

## Chapter 9

# **Death is pre-ordained, it will come when it is due: attitudes of men to death in the presence of AIDS in Nigeria**

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### **Abstract**

**This paper examines men's sexual behaviour, knowledge and transmission of HIV/AIDS, and resistance to behavioural change in the presence of AIDS in Nigeria. There was a general belief that it was not possible for men to confine themselves to one woman over a lifetime. The frequency of sexual contact with commercial sex workers was high while knowledge of AIDS and its transmission mechanism was nearly universal. Only one-fifth of the men believed that they were at risk of contracting AIDS in spite of their risky sexual behaviour, and only a few were protecting themselves against the disease. There was near-universal agreement that death was inevitable but the majority were not afraid of death. We suggest the adoption of intervention strategies that will aim at behavioural change, the only known method of curtailing the spread of AIDS in the absence of a vaccine or a cure.**

The AIDS epidemic in Africa has reached alarming proportions. It is now generally regarded as the major health crisis of the twentieth century and one of the terrible epidemics in human history. In December 1997, nearly 31 million people in the world were believed to have HIV or AIDS; 21 million or two-thirds of them were in sub-Saharan Africa (UNAIDS 1997), the home of less than one-tenth of the world population.

In Nigeria, the first HIV-positive person was identified in 1986 as a sex worker from one of the West African countries; this discovery led to an erroneous belief among the general population as well as government officials that the disease was foreign and could not affect the Nigerians. Subsequent developments in the last five years or so have proved that the assumption was wrong. By December 1998, the records of the National HIV/AIDS and STDs control program (NASCP) indicated that between two and three million Nigerians may have been infected with the AIDS virus and about 100, 000 either have AIDS or have already died from it. The number of infected people in Nigeria is expected to rise to 5.5 million by the end of 1999 (Nigeria 1998).

When AIDS was first reported in Nigeria, there were denials and under-reactions to the epidemic (Caldwell, Orubuloye and Caldwell 1992). The denial was so widespread and so deep that relatives would not even allow the diagnosis of AIDS to appear on the death certificates of their loved ones (Ransome-Kuti 1998). Despite the denials among the general population, the then Minister of Health, Olikoye Ransome-Kuti, was quick to accept that there was a problem. Thus, he developed a comprehensive AIDS program, which was managed by an experienced person; government and non-governmental organization support was received at the initial stage of the program. AIDS prevention and control committees were set up at the

state and local government council levels. All levels of government were directed to make statutory budgetary allocations for the control of HIV, AIDS and STDs. This was annually deductible from the Federation Account. By about 1994, government support for the AIDS program had disappeared and the international organizations withdrew their support for political reasons. The national AIDS program suffered a major setback because of lack of government support and commitment from political leaders.

Nigeria has now passed the stage of denial and government attitude to the epidemic has changed in the last two years. A National AIDS and STDs control program was launched in the middle of 1998 (Nigeria 1997), ten years after work started on it and three years after a draft policy was prepared. The first National Conference on HIV/AIDS and STDs control and prevention took place in December 1998, nearly ten years after the first AIDS case was reported.

The main objectives of the first Nigerian national conference on HIV/AIDS and STDs were to provide advocacy at the highest level for HIV/AIDS and STDs prevention and control; to advocate co-operation, collaboration and support from all agencies and bodies for successful Petroleum Trust Fund-assisted HIV/AIDS prevention and control programs; to develop and articulate a plan of action towards effective HIV/AIDS prevention and control throughout the nation; to create a forum for exchange of experience by involved persons and to streamline HIV/AIDS intervention in Nigeria; and to review and update the National Policy on HIV/AIDS in Nigeria. These objectives clearly indicate the beginning of a long journey that many countries in Africa and elsewhere in the world started more than ten years ago.

