regular STDs; or as a disease they cannot imagine could afflict them. It is also possible that because AIDS sufferers are not usually visible to the general public, people cannot really relate themselves to that disease. Fear of AIDS does not seem to make much difference in the sexual networking pattern of the city.

As already indicated, the rate of sexual networking in Calabar appears high. On the question of the total number of sexual partners the respondents have had in their lives, the numbers are quite impressive: for example, at least a third of them have had more than five sexual partners. A surprisingly high proportion (23 per cent of men and 2.8 per cent of women) have had more than 15 partners. Considering that this sample is mostly made up of people who are still sexually active, these figures are remarkable. Probably by the time all of them are too old for sexual activity many more will have had numerous partners, such is the high rate of networking in the city. Indeed, when number of sexual activities for the week, month and year are taken into consideration, as many as 27.6 per cent had too many partners for easy recall. Specifically, 13.2 per cent have had more than 20 partners. Because

of these findings of extensive sexual networking, it is necessary to discover why people engage in affairs with more than one partner.

Reasons for sexual activity

Usually, it is expected that Africans engage in sexual activity for reproduction, but the data show that enjoyment is the primary reason for sexual activity within the surveyed population. Perhaps this is related to the involvement of respondents with non-regular partners. If reproduction is the prime motive, people will go to those from whom they expect babies, but when enjoyment predominates, even momentary 'flings' can provide short-term pleasure. Thus the network is extended.

Economic reasons have been advanced for sexual networking, but the data do not support this. Those who ask for money are not numerous (4.4 per cent), and much of that money is used for buying cosmetics and paying school fees. Very few use it for opening businesses.

Awareness of AIDS

The wide extent of sexual networking suggests that people either do not understand the implications of AIDS or do not care about their lives. Since self-preservation is a strong drive, ignorance of the implications of AIDS may be a factor in the rate of sexual networking. A question on respondents' awareness of AIDS reveals that an overwhelming majority (93 per cent) of the respondents have heard of AIDS; very few people were not aware of it (see Table 5).

This is a matter for concern. It shows perhaps that very many people have only limited knowledge of what AIDS is and what it could mean to them. Or is it because people use condoms in their sexual activities that they apparently ignore the danger of AIDS and maintain a high level of sexual activity?

To explore this line of reasoning, a number of questions were asked on the knowledge and use of condoms as shown in Table 5.

Knowledge and use of condoms

Knowledge of the condom is widespread but its use is not impressive as Table 5 shows. Those who use it have other reasons for its use than prevention of AIDS. Prevention of pregnancy and of venereal disease seem to be most popular reasons. It may be argued that AIDS is regarded as one of the sexually transmitted diseases and therefore included in VD. prevention but this group would have been expected to be much larger than it is. The implications of the very low rate of condom use are frightening if AIDS strikes with real force. Many people would be infected before they knew it.

Table 5
Awareness of AIDS, condom knowledge and use, reasons for condom use

	Respondents		Male	% Female
	Male	Female		
Awareness of AIDS				
Yes	300	163	94.3	91.6
No	11	11	3.5	6.2
No response	7	4	2.2	2.2
Knowledge of condom				
Yes	286	155	89.9	87.1
No	32	21	10.1	11.8
No response	0	2	0.0	1.1
Condom use				
Yes	97	43	30.5	24.2
No	160	123	50.3	69.1
No response	61	12	19.2	6.7
Reasons for condom use				
Prevent pregnancy	46	27	14.5	15.2
Prevent VD	65	17	20.4	9.6
Partner's request	8	2	2.5	1.1
No response	199	132	62.6	74.2

Part of the difficulty for people using condoms is the reduction of pleasure they say they derive from sexual activity. If, as many of the respondents state, their primary reason for sexual activity is enjoyment, condom use may be destined to remain low to the detriment of those participants unless serious public education is mounted on AIDS and its rate of spread.

