

**PERCEPTIONS AND PRACTICE OF HOMOSEXUALITY AMONG
UNDERGRADUATES OF THE UNIVERSITY OF IBADAN, NIGERIA**

BY

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The practice of homosexuality is of public health importance in the context of HIV/AIDS. Studies have found significantly higher rates of HIV and other sexually transmitted infections among homosexuals than heterosexuals. Studies have shown that the practice of homosexuality is higher among young people in secondary and tertiary institutions but very scanty information exist on the perception and practice of homosexuality among young people in Nigeria. The Federal Government of Nigeria has proposed a bill to prohibit the practice of homosexuality, but no information exists in young persons' perception to the bill. The objectives of the study were to determine the perceptions and practice of homosexuality among undergraduates of the University of Ibadan (UI) and document their views regarding the proposed prohibition of the practice in Nigeria.

The study was cross-sectional in design. A multi-stage, sampling procedure was used to randomly select 400 students from four of the thirteen faculties in the university. A pre-tested questionnaire, which was developed using information obtained from six Focus Group Discussions (FGDs), was used to interview the students. Descriptive and inferential statistics were used for the analysis of the data.

The mean age of the participants was 23.2135 years with 50% males and 50% females. Majority of the respondents were Christians 262 (65.5%) while many were Muslims 38 (11.8%). The participants were predominantly of the Yoruba ethnic group 249 (62.3%). About a quarter 103 (25.8%) of the participants claimed to know UI students who are lesbians while 97 (24.3%) knew of UI male students who have sex with men. Ninety one percent of the participants expressed aversion for homosexuality compared to 36 (9%) who held positive attitude towards the practice ($p < 0.05$). A total of 187 (46.8%) males and 177 (44.2%) females had negative attitude compared to 13 (3.2%) males and 23 (5.8%) females who had positive attitude to homosexuality ($p < 0.05$). Few 20 (5.0%) of the participant had ever had sexual intercourse with someone of the same sex, of these 9 (2.2%) were males and 11 (2.8%) were females. A total of 10 (2.5%) UI students currently practice homosexuality with 4 (1.0%) being males and 6 (1.6%) females. Majority of the FGD discussants believed that homosexuality is immoral and should be discouraged. Most of the FGD discussant posited that few UI students are homosexuals but believed there are more lesbians than gays. A total of 151 (37.8%) males and 140 (35.0%) females ($p < 0.05$) were in support of the bill before the National Assembly, which seeks to ban

Abstract

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The mean age of the participants was 23.2±3.5 years with 50% males and 50% females. Majority of the respondents were Christians 262 (65.5%) while many were Muslims 38 (9.5%). The participants were predominantly of the Yoruba ethnic group 249 (62.3%). About a quarter 103 (25.8%) of the participants claimed to know UI students who are lesbians while 97 (24.3%) knew of UI male students who have sex with men. Ninety one percent of the participants expressed aversion for homosexuality compared to 36 (9%) who held positive attitude towards the practice ($p<0.05$). A total of 187 (46.8%) males and 177 (44.2%) females had negative attitude compared to 13 (3.2%) males and 23 (5.8%) females who had positive attitude to homosexuality ($p<0.05$). Few 20 (5.0%) of the participant had ever had sexual intercourse with someone of the same sex, of these 9 (2.2%) were males and 11 (2.8%) were females. A total of 10 (2.5%) UI students currently practice homosexuality with 4 (1.0%) being males and 6 (1.5%) females. Majority of the FGD discussions believed that homosexuality is immoral and should be discouraged. Most of the FGD discussions posited that few UI students are homosexuals but believed there are more lesbians than gays. A total of 151 (37.8%) males and 148 (37.0%) females ($p<0.05$) were in support of the bill before the National Assembly, which seeks to ban

homosexuality in Nigeria. Education and counselling topped 281 (32%) the list of the recommended strategies for rehabilitating homosexuals, rather than five years imprisonment proposed by the bill.

Very few of the students practice homosexuality which may be due to the aversion by many people. Counselling of existing homosexual and public enlightenment on the rationale for the policy are recommended.