Awareness about AIDS and possibly sales of condoms have increased significantly, especially since the death of Fela Anikulapo-Kuti, the famous Nigerian musician who died of AIDS in August 1997. The earlier confusion and myth surrounding the disease have gradually disappeared. The national level of awareness is now estimated at about 90 per cent in Nigeria. Despite the acceptance that AIDS is now real in Nigeria, there has been resistance to social and behaviour change, especially among men, who continue to engage in risky sexual behaviour that was a way of life before the epidemic began. One major factor that has continued to resist change is the attitude of men to death and to STDs and AIDS.

### **Attitudes to death**

There is no confusion about the notion of death among the people of West Africa, and indeed Nigeria. They believe that life here on earth is not eternal. Sooner or later, the inevitable phenomenon called death will come upon man or woman who is only a sojourner on earth (Awolalu and Dopamu 1979: 253). Among the Yoruba and elsewhere in Nigeria, when people die it is generally believed that they have left the world (a market place) for heaven (home), and that they have finished their assignment and returned to whence they came. It is also a general belief that it is not necessary to start tracing the cause of death. When and how one dies should not be of significance to anybody. To many Christians, death should be seen as an act of God because it is God who gives and takes away.

There are bad and good deaths, death of the young and of the aged. The death of a young person is usually regarded as a bad death not caused by gods or God but by human beings. It is murder (Caldwell *et al.* 1992), and a disaster to the family and the community. Deaths caused by the anti-wickedness divinities like the gods of thunder, smallpox and iron are also regarded as bad deaths. A good death is that which comes when one has lived to a ripe old age; it is natural (Awolalu and Dopamu 1979), and cause for celebrations by the family and the community. When such deaths occur, it is generally believed that the dead are transformed into an eternal glory and will go to heaven (home) directly; they will one day be born again.

The obituaries in Nigerian newspapers clearly make distinctions between bad and good deaths. When it is a bad death, the theme of obituaries is usually 'the wicked has done its worst'. When it is the death of an old person, it is a 'call to glory' 'promotion to glory' and 'transition to eternity': the person has joined his or her ancestors.

All deaths, whether bad or good, are usually received with heavy hearts, but with total submission and gratitude to the Almighty God for a life well spent. Everyone aspires to go to heaven and be with God in paradise but not many are willing or ready to die and go to heaven when they are young. But the Yoruba and indeed many Nigerians also believe that it is better to die young than to live a long miserable life on earth.

Here we examine attitudes of men to death in the presence of a major epidemic with a view to understanding why there has been resistance to social and behavioural change. This may lead to the understanding of possible intervention strategies for behavioural change, the only known weapon against the disease.

The main research question was whether death from AIDS is regarded as bad or good death; whether it is just another death or it is preordained that one will die one day, and deaths from AIDS are not different from other deaths.

The research described here is part of the SIDA (SAREC)-funded African research program on the social and behavioural context of STDs/AIDS in collaboration with the State University of Ado-Ekiti (Nigeria); Makerere University, Uganda; University of Ghana, Accra; University of Cape Coast, Ghana; and the Health Transition Centre, Australian National University. Since 1989 the collaborative research program has focused on the study of the social and behavioural context of the AIDS epidemic in Africa. Earlier studies indicated high levels of sexual networking among the general population as well as among the high-risk population, with no evidence of behavioural change in the face of AIDS.

The resistance study was conducted in Ado-Ekiti, since October 1996 the capital of Ekiti State; Ibadan city, the capital of Oyo State; Lagos, the major commercial and industrial centre and former capital of Nigeria; and Ugep, the headquarters of Ugep North Local Government in Cross-River State. The first three populations are predominantly Yoruba in the western part of Nigeria, while the Ugep are a double-unilineal Yakurr-speaking people found in the eastern part.

The Ado-Ekiti survey undertaken from June to September 1998 was a survey of men found in hotels or bars where there was commercial sex. All the hotels and bars that housed the sex workers were visited daily for a period of four months, until a total of 252 men had been interviewed.

The surveys in Ibadan city, Lagos and Ugep were conducted among men who had engaged in extramarital sexual relations at least one month before the investigation or men who had multiple sexual partners other than their wives or regular partners.