Since the condom is minimally used, the question is how do people prevent STDs? The most popular method, stated by about a third of the respondents, is the taking of capsules. Many people in Nigeria, especially the poor, engage in self-medication, which is encouraged by touts, quack medicine men and unscrupulous medicine dealers who often sell expired dangerous drugs. The ease in getting these drugs, as opposed to standing in long queues to see a medical doctor, habituates people to the use of such unsuitable medicines. Many of them depend on non-professional opinions and frequently do not complete the dosage. Such people get into more medical problems than would otherwise have been the case. The persistence of this practice is likely to impede the detection of HIV carriers; AIDS victims may resort to self-treatment until things get out of hand.

Experience with venereal diseases

It was earlier stated that VD appears to be quite common in Calabar. The data however show that more respondents know about friends who have suffered from venereal diseases than have experienced them themselves (see Table 6). The commonest of these diseases is gonorrhoea; the others afflict much smaller proportions of the population. At the beginning of this paper, it was shown that experience of gonorrhoea in Calabar is regarded as a sign of real participation in adult life. This may explain why it is readily admitted by the respondents. This high incidence of VD contact is suggestive of free participation in sexual networking among the citizens.

Table 6
Contact with venereal diseases and AIDS

	Respondents		%	
	Male	Female	Male	Female
Know friends with VD				
Yes	165	70	51.9	39.3
No	123	91	38.7	51.1
No response	30	17	9.4	9.6
Type of disease ^a				
Gonorrhoea	151	48	47.5	27.0
Syphilis	12	5	3.8	2.8
Others	14	6	4.4	3.4
Personal experience of VD				
Yes	118	28	37.1	15.7
No	187	143	58.8	80.4
No response	13	7	4.1	3.9
Ways of preventing VD				
Do nothing	52	39	16.0	21.9
Wash	40	45	12.6	25.3
Take capsule	127	36	39.9	20.2
Get injection	21	9	6.6	5.1
Traditional medicine	28	11	8.8	6.2
Others	32	14	10.1	7.9
No response	19	24	6.0	13.5
Know people treated for AIDS				
Yes	24	2	7.5	1.1
No	287	173	90.3	96.1
No response	7	5	2.2	2.8
Personal examination for AIDS				
Yes	28	8	8.8	4.5
No	217	131	68.2	73.6
No response	73	39	23.0	21.9
Outcome of examination				
Positive	7	0	2.2	0.0
Negative	29	15	9.1	8.4
No response	282	163	88.7	91.6

^a Multiple responses included

Following the questions on VD, there was a need to find out if respondents knew anybody who had suffered from AIDS, if they themselves had been examined for AIDS, and the outcome of such examinations. Although only a small number (5.2% per cent) said that they knew persons treated for AIDS, if the claims are true, there is cause for alarm, because given the level of sexual networking in the city, many more people may already be in danger. It may be important to follow up such information to locate the AIDS patients, and even more important, the much larger numbers of persons who are HIV positive with the virus, and ensure that they are stopped from infecting other people. The data further reveal that most of the AIDS sufferers identified have been treated in government hospitals. Efforts to confirm this information have not yet yielded satisfactory results.

With regard to the personal experiences of the respondents, a small fraction (7.2 per cent) claim they have been examined for AIDS. For this group, 1.4 per cent (7 cases, all male) claim to have positive AIDS results. Since these responses were obtained from questionnaires, without personal identification codes, it is difficult to identify the AIDS carriers who may already be spreading the disease.

Summary and Conclusion

This study examined several factors that indicate a high risk of HIV and AIDS infection. Cultural and social sanctions about premarital sexual activity, virginity at marriage etc. have become weaker; therefore, sexual activity is not really condemned but is usually glossed over. The net effect on sexual morality is rather slight, and, generally, permissiveness prevails, creating conditions that could facilitate the spread of AIDS.

There is sufficient evidence to suggest that Calabar should be regarded as a high-risk area; its coastal location which attracts foreign seamen adds to its vulnerability. Efforts at identifying, testing and treating HIV-positive people should be intensified in this city to save those not already infected. This requires an effective awareness campaign to bring to the people's consciousness the full implications of AIDS spreading when no cure has yet been found for it.

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