Keywords: Homosexuality, HIV, Law, Youth, Nigeria

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Certification

I certify that this work was carried out under my supervision by Mr. Okosun Thank-God in the Department of Health Promotion and Education, (HPE), College of Medicine, University of Ibadan, Ibadan, Nigeria.



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Dedication

This work is dedicated to the Almighty God, the Creator of heaven and earth and to my parents Mr. and Mrs. Okosun for bringing me up in my formative years. With love, I also dedicate this work to my darling wife - Mrs. Henrietta Okosun, my beautiful and lovely children - Favour Ehinomen Okosun, Victor Ehinemen Okosun and Joshua Eromosele Okosun. I cherish and love you all.

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Acronyms

AIDS -	Acquired Immune Deficiency Syndrome
CDC -	Centre for Disease Control
FCDA -	Federal Capital Development Authority
FCTA -	Federal Capital Territory Administration
FCT -	Federal Capital Territory
FRCN -	Federal Radio Corporation of Nigeria
HIV/AIDS-	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ILGBT -	International Lesbian, gay, Bisexual, and Transgender
LGA -	Local Government Area
LGBT -	Lesbian, gay, bisexual and transgender
MSM -	Men who have Sex with Men
NACA -	National Action Committee on HIV/AIDS
NASCP -	National HIV/AIDS and Sexually Transmitted Infections Control Programme
PPFA-I -	Planned Parenthoods Federation of America International
STI -	Sexually Transmitted Infections
UCH -	University College Hospital
UNICEF-	United Nation International Children Emergency Fund
WHO -	World Health Organization

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CHAPTER ONE

1.1 Background of the study

Psychologists in the 19th and 20th centuries, most of whom classified homosexuality as a form of mental illness, developed a variety of theories on its origin. Bozelle, (1989) stated that the 19th-century psychologist Richard von Krafft-Ebing, whose *Psychopathic Sexuality* included masturbation, sado-masochism, and "lust-murder" in its list of sexual perversions, saw it as originating in heredity. Sigmund Freud characterized it as a result of conflicts of psychosexual development, including identification with the parent of the opposite sex. Others have looked at social influences and physiological events in fetal development as possible origins. It is likely that many instances of homosexuality result from a combination of nature or constitutional factors and environmental or social influences (Encyclopaedia Britannica, 2015).

Bozelle, (1989) reported that at the turn of the 21st century, many societies discussed sexuality and sexual practices with increased candour. Together with a growing acceptance of homosexuality as a common expression of human sexuality, long-standing beliefs about homosexuals have begun to lose credence. The stereotypes of male homosexuals as weak and effeminate and lesbians as masculine and aggressive, which were widespread in the West, as recently as the 1950s and early '60s, have largely been discarded (Bozelle, 1989).

Kinsey, (1957) reported that homosexual activity was a frequent pattern in adolescence, among both males and females. The Kinsey report of 1957, for example, found out that 30% of adult American males had engaged in some homosexual activity and that 10% reported that their sexual practice had been exclusively homosexual for a period of at least three years between the ages of 16 and 55. About half as many women in the study reported predominantly homosexual activity. Encyclopaedia Britannica, (2015) reported that more recent surveys, concerning predominantly homosexual behaviour as well as same-gender sexual contact in adulthood, have yielded results that are both higher and lower than those identified by Kinsey. Most people can be

identified at a point on either side of the midpoint of the spectrum, with bisexuals (those who respond sexually to persons of either sex) situated in the middle. Situational homosexual activity tends to occur in environments such as prisons and single schools, where there are no ready opportunities for heterosexual contact (Encyclopaedia Britannica, 2005).