Ibadan and Lagos were chosen because a national AIDS surveillance conducted by the National AIDS and STD control indicated that the two cities were among the areas worst hit by the epidemic in Nigeria. Ugep was selected because during the first six months of 1998, 10 cases of AIDS were reported at the Ugep General Hospital (Egozi 1998), and there were concerns that the epidemic might well spread because of the high level of sexual networking in the community.

In Lagos and Ibadan, interviews were held in major sectors of the cities where there were high concentrations of people, and hotels and bars that provide venues for sexual networking. In Ibadan 268 interviews were held, and 234 interviews were successfully conducted in Lagos, 16 short of the planned 250. At Ugep 250 interviews were planned; the figure finally came to 251, one more than the anticipated number. This paper is based on the Ado-Ekiti and Ibadan data while the data for Lagos and Ugep will be reported elsewhere.

## Findings

Table 1 presents the background characteristics of the men; there are differences between the men in Ado-Ekiti and those in Ibadan. The men in Ibadan were older and had lived longer in the city than Ado-Ekiti men had lived in the town; the men in Ado-Ekiti were better educated than those in Ibadan thus reflecting the high level of education in Ekiti in general; trading was the most important occupation in Ibadan, while employment in the public service was the dominant occupation in Ado-Ekiti.

**Table 1**  
**Background and characteristics of men**

<b>Characteristics</b>	<b>Ado-Ekiti N=252</b>	<b>Ibadan N=268</b>
<b>Mean duration of residence at various locations (years)</b>		
Mean age of men (years)	13.7	19.0
	30.9	37.5
<b>Education (per cent of total)</b>		
No schooling	2.4	9.0
Primary only	7.1	25.0
Secondary only	28.6	29.5
Above secondary	61.1	36.2
No response	0.8	0.4
<b>Occupation (%)</b>		
Farming	2.4	2.6
Trading/business	10.7	39.6
Artisan	13.5	12.7
Civil service	38.1	19.8
Driving	6.0	14.2
Police and armed forces	9.1	0.7
Other	19.8	10.4
No response	0.4	1.1
<b>Religion (%)</b>		
Christianity	68.3	59.0
Islam	31.3	38.4
No religion	0.0	1.5
Other	0.4	1.1
<b>Ethnic group (%)</b>		
Yoruba	80.6	63.4
Igbo	13.3	20.1
Hausa/Fulani	3.2	8.2
Other	2.8	6.0
No response	0.4	2.3
<b>Marital status (%)</b>		
Never married	51.2	26.9
Married	48.0	64.9
Divorced/separated/widowed	0.0	2.6
No response	0.8	5.6
<b>No. of wives (per cent of married men)</b>		
One	80.6	65.7
Two or more	19.4	33.3
Mean no. of wives	1.3	1.6

Christianity was the dominant religion in Ado-Ekiti, accounting for nearly seven-tenths of the population compared to about six-tenths in Ibadan. The largest ethnic group in both Ado-Ekiti and Ibadan was Yoruba. Nearly one-third of the Ibadan men were either Igbo or Hausa compared to about one-sixth in Ado-Ekiti. Most Igbo and Hausa are traders who migrated mainly to large cities and towns in many parts of Nigeria: Ibadan has been a major destination for these two groups for more than a century.

Slightly more than one-half of the men in Ado-Ekiti were single compared to just over one-quarter in Ibadan. Among those who were married, marriage appeared to be stable, and four-fifths of the marriages were monogamous in Ado-Ekiti compared to two-thirds in Ibadan. The mean number of wives per man was slightly higher in Ibadan than in Ado-Ekiti. The large number of single men in the sample conforms with earlier findings which indicated that more monogamously married men than polygynously married ones need outside women (Orubuloye, Caldwell and Caldwell 1991).

