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Religion and STIs Campaigns: The Perceptions of the Nigerian Youths

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ABSTRACT

Religious constraints on sexuality may have consequences for the transmission of Sexually Transmitted Infections (STIs). Recognising that several religious tenets may have the positive effect of reducing the prevalence of STIs if incorporated into STI preventive campaigns prompted the decision to carry out this research. This study was conducted to understand how religion tenets can be effectively incorporated into STI preventive campaigns in Nigeria. An in-depth interview was conducted with 32 young people from the University of Ilorin, Ilorin, Nigeria. The result of the study showed that religiously-motivated young people were likely to avoid engaging in sexual practices as a result of their religious tenets. Informants with strong religious faith mentioned that the virtue of temperance assisted them in curtailing their sexual desires thus reducing their chances of exposure to risky sexual behaviour. Most of the informants mentioned that religion was one aspect of culture that could be used to prevent young people from being involved in risky sexual behaviour or pre-marital sex. The obvious implication arising from this position suggested that the inclusion of religion and the virtues they taught in STI campaigns would result in more positive STI behavioural change among young people. The conclusion is that religion as an attribute of culture can be used to discourage a large number of young people from becoming involved in risky sexual behaviour that leads to STIs.

Keywords: STIs, campaign, youth, religion, risky sexual behaviour, culture

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INTRODUCTION

In Nigeria, the upsurge of STIs has been alarming despite the several preventive communication campaigns designed to create awareness among the people on the adverse consequences of contracting the

infections. As at December 2011, in the case of HIV alone, there were 3,459,363 people living with the virus with an estimated number of 1,449,166 requiring Anti-retroviral (ARV) drugs (NACA, 2012). That same year, 388,864 new infections were recorded while records show that 217,148 AIDS-related deaths occurred in the country (NACA, 2012). With an estimated population of 162,265,000 and as the most populated country in sub-Saharan Africa, Nigeria is obviously a big burden not only to the West Africa region and the African continent but to the world at large in terms of HIV/AIDS (NACA, 2012). The most recent Nigerian HIV figure of about 3.5 million people infected with HIV ranked Nigeria second among the countries with the highest HIV/AIDS prevalence in the world, next to South Africa (NACA, 2012). The given figures on the prevalence of HIV/AIDS might probably underestimate the true magnitude of the epidemic because of underreporting, inadequate resources for HIV testing and missed diagnoses in the country (Alubo, 2002).

Undoubtedly, STIs are still on the increase in Nigeria, particularly among the youths within the age range of 15-24 years (Shoveller *et al.*, 2004; Dixon-Mueller, 2009; Okereke, 2010; Ahmed *et al.,* 2013). Other studies affirmed that the reason for the prevalence among this age group was because Nigerian youths were not only sexually active but also indulged in risky sexual behaviour (Nwokoji & Ajuwon, 2004; Oyeyemi, Abdulkarim, & Oyeyemi, 2011; Imaledo, Peter-Kio, & Asuquo, 2013). In their study, Goldenberg, Shoveller, Ostry and Koehoorn (2008) noted that young people were the most vulnerable to STIs. The reasons given were that apart from their uncontrollable sexual drive, they also had multiple sexual partners and rarely used contraception, making them vulnerable to STIs compared to other segments of the population. As a result of this situation, it is pertinent to say that the Nigerian situation can impose grave health challenges not just on the region but also on the world at large. Therefore, it is important to explore a more appropriate way through which STI preventive communication campaigns can be effectively used to reduce the current exponentially growing varieties of sexually transmitted infections.