Different societies respond differently to homosexuality, while some societies have strict taboos on homosexual behaviour and may deny the presence of homosexuality, there is evidence that homosexual identity or orientation exists in nearly all societies and cultures. Under these circumstances, homosexual practices in that society may be suppressed or kept within a private subculture (Ekeanyanwu, 2006). In some countries (e.g. Belarus, Cyprus, Romania, Nigeria) homosexual or bisexual orientation is outlawed and discrimination is permitted, while in some other countries (e.g. Denmark, Holland, Sweden, Canada, South Africa and Ukraine), the legal rights of people with these sexual orientations are protected (Gender Health, 2011). Onorodion, (2011) reported that increased number of countries is legalizing homosexuality, and as a result of sexual acceptability the homosexuals have started agitating for same-sex marriage recognized by law. As reported by Encyclopaedia Britannica (2005), in most of Africa, Asia, and Latin America, both the subject and the behaviour are considered taboo, with some slight exception made in urban areas. In Western countries, attitudes were somewhat more liberal. Encyclopaedia Britannica (2005) reported that in Namibia, for example, police officers were instructed to "eliminate" homosexuals. Gay students of Jamaica's Northern Caribbean University were beaten, and an anti-gay program in Brazil by the name of Acido Coracao ("Wipe Up Your Heart") was blamed for murdering several gay people. In Ecuador, a gay rights group called Quito gay received so much threatening e-mail that it was given support by Amnesty International.

1.2 Statement of the Problem.

Homosexuality has implications for sexual and reproductive health. First, it has been reported that gays and lesbians are at greater risk of transmitting sexually transmitted infections including HIV/AIDS due to exchange of body fluid (e.g. semen

and vaginal fluid. (Endangered Health, 2001) Secondly, reproductive health needs of lesbians are highly specific, with a majority selecting to achieve pregnancies via self-insemination with a known donor's semen or via clinic-based donor insemination (Crawford, Kippax and Kaldor, 2004.) These women require a practitioner who is knowledgeable about appropriate donor-insemination clinics for referral and can provide information, for those using self-insemination, about optimal donor screening, ovulation monitoring and safety during the period of insemination. Thirdly, reports have shown higher levels of substance use compared with the general population among gay and lesbian people (Falk, 1989, Hitchens and Kirkpatrick, 1985). Predisposing factors in substance use include increased risk-taking behaviours, higher levels of depression, and social subculture that incorporates substance use. Early studies (Sunkin, 1999, Roberts, 2001) indicated that lesbians were more likely to drink excessive quantities of alcohol. An Australian population – based study (McNair, Anderson and Mitchell, 2001) has shown higher use of all substances, both licit and illicit among non-heterosexual women. This evidence is contradictory, with a New Zealand study (Smith, Kruel and Richters, 2003) indicating low levels of alcohol intake among lesbians and a large population study in the United States (Michael, 1998) showing high levels. Illicit drug use is consistently reported as higher among lesbians than other women, although the health effects of this use are still not clear. Fourthly, the level of stigmatization among gays and lesbian has reflected in their access to health care services. In a Victorian study of gay and lesbian health issues, access to sensitive health care services was the most frequently mentioned issue. Lesbians have reported low satisfaction with health services because of negative attitudes and a lack of cultural understanding of the context in which their health is shaped. For example, one of the major issues for ageing lesbians and gays is prejudicial attitudes in aged-care institutions, highlighting the need to train providers and agencies in this area. Lesbians and gays prefer their healthcare providers to be 'gay positive' – that is, open-minded, knowledgeable about their healthcare needs, and able to encourage safe disclosure of sexuality (Roberts, 2001)

However, there major kinds of fear exist about effects of lesbian or gay parents on children (Falk, 1989 and Hitchens and Kirkpatrick 1985). The first concern is that

development of sexual identity will be impaired among children of lesbians and gay parents. For instance, the children brought up by gay fathers or lesbian mothers will show disturbances in gender identity and/or in gender role behaviour (Michens, and Kirkpatrick, 1985; Kieber, Howell, and Tibbils-Kieber, 1986; Falk, 1989). It has also been suggested that children brought up by lesbian mothers or gay fathers will themselves become gay or lesbian (Falk 1989, Kieber and Howell, 1986). A second category of concerns involves aspects of children's personal development other than sexual identity. For example, courts have expressed fears that children in the custody of gay or lesbian parents will be more vulnerable to mental breakdown, will exhibit more adjustment difficulties and behaviour problems and will be less psychologically healthy than children growing up in homes with heterosexual parents (Falk 1989, Kieber et al, 1986). The third category expressed by the courts is that children of lesbians and gay parents may experience difficulties in social relationships (Edmond, 1981, Falk, 1989, Michens and Kirkpatrick, 1985). Judges have repeatedly expressed concern that children living with lesbian's mothers may be stigmatized, teased, or traumatized by peers.