### *Sexual experience and extramarital relations*

The men reported a mean and a median age at first sexual relations of around 15.6 years and 15 years in Ado-Ekiti respectively and 17.5 years and 18 years in Ibadan respectively. The mean age at first sexual experience reported for Ado-Ekiti was much lower than that of 16.7 years reported for the general population in 1997 (Orubuloye 1998). The figures indicated that Ado-Ekiti men became sexually active much earlier than the Ibadan men. Similarly, Ado-Ekiti men had a higher average number of sexual partners than the Ibadan men over their sexual lifecycle. The distributions are presented in Table 2.

**Table 2**  
**Age at first sexual experience and different sexual partners reported by men for various periods**

<b>Age and partners</b>	<b>Ado-Ekiti</b>	<b>Ibadan</b>
Age at first sexual experience (years)		
Mean	15.6	17.5
Median	15.0	18.0
Current sexual partners (no.)		
Mean	2.8	2.3
Median	2.0	2.0
Sexual partners during previous week (no.)		
Mean	3.0	2.7
Median	2.0	2.0
Sexual partners during previous month (no.)		
Mean	4.0	3.5
Median	3.0	2.0
Sexual partners during the previous year (no.)		
Mean	6.1	5.2
Median	5.0	4.0
Sexual partners during lifetime (no.)		
Mean	10.8	11.5
Median	10.0	9.0

Table 3 shows the extent of extramarital and commercial sexual networking for various periods in the life of the men; the figures indicate a high level of sexual networking capable of sustaining a major AIDS epidemic. Again there are marked differentials between Ado-Ekiti and Ibadan in the number of sexual partners.

The mean number of partners for married and single men was consistently higher in Ado-Ekiti than in Ibadan. The percentage of men who had ever had sex with sex workers was much higher in Ado-Ekiti than in Ibadan. In Ado-Ekiti 50 per cent of the sexual episodes with sex workers were intentional, one-tenth were under the influence of alcohol. The corresponding figures for Ibadan are 34 and 8 per cent respectively.

Similarly the mean number of times the men had sex with sex workers was consistently higher in Ado-Ekiti than in Ibadan, except for the episodes that occurred during the previous week, when the mean for Ibadan was slightly higher. Satisfaction of sexual urge and enjoyment were the two major reasons for sex with sex workers.

**Table 3**  
**Men's extramarital and commercial sex for various periods, use of condom and prevention against STD**

	Ado-Ekiti	Ibadan
Highest no. of sexual partners apart from wives (married men only)		
Mean	3.1	2.7
Median	3.0	2.0
Highest no. of sexual partners apart from regular partners (single men only)		
Mean	3.8	2.8
Median	3.0	2.0
Ever had sex with a sex worker (% of total respondents)		
Yes	60.3	42.2
No	36.1	42.9
No response	3.6	14.9
No. of times had sex with sex worker last week		
Mean	2.4	5.0
Median	2.0	3.0
No. of times had sex with sex worker last month		
Mean	4.0	3.3
Median	3.0	2.0
No. of times had sex with sex worker the previous year		
Mean	7.1	5.0
Median	6.0	3.0
Did you or sex worker use anything to prevent you from catching AIDS? (%)		
Yes	41.3	28.0
What did you or she use? (%)		
Condom	38.5	25.7
Foam/jelly	2.8	3.4
Nothing/no response	58.7	70.9
Do you know that condoms can prevent STDs? (%)		
Yes	82.7	55.4

The differential between Ado-Ekiti and Ibadan can be explained by the differences in background characteristics of the samples. The Ado-Ekiti sample was drawn from men found in hotels and bars where commercial sex takes place, whereas the Ibadan sample was drawn from men who had had extramarital sex in the previous month or men who had multiple sexual partners other than their wives or regular partners. Ado-Ekiti men appeared to be at a much higher risk of catching sexually transmitted diseases including HIV than those in Ibadan. Twenty-three per cent of Ado-Ekiti men compared to 26 per cent of Ibadan men reported that they had suffered from STDs before, mostly gonorrhoea and syphilis. However, 41 per cent of Ado-Ekiti men compared to 28 per cent of Ibadan men reported that they or the sex workers were protecting themselves against HIV. The condom was the major means of prevention. The majority of the men now believe that condoms can prevent STDs or AIDS.