In the fight against STIs in Nigeria, the campaign for sexual behaviour reforms through the incorporation of religious tenets in the campaign programmes remains a major asset that has remained untapped. Studies on STIs in Nigeria have mainly focused on the knowledge, attitude, prevalence and sources of information on STIs e.g. prevalence of STIs among attendees of AFRH centre in Ibadan (Okonko, Akinpelu, & Okerentugba, 2012); knowledge and practice of condom usage among undergraduate students in Edo State (Izekor *et al.*, 2014); knowledge and treatment-seeking behaviour of University of Ilorin students (Kadiri, Ahmad, & Mustaffa, 2014); factors predicting attitude of first-

year university students towards STIs, HIV in Ogun State, Nigeria (Adekeye, 2013); vulnerability and knowledge of STIs among female traders of reproductive age in Enugu, Nigeria (Ikeako *et al.*, 2014); and knowledge, sources of information and risk factors for STIs among secondary school youths in Zaria, Northern Nigeria (Aliyu *et al.*, 2013). However, little or no attention has been directed to how religion and religiosity may be associated with the sexual behaviours, treatment and test-seeking behaviour and overall vulnerability to infection. Yet, religion represents one of the many potential normative orders claiming youths' allegiance and adherence to sexual behaviour in most communities (Smith, 2003). Also, the acceptance and delivery of STI campaigns may be dependent on the prevailing religious culture within a local community as well as at the national stage. This is because religion has the potential to shape people's perceptions of and dialogue on HIV-relevant behaviours.

Several studies have shown that complying with religious belief and values may have positive impacts on health and infection transmission (Ahmad & Harrison, 2010; Ellison & Levin, 1998; Reynolds & Tanner, 1995). For instance, it has been suggested that Islam and Christianity have been partly responsible for the decrease in post-partum sexual discipline and the sharp drop in polygyny in east Africa (Lagarde *et al.*, 2000). Since the discovery of HIV/AIIDS in the mid-1980s, some religious leaders have used the opportunity to offer moral recommendations (Kagimu *et al.*, 1998) because religion does not only affect values and attitudes towards sex, but also sexual decision-making and sexual behaviour (Brewster *et al.*, 1998; Rostosky *et al.*, 2004). This is hardly a surprise considering that human sexuality has great religious relevance, which is cross culturally reflected in religious regulation of, or attempts at regulating, school-based sex education and condom use and distribution (Irvine, 2002). In the context of sexually transmitted infections (STIs), religiosity and religious affiliation do have a negative impact on STI prevalence likely because of the restrictions that religions place on sexuality (Seidman, Mosher, & Aral, 1992). If religious factors associated with STIs, which is largely transmitted sexually, can be identified, then this endeavour can be strategically used in curbing STI prevalence (Gayle & Hill, 2001; Piot *et al.*, 2001) in Nigeria.

For instance, strict adherence to religious injunctions may confer protective benefits against sexually transmitted infections. While Islamic marital codes permit men to marry as many as four wives and to divorce relatively easily, potentially increasing the number of lifetime sexual partners, a known risk factor for acquiring STIs (Wasserheit *et al.*, 1991; Stanberrry & Bernstein, 2000), prohibitions against sex outside of marriage may outweigh these risks. However, the Christian religion

forbids a man from marrying more than one wife as well as divorce and involvement in extra-marital affairs. If the codes against premarital and extramarital sex are followed, it could reduce sexual activity, which will lead to a reduction in sexually transmitted infections. In addition, Islam prohibits the consumption of alcohol; however, it remains permissible in the Christian religion. Alcohol use has been reported as a risk factor for HIV infection (Bastani *et al.*, 1996; Weiser *et al.*, 2006; Kongnyuy & Wiysonge, 2007; Mmbanga *et al.*, 2007). Also, alcohol consumption may favour higher rates of sexually transmitted infections. Lastly, circumcision has been identified as a practice apparently decreasing STI transmission (Weiss *et al.*, 2000; Bailey *et al.*, 2001). Circumcision, which is practised by Muslim men, may also reduce the acquisition of STIs. For these reasons, we may expect Islamic religious affiliation to be negatively associated with STIs.