In countries where homosexuality is liberalised, the law offers protection under the human right code. In the Ontario human right code, the law provides equal rights and opportunities and recognizes the dignity and worth of every person. It is an offence to discriminate against someone or to harass them because of their sexual orientation or their same-sex partnership status. This right to be free from discrimination and harassment applies to employment, facilities, accommodation and housing, contracts and membership in unions, trade or professional associations (Adobe, 2011). In November 2015, the constitutional court in South Africa ordered that the parliament amend marriage laws to allow gay weddings within a year and also stated that the definition of marriage be changed from a 'union between a man and a woman' to a 'union between two persons' (Adobe, 2011). On Dec. 1st 2017, the law was amended in South Africa to reflect unions between two persons. South Africa thus became the first African country to legalise homosexuality and same sex marriage (Federal Radio Corporation of Nigeria (FRCN), 2016).

However, this freedom of expression is not allowed in some other countries. In 2006, the president of Federal Republic of Nigeria, Chief Olusegun Obasanjo, sponsored a bill to outlaw homosexuality. The Act to be cited as 'Same Sex Marriage (Prohibition) Act 2006' seek to prohibit homosexuality, association of homosexuals, marriage between persons of the same sex and adoption of children by them in or out of a same sex marriage or relationship in the Federal republic of Nigeria. The penalty for violating the act is 5 years imprisonment without an option of fine (Ekenoyan et al., 2006; Lohor, 2006; Ozoemeni, 2006). Preceding the enactment of the act prohibiting same-sex marriage, Article 214 of the Penal code of Nigeria stipulate that 'any person who has carnal knowledge of any person against the order of nature or permits a male person to have carnal knowledge of him or her against the order of nature is guilty of a felony and liable to imprisonment for 14 years'. While reacting to the prohibition of same sex marriage, the Nigeria Minister of Justice stated that being a gay is 'unnatural'. Many religious leaders in the country have expressedly aligned with the prohibition act (Lohor, 2006).

However, human rights activist have sound a note of caution in handling the issue of homosexuality. Amnesty International is of the opinion that being a gay or lesbian does not infringe on the right of others and they have the right to sexual freedom (Adeoye, 2006). Professor Osolunmelu, the Chairman of National Action Committee on AIDS (NACA) and the vice president of the 11th International Conference on AIDS and STIs in Africa (ICASA 2005), in the Daily Champion of November 27, 2005, was quoted as saying that Nigeria has more than 2000 registered men who have sex with men (MSM). The Director of PIIC Federal Ministry of Health advised the public not to be judgemental about the MSM situation in Nigeria. According to the PIIC Director, 'it would be dangerous for us to discriminate against these people, after all they have rights and are human'. Many other responses have indicated that it may not be right to think homosexuality is 'unnatural'. Bridgland (2006), reported that some prominent men in the middle class Nigeria are known to have been involved in what is known as 'shin shunhu' meaning 'men who are wives of men' as a way of demonstrating that they were truly rich. Such old practice was the beginning of homosexuality in Nigeria. According to Bridgland, the concept was

introduced by the Arabs who brought Islam in the Northern Nigeria, and by the British Colonialist who were followed by Christian missionaries. The study therefore set out to determine the perceptions of the undergraduates on homosexuality and proposed prohibition of homosexuality in Nigeria.

1.3 Significance of the Study

The denial of homosexual practice have effects in the Sexual and Reproductive Health (SRH). Osofisan (2016) stated that the gains from the collaborative intervention programmes in the last two years by various governmental and non-governmental agencies might soon be eroded due to increase level of unsafe sexual practices especially among homosexuals, lesbians and youths with increased non-use of condoms, inconsistent use of condoms, multiple sexual partners and dangerous sexual practices.