On the sufficiency of one woman for a man over time, a significant proportion of men in Ado-Ekiti and Ibadan reported that one woman was not sufficient for a man at various periods including in the presence of AIDS. Although the percentage of men who reported that one woman was not sufficient at various periods was constantly higher in Ado-Ekiti than in Ibadan, the figures are astonishingly high and are a major cause for concern given the level of awareness of the AIDS epidemic in Nigeria. Ninety-six per cent of Ado-Ekiti men and 89 per cent of Ibadan men had heard of AIDS, but only 3 per cent in Ado-Ekiti and 13 per cent in Ibadan knew someone with AIDS. Nearly one-fifth of the men knew of someone who had died of AIDS: the majority of them mentioned Fela Anikulapo, the famous Nigerian musician who died of AIDS in August 1997.

**Table 4**  
**Whether one woman is enough for a man at various periods (percentage distribution)**

<b>Period</b>	<b>Ado-Ekiti</b>	<b>Ibadan</b>
<b>Lifetime</b>		
Yes	10.3	34.3
No	89.7	63.1
No response	0.0	2.6
<b>Over a year</b>		
Yes	4.3	34.0
No	85.3	62.2
No response	0.4	3.8
<b>Over a month</b>		
Yes	21.0	38.0
No	78.6	58.6
No response	0.4	3.4
<b>Over a week</b>		
Yes	28.2	46.3
No	70.6	50.0
No response	1.2	3.8
<b>In the period of AIDS</b>		
Yes	34.5	45.9
No	65.1	47.3
No response	0.4	6.8

### *Attitude to AIDS*

Despite the high level of sexual networking, awareness of AIDS and its transmission, only 23 per cent of Ibadan men believed that they were at risk of contracting AIDS. They were

sufficiently aware that their ways of life which include sex with sex workers, casual sex, indiscriminate and unprotected sex, and multiple sexual partners, put them at risk of infection with HIV.

The reasons why a significant proportion of the men believed that they were not at risk of AIDS are presented in Table 5: 46 per cent of the men in Ado-Ekiti and 36 per cent in Ibadan reported that they were protecting themselves against AIDS by using condoms. About one-tenth reported that they trusted their partners. When this number is added to the number who reported that they were always careful, it is clear that a significant proportion of the men were at risk of catching the disease. Since it is not always possible to know a healthy carrier through physical appearance, trusting one's friend or being careful may not be enough to prevent catching the disease. Surprisingly some people still do not believe in AIDS despite the widespread AIDS awareness in Nigeria today.

Although the majority of the men believed that they would die if infected with AIDS, only about one-fifth believed that their sex lives exposed them to the risk of infection. Thirty-nine per cent of the men in Ado-Ekiti and 66 per cent of those in Ibadan reported that they would talk to someone if they had AIDS, mostly to doctors, and a few to their spouses and friends. Nevertheless, a significant proportion would discuss AIDS generally with friends and spouses or partners.

**Table 5**  
**Reasons why men believed that they were not at risk of AIDS (percentage distribution)**

<b>Reasons</b>	<b>Ado-Ekiti</b>	<b>Ibadan</b>
Protect self by using condoms	46.0	36.2
Partners protect themselves	2.4	4.1
Trust partners	11.1	10.8
Always careful	8.3	12.3
Have regular medical checkups	0.8	0.7
Do not believe in existence of AIDS	4.4	2.2
No response/no idea	27.0	33.6

It is apparent from the responses that many men are still unwilling to discuss AIDS with other people despite the high level of awareness and high level of governmental and non-governmental agencies' messages about AIDS. The majority of the men believed that the messages are true and want people to know that AIDS is real, deadly and incurable.

A fundamental question is why many men still believe that they are not at risk of AIDS, despite the near-universal knowledge that AIDS is real, deadly and incurable. The survey therefore investigated further attitudes to death, disease and resistance to behavioural change in the shadow of death.