Studies from Western countries by McCree *et al.* (2003), Holt, Lewellyn and Rathweg (2005), Rew and Wong (2006) and Muturi (2008) showed that religion and spirituality had positive influence on sexual behaviour. Also, it affects the attitudes of people towards safe sex as well. For instance, McCree, Wingood, DiClemente, Davies and Harrington (2003) pointed out that religiously-motivated participants were found to have used condoms in the past six months of their study, delayed first-time sexual activity and quite often were attuned to regular condom usage. Likewise, Muturi's (2008) findings revealed that religion served a prominent role in the Jamaican culture as it helped curtail the sporadic spread of STIs. Similar studies conducted by Lengwe (2009) and Mulwo (2010) revealed that religion was a concept that made young people practise restraint from indulging in risky sexual behaviour. Relying on data from the National Longitudinal Study on Adolescent Health in the U.S.A., Meier (2003) established that young people who were religiously inclined had the probability of indulging early in sexual activity. Similarly, Rostosky, Regnerus and Wright Corner (2003) and Rizzi (2004) reported that a delayed onset of penetrative sexual activity might be the result of internalised moral values.

These studies sharply contrast with some others (Rahamefy *et al.,* 2008; HEAIDS, 2010; Noden *et al.*, 2010; Štulhofer *et al.*, 2011) that show that religion and spirituality do not have a negative influence on sexual behaviour and safe sex. Forest *et al.* (1993) asserted that religion did not seem to play a major role in the male's attitude to risky sexual behaviour. In similar vein, Rahamefy *et al.* (2008) maintained that religion did not have an association with the use of condoms. Likewise *et al.* (2010) highlighted their discovery that religiousness had minimal effects on sexual activity for females while Štulhofer *et al.* (2011) asserted that religiosity did

not seem to substantially reduce STI- and HIV-related risk-taking, particularly among men.

Indeed, the relationship between the STI threat and religion has often been ambiguous, and this may explain why few studies have addressed the incorporation of religion in STI preventive campaigns particularly in Nigeria. To design an appropriate and effective campaign, it is important to understand young people's perspectives on how religion can be used to curb risky sexual behaviour that leads to STIs. However, it is not clear whether those committed to following religious teachings and practices have lower STI infection rates in Nigeria. Consequently, this study was conducted to explore how religiosity can be incorporated into STI preventive communication campaigns in Nigeria.

The Role of Communication Programmes

Effective reproductive health communication provides information and in-depth awareness where ignorance and ambiguous misconceptions prevail. In an attempt at focusing on reproductive health activities, communication programmes promote appropriate reproductive behaviour which prevents individuals from contracting STIs, including HIV/AIDS, which is one of the recent causes of death in Africa (Muturi, 2005). Communication provides adequate information, knowledge and understanding to people about specific health problems and interventions. As a result of this, it is important that health communication experts have an in-depth understanding of the various health issues in order to communicate effectively to their various target audience. This prompted communication experts to highlight the role of communication in reproductive health programmes during the 1994 Cairo Programme of Action, which emphasieed the need for a multimedia communication approach in reproductive health communication.

On a global perspective, concerted efforts have been channelled towards awareness campaigns that aimed at changing people's attitudes and behaviour or practices on risky sexual behaviour (Mututri, 2005). Several approaches were used in order to achieve the communication goal of creating awareness and achieving behavioural change in the prevention of STIs. The approaches included the mass media communication approach, which uses a wide variety of mass media channels for awareness building, and the social marketing approach that promotes the use of condoms and other contraceptives at a minimal cost in an effort to change the behaviour of individuals who are impeded by inertia or other resistances and the enter-educate approach, which uses entertainment to spread social messages, reach people and influence their attitude and behaviour (Rogers, 1995; Piotrow *et al.*, 1997). In Nigeria, a wide array of mass media initiatives have been put in place to create awareness of STIs and to promote behavioural change among young people (Jappah, 2013). Unfortunately, the

communication approaches used have not proven effective enough to bring about change in behaviour (Jappah, 2013).