This study is significant in that it would provide information on the existence and non-existence of gays and lesbians in the university. As a group that has the ability to influence people at community level and opportunity to make their voices heard on controversial issues to the government on their position on the bill on prohibition of homosexuality in Nigeria will be ascertained. The information obtained can be used in planning appropriate interventions for undergraduates in relation to homosexual practice. The practice of homosexuality is associated with increased level of Sexually Transmitted Infections (STIs) including HIV/AIDS and Human papillomavirus (leading cause of cervical cancer globally). The practice has been reported to be more prevalent in schools, prisons, refugee camps, hostels, and barracks (Hoss, 2005). Undergraduates are considered high risk group in the initiation and maintenance of homosexual practice. Studies have been conducted on sexual practices among undergraduates, but few of such studies have been carried out on the perceptions, knowledge and practice of homosexuality.

In recent times, most Nigerian newspapers have dedicated the editorials to the issue of prohibition of homosexuality in Nigeria (Adekunle, 2016; Olatunbosun, 2016; Eniola, 2016). The general view expressed in the papers points to the fact that the Nigerian Government acted hastily to prohibit homosexuality. The implication of this

position adopted by the media is a probability of stigmatization and discrimination against those that practice homosexuality in Nigeria. Another probability is the fear of further increase in the abuse of substances and HIV/AIDS spread in Nigeria among those that practice homosexuality. The practice can become clandestine, which will further increase the population of those that practice the act.

This study provided the viewpoint of the students to the proposed bill on prohibition of homosexuality, which could assist legislators in their deliberations and decisions in the proposed bill.

1.4 Research questions

The study provided answers to the following questions:

1. What are the perceptions of undergraduate students of University of Ibadan on homosexuality?
2. What are the attitudes of the students to homosexuality?
3. To what extent is homosexuality practised among undergraduate students in the University of Ibadan?
4. What are the opinions of the undergraduate students on the Act Prohibiting Homosexuality in Nigeria?

1.5 Objectives of the Study

The broad objective of this study was to determine the perception of undergraduate students of University of Ibadan on homosexuality.

The specific objectives of the study were to

1. Document the perception of University of Ibadan Undergraduates on homosexuality.
2. Assess the attitude of the undergraduate students towards homosexuality in Nigeria.
3. Document respondents' reported practices on the existence of homosexual practices among undergraduates in University of Ibadan.

4. Examine the respondents' opinion on the Act prohibiting the practice of homosexuality in Nigeria by the students

1.6 Hypotheses

The following hypotheses were tested by the study:

1. There is no association between students' religion and reported practice of homosexuality
2. There is no association between gender and reported practice of homosexuality
3. There is no association between students' religion and attitude to homosexual practices
4. There is no association between gender and attitude of undergraduates to homosexuality
5. There is no association between gender and support for the bill prohibiting homosexuality in Nigeria.
6. There is no association between religion and support for the bill prohibiting the practice of homosexuality in Nigeria
7. There is no significant difference between faculty and support for the bill prohibiting homosexuality in Nigeria

1.7 Operational Definitions

- Homosexuality:** Sexual interest in and attraction to members of one's own sex.
- Lesbianism:** Sexual interest in and attraction of a female to another.
- Gender Identity:** An individual's self-conception as being male or female, as distinguished from actual biological sex.
- Transvestism:** Practice of wearing the clothes of the opposite sex (cross-dressing), generally to derive some kind of sexual pleasure.
- Sexual Health:** Ability to express one's sexuality free from the risk of sexually transmitted infections (STIs), unwanted pregnancy, coercion, violence and discrimination.
- Sexuality:** Total expression of a person's values, attitudes, behaviours, physical appearances, beliefs, emotions, personality and ways of socialization. **Sodomy:**
- Sodomy:** Involves the penetration of the male sex organ into the anal opening or the mouth of a man.

Limitations of the Study

The study borders on very sensitive cultural and societal issues. Respondents' confidentiality was assured and the objectives of the study were re-explained to those who were reluctant to answer questions they considered sensitive. This is to make people answer all the question items.