#### *Attitude to death in the presence of AIDS*

Traditionally, the Yoruba and indeed most Nigerians believed that death is pre-ordained and that though it will come one day, when and where are not sure. They also believed that for every death there is a cause. The responses to a wide range of questions on death and diseases presented in Table 6 conform with the general belief that death is inevitable. There was near-universal agreement among Ado-Ekiti men, and a significant proportion of Ibadan men agreed, that death is inevitable and cannot be avoided. More than four-fifths of the men in Ado-Ekiti compared to about two-thirds of those in Ibadan reported that they were not afraid of death. Nevertheless, only one-third of Ado-Ekiti men compared to about one-half in

Ibadan believed that there is life after death. There appears to be a gradual diminution of the traditional belief of reincarnation.

A significant proportion of the men in Ado-Ekiti and Ibadan believed that AIDS is deadly and a strange disease, and that death from AIDS is just another death and a penalty for sexual sins. However, about a third regarded AIDS as just another disease. Because of the near-universal awareness of the transmission mechanisms of AIDS, only one-tenth of the men in Ado-Ekiti and one-fifth of those in Ibadan believed that AIDS is a supernatural disease. AIDS is now generally considered as deadly as cancer, heart, kidney and liver diseases, tuberculosis, and diabetes. These diseases were not common in the past, but they now account for a significant proportion of deaths among the general population.

Slightly more than one-half of the men in both Ado-Ekiti and Ibadan believed that AIDS can be cured by modern doctors, or traditional and faith healers. This raises a serious problem that may make it hard to stem the spread of the epidemic. In Nigerian newspapers many traditional health practitioners and faith healers are now parading their skills and claiming ability to cure all forms of sexually transmitted diseases including AIDS. Some of the traditional health providers may be able to cure certain STDs, but it has not been proved that any of them can cure AIDS or have developed the herbal medicines that can delay the disease's progress.

**Table 6**  
**Percentage distribution of responses to various questions on death and disease**

<b>Questions/statements</b>	<b>Responses</b>	<b>Ado-Ekiti</b>	<b>Ibadan</b>
Death is inevitable	Yes	96.8	68.7
It is possible to avoid death	No	98.8	64.6
Are you afraid of death?	No	82.9	63.8
There is life after death	Yes	33.7	48.1
Death is a penalty for sin	Yes	52.0	45.1
AIDS is a penalty for sexual sins	Yes	42.1	35.1
AIDS is a deadly disease	Yes	77.4	78.0
Have you ever heard of any other deadly diseases like AIDS?	Yes	31.0	49.3
Are these diseases different from AIDS?	Yes	25.4	42.9
AIDS is just another disease	Yes	32.5	36.6
AIDS is a strange disease	Yes	67.9	60.1
AIDS is a supernatural disease	Yes	11.5	20.9
Deaths from AIDS is just another death	Yes	43.3	57.8
AIDS can be cured	Yes	54.0	50.7

The men were asked further questions in an attempt to establish how strongly they felt about death, AIDS and diseases. The responses are presented in Table 7. Again, there was near-universal agreement among the men that death is inevitable and that it will come when it is due with or without AIDS.

**Table 7**  
**Percentage distribution of men agreeing with various statements on death and AIDS**

<b>Statements</b>	<b>Ado Ekiti</b>	<b>Ibadan</b>
Death is inevitable. It will come when it is due	96.0	90.7
Death from AIDS is just another type of death	74.6	52.8
Sex with an HIV-infected person cannot lead to death if care is taken	63.1	60.4
A healthy person is unlikely to get AIDS	37.3	21.6
People who get AIDS are those who worry about it	36.9	16.0
A man cannot confine himself to one sexual partner for life	63.1	46.3
Men need a variety of sexual partners at the various stages of their life cycle	59.9	50.4
AIDS is caused by witchcraft	11.5	9.7
The loss of loved family members and friends will force people to keep to one sexual partner	44.0	44.8
There is no AIDS in Nigeria. It will never come here	23.8	13.1