These communicative approaches have been criticised for being one-way communication with an audience at the receiving end and for not being audience-centred (Swanepoel, 2005; Jappah, 2013). This is particularly the case in Africa where social, cultural and economic factors mitigate the adoption of healthy reproductive behaviour and practices (Airhihenbuwa, 1995; Airhihenbuwa *et al.*, 2000; Wilson & Miller, 2003). Most women in many parts of the world contracted STIs mainly because they were ignorant of these infections (Muturi, 2005). Eventually, when they got to know about these infections, their knowledge was filtered through pre-judgement and attitudes that purvey myth and other religious beliefs and values that impeded healthy behaviour and practices (Ferguson, 1991; Jagedo, 1996). However, reproductive health programmes have not focused on these factors but continue to disseminate messages through the media with the objective of closing the knowledge, attitude and practice gap or satisfying the unmet need.

Religions in Nigeria

Religion is a reality in human cultural experience. It has a pervasive influence on the existence of human beings. Religion as an element of culture describes the way man relates with the supernatural world or the Divine Being. This relationship finds expression in beliefs, worships, creeds and symbols (Uka, 1990). Nigeria is a religious pluralistic society; all the three religions i.e. Islam, Christianity and traditional worship have an active presence. Pockets of other faiths like Hinduism, Bahai, Judaism, Reformed Ogboni Fraternity and Grail message are also found (Kitause & Achunike, 2013). These other religions are mainly practised by foreigners or a very small percentage of Nigerian citizens.

Adherents of the major religions are found in every city, town and village of the country. The Islamic religion is dominant in the northern part while Christianity is more prevalent in the South-Eastern and South-South regions. The people of the South-West share the two religions of Islam and Christianity with an almost equal passion. The traditional religion is not widely practised in the country, and only a small number still believe and practise it.

Religion determines the lives of Nigerians from cradle to grave: what a person eats and wears, where he goes to school, the occupation he enters and his choice of spouse, to list only five personal decisions, are all nurtured by religion. From all indications, religion remains a potent tool of culture interfacing with STI preventive communication. Its potency lies in its ability to prevent young people from involving in risky sexual behaviour. It can thus lead to the reduction of the prevalence of STIs. The injunctions from different Holy Books can be adapted to communicate encouraging messages to young people to lead a life that can prevent STIs.

METHODS

This study was carried out among young students of the University of Ilorin, Ilorin, Nigeria. In this study, in-depth interviews were held among 32 young students between the ages of 18 and 25 years from the above-named institution. Twenty-eight of the informants were Muslims while 30 were Christians. Thirty-two of the students were females while the remaining were males. Before the study began, ethical clearance was given by the institution's Ethical Committee. At the commencement of each in-depth interview, adequate information was provided to each informant on the rationale for the study. The in-depth interview, which was conducted in the English language, was thematically analysed using the Nvivo 10 software. The in-depth interview centred on the teachings of the religions, influence of a religious background and how the indoctrination of religion can be strategically used to improve HIV/AIDS campaigns in Nigeria. The young students were also asked about the relevance of religion in improving STI communication campaigns in Nigeria. This study also investigated how the values taught by religions in Nigeria can help or hamper STI prevention.

FINDINGS

Religion as a Tool for Self-discipline

Informants were forthcoming on the potency of religion and how it can be used to prevent STIs. Evidence showed that the majority of the young people who avoided engaging in premarital and extra-marital sex did so because of their religious beliefs. This study found that some young people's commitment to religion protected them from engaging in sexual risk behaviour. Most of the respondents agreed that religion was an aspect of culture that could be used to prevent young people from becoming involved in risky sexual behaviour or pre-marital sex.

Informants with strong religious faith mentioned that lessons on the virtue of temperance assisted them in curtailing their sexual desires, thus reducing their chance of exposure to risky sexual behaviour. Furthermore, the spiritual tenets of praying and fasting were mechanisms of control of the desire for "things of the flesh" like sexual pleasures. This showed that religious principles had the capacity to inculcate self-discipline in the young, thus acting as protection against immoral and risky sexual behaviour. The following eloquently captured the attitude of one informant, who stated:

> *I think religion is the best cultural element to deter one from risky sexual behaviour… . Not that I do not sometimes feel like having sex, but anytime the feelings come up I just pick up my bible and go to church. (Informant 1)*

Another informant also gave religion a pass mark because:

> *Religion is the most important aspect of culture and it will have a tremendous impact in convincing people to change their attitude on sexual issues. (Informant 2)*

The above comments show that religion can be instrumental as a powerful stimulus in conditioning the young to refrain from premarital sex.