The study was limited to undergraduate students in the University of Ibadan. It may not be appropriate to generalize the findings to the entire universities in Nigeria due to differences in freedom of associations, religion and cultural orientations.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Historical antecedent of homosexuality in Africa

Every culture has norms related to sex and sexuality. These norms are reflected in gender roles, relationships, marriage, partnerships, friendships, and family (Ekeanyanwu, 2006). Ekeanyanwu (2006) stated that societal norms often determine sexual practices, marriage customs, punishment for unapproved sex behaviours and attitudes toward prostitution, homosexuality, sexual taboos and sexuality education. All societies have values that guide private and public behaviour. These values are formal (that is defined by religions, governments, and other official entities) and informal values (those reflecting a person's day-to-day behaviour) which may not be consistent with the culture's formal values (Ekeanyanwu, 2006).

Stephen and Roscoe (1989), reported that, for centuries African cultures have tolerated sexual play between young men or women, or actively supported same-sex relations. Thus warriors among the Azande in what is now the Central African Republic bought boys to act as their wives, and among the Shona of what is now Zimbabwe the men that possess the women spirit known as *svikiro* were regarded as been blessed. (Solari, 1997) reported that in northern Nigeria *dan danke* (sons of [the spirit] Daudu) still dress effeminately and live among women, preparing food for festivals and celebrations, procuring clients for women sex workers, and sometimes acting as prostitutes themselves. (Yet, despite the phenomenon of men dressing as women being accepted in many African societies, sex changes are almost unknown, forbidden by the belief that God specifically created some women in men's bodies. Similarly confounding many Westerners' expectations, *dan danke* may be married and have children while living as women and having male sexual partners.) (Solari, 1997)

Though incident of homosexuality in Nigeria is not practical in the open and not overtly expressed, a study conducted by Aken Oya (2001) in Minna, Nigeria reported some respondents admitting their homosexual practices. In the study, most of

those that admitted being homosexuals started the practice in the secondary schools, which are mostly single sex schools. Most of the respondents claimed they were lured into the practice by the senior students who normally relate to them as 'school mummies'. Aken'Ova (2008), stated that the culture of silence about sexuality makes homosexual activities to be practiced secretly in Nigeria. Again, the former coach of the Female National Team, the 'Super Falcon' Okpudu (2006), disclosed during interview with Champion Newspaper that over 75% of the teams are lesbians. In a related development, Adetulu (2008) reported that some males now dress like females in hotspots in Lagos, luring other men to have sexual relations with them. The magazine reported high level of patronage among the gays in Lagos metropolis. Some married couples who have been initiated into the practice in schools and among friends get hooked into the practices and continue even after marriage in homosexual practices.

South Africa has the greatest visibility, with 74 voluntary organizations forming the National Coalition for Gay and Lesbian Equality, (Kwaasi, 2003). To the outside world, however, GALZ (Gays and Lesbians of Zimbabwe) is perhaps the best known. Following public honouements by the country's president, Robert Mugabe, many of its members have been physically attacked and blacklisted with the threat of prosecution under the sodomy laws. Saunbo (2011), who has worked for GALZ since 1992, is optimistic "Mugabe will never be here for the rest of his life". In August 1998, ILEIATA (Lesbians, Gays and Transgender Persons Association) was founded in neighbouring Zambia. Chairperson Charles Phiri claims that Zambian society is tolerant of gay men and violence is almost unknown, yet he admits that his name is a pseudonym, and he is reluctant to identify the tribes in which same-sex relations were recognized before colonialism, for fear of causing uproar. Furthermore, the organization has been denied legal registration on the grounds that it supports criminal activities. In a country where the concept of a gay bar does not exist, ILEIATA, like GALZ, has the informal agenda of inventing such places, going as a group to one bar or another until they find one that welcomes them (Saunbo, 2011). Okunle (2007), reported that few countries, namely the Netherlands, Spain, Belgium, Canada, South Africa and the State of Massachusetts in the United States of America, have so far legalized the practice of homosexuality and same-sex marriage.