Table 7 reveals several factors that are of great concern and which may pose a great danger to the society. For instance, nearly two-thirds of Ado-Ekiti and Ibadan men believed that having sex with HIV-infected persons cannot lead to death, if care is taken. Three-quarters of Ado-Ekiti men and 53 per cent of Ibadan men agreed that death from AIDS is just another type of death. It is equally worrying that a significant proportion of the men in Ado-Ekiti and Ibadan also believed and agreed to the general perception that men need a variety of sexual partners and that a man cannot confine himself to one sexual partner for life even in the presence of AIDS. About one-tenth of the men still believe that AIDS is caused by witchcraft, while about one-quarter of Ado-Ekiti men and slightly more than one-tenth in Ibadan think that there is no AIDS in Nigeria and that it will never come there.

### **Conclusion**

This study reveals that denials about the presence of AIDS in Nigeria have diminished. There is also near-universal awareness that AIDS is incurable and deadly. It is also generally believed that death is inevitable and that it will come when it is due. Although a significant proportion of the men reported that they were not afraid of death, none was willing to die. Despite the universal awareness of the dangers posed by AIDS to the society, there has been very little behavioural change. A significant proportion of men still believe that sex with only one partner is not part of man's nature and that sex with multiple partners or sex workers cannot lead to AIDS if care is taken.

These are beliefs that may well pose a serious danger to the society. Perhaps there was justification for the attitude of the men to death and the AIDS epidemic. Nigeria had since 1984 been going through the worst economic and political instability since independence in 1960. Millions of Nigerians are now suffering from endemic diseases such as tuberculosis, malaria, guinea worm, cholera and leprosy arising from the decay and neglect of the health-care services. When a yellow fever epidemic struck in 1984, some 2 million

people may have died of the disease (Ransome-Kuti 1998). Deaths from motor vehicle accidents, violence and hunger are rife. Deaths from AIDS have not reached the level that will frighten many people as has been the case in East and Southern Africa, which are now under the full weight of the disease. The death of Fela may have increased the awareness of AIDS and the sales of condoms, but it has not in any way led to a significant change in behaviour. When deaths from AIDS become a household event as has happened and is currently happening elsewhere in Africa, Nigerians may come to realize the need for behavioural change.

The government and non-government agencies have the important task of intensifying the campaign against AIDS through the promotion of behavioural change that may lead to a significant reduction in men's number of sexual partners outside marriage. Condom promotion is important, but a significant behavioural change on the part of the men may be a more important way of stemming the epidemic.

## **References**

- Awolalu, J.O. and P.A Dopamu. 1979. *West African Traditional Religion*. Ibadan: Onibonjo Press and Book Industries NIG Ltd.
- Caldwell, J.C., I.O. Orubuloye and P. Caldwell. 1992. Underreaction to AIDS in sub-Saharan Africa. *Social Science and Medicine* 34, 11:1169-1182.
- Egozi, E.S. 1998. The state of reproductive health in Ugep society. Paper presented at the Training of Trainers workshop on Male Responsibility and Reproductive Health, Ikapakapit, Ugep, Nigeria, July.
- Nigeria, Federal Ministry of Health. 1997. *National HIV/AIDS/STIs Control Programme*. Abuja.
- Nigeria. National AIDS and STD Control Programme. 1998. *Report Presented at the First National Conference on HIV/AIDS Prevention and Control, December 15-17*. Abuja.
- Orubuloye I.O. 1998. Recent evidence of changes in reproductive behaviour, contraceptive use and sexual networking in Ekiti, Nigeria. *Health Transition Working Paper* No. 24. Canberra: Australian National University.
- Orubuloye, I.O., J. C. Caldwell and P. Caldwell. 1991. Sexual networking in the Ekiti district of Nigeria. *Studies in Family Planning* 22, 2: 61-73.
- Ransome-Kuti, Olikoye.1998. Who cares about the health of Africans? The Nigerian case. The John D. and Catherine MacArthur Foundation International Lecture Series on Population Issues. Kaduna.
- UNAIDS/WHO.1997. *Report on the Global AIDS Epidemic*. Geneva.