Self-conviction

However, several informants had the contrary opinion on the potency of religion as curbing risky sexual behaviour of young people. These informants argued that religion was not a potent protective factor that could dissuade young people from treading the path of risky sexual behaviour. They explained that although religion was a good protective factor, it had limitations based on the lifestyle of people who are referred to as "men of God". They emphasised that self-conviction was more impactful. An informant was emphatic on this, as seen below:

> *I think what is important is protection because… religious aspect is not helping… even someone who is recognized as a minister in the church and an Imam in the mosque are practicing extra or premarital affair behind and you don't know… . (Informant 3)*

Informant B 26 further stressed the limitations of religion:

> *Christianity and Islamic religions both condemned adultery and fornications. It is good if this attribute of religion is used in advert…. However, it now boils down to personal conviction of every individual. Some may ignore it while it may have positive effect on others. (Informant 4)*

The above statements showed that the moral precepts preached by religion might not be impactful enough.

Virtues from the Holy Books

What is not in dispute, whether in reference to Islam or Christianity, is that the Holy Books of these two religions are explicit in their injunctions concerning sex. The Christian doctrine, for example, expressly forbids single people from pursuing premarital sexual pleasures. Informant B 35 expressed that "…the bible says it is bad and it is in the Ten Commandments that one should not do such because it is a sin". Informant 21, who was also a Christian, supported the informant by adding that "… you know the bible teaches that sex before marriage is adultery and adultery is a sin." Muslims hold to this belief too i.e. that sex before marriage is unwholesome. Some Hausa informants, who were Muslims, explained that the lives of the Hausas revolved around the Holy Quran and thus, some aspects of their culture relating to sex were derived from this holy order:

> *The Quran frowns at sex before marriage… Hausas believe that the Quran is actually the right way. (Informant 6)*

> *For someone like me while growing up, we had Islamic teachings that deter us from having relationship with the opposite sex. So, I believe religion can deter us from having risky sexual behaviour which can curb STI. (Informant 9)*

Another informant added:

> *I will first choose religion because there is punishment for anybody who is not married to involve his/herself in sexual activities. I will just advise him/her to withdraw because for instance I am a Muslim, Islam does not encourage extra marital affair. And it is not good for someone who is married to involve in extra marital affairs. One of the verses in Quran says one should not commit adultery. (Informant 23)*

The above views showed that the majority of the young people had sufficiently deep knowledge of the religious implications of premarital and extra-marital sex. It is, therefore, important that campaign planners should draw upon the teachings of holy books in promoting particular normative ideas of what is good and bad, which orientate human consciousness and positively motivate human action.

Relevance of Religious Leaders

It is incontrovertible that religions through their doctrines exert a strong influence on the lives of young people. In a country like Nigeria where religious sentiment is high i.e. religion practically determines the live of the individual from cradle to grave: what the individual eats and wears, where he goes to school, the occupation he enters, the choice of spouse, to list a few all are nurtured by religion. How true this assertion is can be verified from the perceptions of the informants in the study. According to one informant:

If we use religion, one we will be getting attention of 70% audience ... about STI. We can also use [the] Islam [aspect] to talk to the Islamic people and the traditional to the traditional people. If we meet their priest (sic), they have where they worship, like I know of the Ogboni people here in Abeokuta, we can use their priest to talk to them. (Informant 5)

Another informant commented further:

...in Hausa society, religion will be utmost effective. People can ignore other elements of culture but religion cannot be overlooked. Experience has shown that Imams have a soothing effect on people in troubled areas; religious people are viewed as man (sic) of God and whatever comes out of their mouth are the noble words of God. Even the politicians are afraid of them. So they can be a very important link in the dissemination of STI campaign. (Informant 4)

Religion is embedded in beliefs, when you talk of belief, you talk of religion. The traditional belief says that wherever we are, God or the gods are watching us. The religious leaders are good instruments for passing across STIs messages to young people. Young people will be easily influenced by information from the religious leaders. (Informant 31).