According to Oluwole (2007), there appears to be something peculiar about the South Africa experience. This is because it is the first and only country whose constitution outlaws discrimination based on sexual orientation. Whereas sodomy was a common law crime in South Africa during the apartheid era and was punishable by up to seven years imprisonment, its parliament voted 236:41 for a bill allowing same-sex marriage in November 2006. Debates on the issue of homosexuality and same-sex marriage are currently going on in countries like China, Austria, Australia, Sweden, Portugal, Romania, Ireland, Aruba and Taiwan. The South African example is already creating pressure in the continent; the issue of the practice of homosexuality and same-sex marriage is now in the public domains with more people now willing to talk about it (Oluwole, 2007).

Despite the impression given by the media and public debate all over the globe, the actual number of homosexuals is quite small. Essentially all surveys carried out in different continents show the number of homosexuals to be only 1-3% of the population. The number of homosexuals living in 'common law partnerships' is even less, constituting only 0.5% of all couples. This contrasts with 70% of all households with a married couple (Armen, 2001; Aaron *et al* 2001; Brown, 2000; Royston *et al*, 2001). The pressure for introducing homosexuality and same sex relationships comes from a very small section of society.

2.2 Development of human sexuality

As reported by WHO (2005) milestones in sexual and social development are usually indications of normal physical development and are common reactions to physiologic development and culturally determined norms in a given society. However, in every culture there are instances of individuals whose experiences do not conform to sexual norms and values in the community. Physiologically, specific developmental milestones are expected in the process of development. Engelered (2001) reported that between the ages of 2-5 years there is a degree of genital exploration and masturbation in both sexes and children at this stage begin to get aware of their biological sex and their understanding of sexual identity. At these age brackets it is possible for the child to begin to conform to societal messages about how females and

males should act and show an understanding of gender roles. The sexual and social development from ages 8 and 13 years reveals physical signs of puberty. This period as explained in Engendered (2001) is the period of transition from childhood to maturity and may occur slightly for girls than boys. The period is characterized by engagement in romantic activity and could depend to a large extent on cultural factors.

In many societies, there are cultural taboos against sexual intercourse outside of marriage as well as same sex marriage. In Africa culture the girl child is expected to be a virgin till the night of marriage and the thought of having sexual relation with same sex is considered an abomination. In some other societies, a couple is expected to engage in sexual intercourse—or even conceive a first child—before marriage. Some cultures do not see anything wrong with homosexuality and same sex marriage. In Australia and Canada same sex marriage is allowed and homosexuality is freely practiced (Encyclopedia Britannica 2015). However, the practice of same sex marriage and homosexuality is gradually being accepted in some societies that hitherto abhor the practice. For example, South Africa and State of Florida USA have had to contend with legislation in favour of homosexuality and same sex marriage in their countries. As reported in Lincoln (2006) all societies have faced the problem of reconciling the need of controlling sex with that of giving it adequate expression, and all have solved it by some combination of cultural taboos, permissions, and injunctions. Prohibitory regulations curb the socially more disruptive forms of sexual competition. Permissive regulations allow at least the minimum impulse gratification required for individual well-being. Very commonly, moreover, sex behaviour is specifically enjoined by obligatory regulations which appear directly to sub-serve the interests of society.

To speak of the formation/development of the sexual drive, Freud as reported in Lincoln (2006) focused on the progressive replacement of endogenous zones in the body by others. An originally polymorphous sexuality first seeks gratification orally through sucking of the mother's breast, an object for which other surrogates can later be provided. Initially unable to distinguish between self and breast, the infant soon comes to appreciate its mother as the first external love object. Later Freud would contend that even before that moment, the child can treat its own body as such an object. Going

beyond undifferentiated autoeroticism to a narcissistic love for the self as such. After the oral phase, during the second year, the child's erotic focus shifts to its anus, stimulated by the struggle over toilet training. During the anal phase the child's pleasure in defecation is confronted with the demands of self-control. The third phase, lasting from about the fourth to the sixth year, he called the phallic. Because Freud relied on male sexuality as the norm of development, his analysis of this phase aroused considerable opposition, especially because he claimed its major concern is castration anxiety. According to Freud, (Encyclopedia Britannica 2005) is the desire of every male child to sleep with his mother and remove the obstacle to the realization of that wish, his father. This phenomenon he referred to as Oedipus complex present the child with a critical problem which provokes an imaginary response on the part of the father with the threat of castration. Freud reasoned that the phallic phase can only be resolved if the boy finally suppresses his sexual desire for the mother and internalize the reproachful prohibition of the father which Freud referred to as the superego or the conscience. When this phase is unresolved problems such as incest, homosexuality, rape and other sexual deviant may arise.