These responses showed that the young people had a strong conviction that religious institutions could be used to change the orientation of the young people in relation to risky sexual behaviour that might eventually lead to STI contraction. Religious institutions are recognised as

enablers for reforming young people in society. Furthermore, a glimpse into the Holy Quran revealed verses that condemned adultery and fornication in all their ramifications. For instance, Quran 17, verse 32 says, ''*Do not go near adultery. Surely, it is a shameful deed and evil, opening roads (to other evils)"*. Book 7 Verse 33 expounds further on the issue by stating categorically that, *"Verily, my Lord has prohibited the shameful deeds, be it open or secret, sins and trespasses against the truth and reason."* The Noble book of God as in Book 24 verse 26 admonishes that, *"Women impure are for men impure, and men impure are for women impure and men of purity are for men of purity, and men of purity are for women of purity."* The punishment for adultery in Islam is severe:

> *"the woman and the man guilty of fornication , flog each of them with a hundred stripes: Let no compassion move you in their case, in matter prescribed by Allah, if ye believe in Allah and the Last day: and let a party of the Believers witness their punishment"*. (Quran, Book 24 verse 2)

Islam, however, is not the only religion that condemns fornication and adultery. Practically all religions do, including many world cultures, because adultery and fornication destroy marital relationships. It can also destroy the family, break careers and leave the by-product of severe emotional problems. Adultery and fornication are unlawful, and many societies have prescribed standards of legal, customary, traditional and religious sanctions imposed upon their perpetrators. The Holy Bible, for instance, says that *"whoso committeth adultery with a woman lacketh understanding: he that doeth it destroyeth his own soul"* (Proverb 6:32). Corinthians 6:18 exhorts, ''*Flee fornication. Every sin that a man doeth is without the body; but he that committeth fornication sinneth against his own body'.'*

In summary, the informants indicated that religion protected against risky sexual behaviour, particularly among young people who had strong faith. The majority of the informants expressed the view that religion was a potent element of culture that could be utilised to prevent young people from becoming involved in risky sexual behaviour. However, contrary opinions also existed, insisting that religion was not enough, that personal chastity and self-control needed to be cultivated as additional support.

DISCUSSION

As the data revealed, the young people saw religion as having the capacity to protect young people from engaging in sexual risk behaviour. Nigeria's two major religions, Christianity and Islam, were found not to tolerate fornication or other immoral sexual behaviour. Most of the informants agreed that religion as an aspect of the people's culture had a positive impact on young people, especially those of them who were religiously conscious. Consequently, religion had the potential to prevent risky sexual behaviour or pre-marital sex among them.

This study showed that the majority of the young people were committed to their faith, which empowered them to overcome the motivation to engage in risky sexual behaviour that often led to STIs. In addition, adherence to religious tenets had also inculcated in the young people the ability to decipher right behaviour from wrong behaviour. To a reasonable extent, religion had therefore encouraged young Nigerians to choose between right and wrong behaviour. Used positively, it is an instrument to curtail risky sexual behaviour among the youth. Lengwe (2009) corroborated that religion was a good concept that made young people cultivate self-discipline; also, Mulwo (2010) asserted that the religion of young people could be used as a motivation in the development of self-mastery when it came to sexual matters. However, several studies have shown that religion does not have an over-whelming influence on curbing the risky sexual behaviour of young people (Forest *et al.*, 1993; Rahamefy *et al.*, 2008; HEAIDS, 2010; Noden, Gomes, & Ferreira, 2010; Štulhofer *et al.*, 2011).

One of the emerging shortcomings of religion has to do with its inability to act singly as a restraint for individuals engaging in immoral or risky sexual behaviour. Compounding the problem has been acts of sexual impropriety on the part of religious bodies and individuals that publicly questioned the honesty of religion as a moral restraining hand on immoral sexual behaviour. The attendant consequence was to make sexual relations and restraint a matter of personal decision and/or conviction. Therefore, it is important for STI preventive campaigns to advocate that young people adhere strictly to the teachings of religious leaders and also abide by the positive behaviour that they exhibit rather than exercising their negative attributes because no human is perfect. Despite the shortcomings of religion, it can be argued that religion has the capacity to curb the risky sexual behaviour of young people (McCree *et al.*, 2003; Muturi, 2008).

Further questions on the issue of the cognitive traits of individuals reveal that an individual's internal locus of control rather than external events such as religion can be a strong determinant to effect control on some young people to prevent them from becoming involved in risky sexual behaviour. Ironically, consensus cannot be built on this point as Lengwe (2009) suggested that cognitive traits are not significantly related to sexual behaviour. Indeed, for females, as Eleazar (2009) found, self-esteem seemed to be a vital protective shield as he found was the case among female undergraduate students. Therefore, for young people who are not religiously inclined, it would be preferable for the campaign planner to utilise self-conviction as a principle to convince young people to be sexually disciplined.

The prospect of fusing religion with culture to contain the problem of rising STIs in Nigeria emerged in respect of the

Hausa people from northern Nigeria, who were principally Muslims and whose life revolved around the Holy Quran, the holy book of Islam. Hence, the presumption was that the Holy Quran contained injunctions that could be adapted to induce positive attitudes towards STIs in the area.

One encouraging finding was that some informants from the northern part of the country advocated that STI preventive communication campaigns could be more impactful if they had the involvement of various trusted religious leaders in the country. The obvious implication arising from the position suggested that the inclusion of religion leaders and the virtues they taught in STI campaigns would result in more positive behavioural change among young people in Nigeria. This finding also synchronises with the findings of Lagarde *et al.* (2000), who recommended that the involvement of religious institutions in STI campaigns could contain the rapid increase in STI prevalence.

CONCLUSION

The time has come for STI preventive communication campaigns in Nigeria to adopt some religious doctrines in their conceptualisation and implementation. Anything contrary to that runs the risk of failing. Different religions in Nigeria have their specific belief systems that govern their ideology on sexual issues. The results of the field work in this study have shown that most young people are comfortable when STI preventive communication is located within the realm of their religion.

Based on the responses derived from the informants, it was discovered that none of the STI campaigns that they were exposed to used religious virtues of any religious groups. The reason for the absence might be that Nigeria is a secular country in which religion is prided as being very sensitive. As a result of this it is important for campaign planners to incorporate religion into STI campaigns in a very subtle way that will not infuriate any religious denomination in the country.

The in-depth interviews provided an insight into young people's perception of how religion can be used to improve the effectiveness of STI campaigns in Nigeria. The findings that emerged showed that there are several religious perspectives that should be integrated into programmes designed to discourage young people from becoming involved in risky sexual behaviour. The young people interviewed explained that the incorporation of belief, norms and values of the different religions in Nigeria into STI preventive campaigns would go a long way in improving the receptivity of the campaign among young people who have a strong abiding faith in their religion doctrines.

The findings also improved our understanding that religion alone cannot dissuade young people from becoming involved in risky sexual behaviour that leads to STIs. The informants explained that self-conviction was another attribute that discouraged young people from becoming involved in risky sexual behaviour. As a result of this, it is important for campaign

planners to use religious values to boost the self-efficacy of young people to discourage them from becoming involved in risky sexual behaviour.

Some informants also encouraged the usage of religious leaders in the conceptualisation, implementation, dissemination and evaluation of STI preventive communication campaigns. The reason for the assertion was that people easily accept information that comes from a respected man of God as compared to any other category of people. Though some of the informants expressed their reservations on the integrity of the men of God, it is important for STI campaigns to advocate that young people should adhere strictly to the doctrines of the religion rather than look at the lifestyle of religious leaders.

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