Fixation of sexual drive on objects can occur at any particular moment if the various stages are unsuccessfully negotiated causing either an actual trauma or the blockage of a powerful libidinal urge. If the fixation is allowed to express itself directly at a later age, the result is what was then generally called a perversion which could manifest in sexual related deviants as rape, homosexuality, incest and the likes (Engendered 2001). If, however, some part of the psyche prohibits such overt expression, then, Freud contended, the repressed and censored impulse produces neurotic symptoms, neuroses being conceptualized as the negative of perversions. Neurotics repeat the desired act in repressed form, without conscious memory of its origin or the ability to confront and work it through in the present.

Freud came to the conclusion, based on his clinical experience with female sexual deviants, that the most insistent source of resisted material was sexual in nature. And even more importantly, he linked the aetiology of neurotic symptoms to the same struggle between a sexual feeling or urge and the psychic defenses against it. Being able to bring that conflict to consciousness through free association and then probing its

implications was thus a crucial step, he reasoned, on the road to relieving the symptom, which was best understood as an unwilling compromise formation between the wish and the defence. (Engendered 2001)

2.3 Societal control of sexual behaviour

Societies differ remarkably in what they consider socially desirable and undesirable in terms of sexual behaviour and consequently differ in what they attempt to prevent or promote. There appear, however, to be four basic sexual controls in the majority of human societies (Kegan, 2000). First, to control endless competition, some form of marriage is necessary. This not only removes both partners from the competitive arena of courtship and assures each of a sexual partner, but it allows them to devote more time and energy to other necessary and useful tasks of life. Despite the beliefs of earlier writers, marriage is not necessary for the care of the young; this can be accomplished in other ways.

Second, control of forced sexual relationships is necessary to prevent anger, friction, and other disruptive relations.

Third, all societies exert control over whom one is eligible to marry or have as a sexual partner. Endogamy, holding the choice within one's group, increases group solidarity but tends to isolate the group and limit its political strength. Exogamy, forcing the individual to marry outside the group, dilutes group loyalty but increases group size and power through new external liaisons. Kegan, (2000) reported that there are some combinations of endogamy and exogamy found in most societies. All have incest prohibitions. These are not based on genetic knowledge. Indeed, many incest taboos involve person's not biologically related (father-stepdaughter, for example). The prime reason for incest prohibition seems to be the necessity for preventing society from becoming snarled in its own web; every person has a complex set of duties, rights, obligations, and statuses with regard to other people, and these would become intolerably complicated or even contradictory if incest were freely permitted. (Kegan, 2000)

Fourth, there is control through the establishment of some safety-valve system: the formulation of exceptions to the prevailing sexual restrictions. There is the recognition that humans cannot perpetually conform to the social code and that well-defined exceptions must be made. There are three sorts of exceptions to sexual restrictions: (1) Divorce: while all societies encourage marriage, all realize that it is in the interest of society and the individual to terminate marriage under certain conditions. (2) Exceptions based on kinship: many societies permit or encourage sexual activity with certain kin, even after marriage. Most often these kin are a brother's wife or a wife's sister. In addition, sexual "joking relationships" are often expected between brothers-in-law, sisters-in-law, and cousins. While coitus is not involved, there is much explicit sexual banter, teasing, and humorous insult. (3) Exceptions based on special occasions, ranging from sexual activity as a part of religious rites to purely secular ceremonies and celebrations wherein the customary sexual restrictions are temporarily lifted. (Kegan, 2000)

Turning to particular forms of sexual behaviour, one learns from anthropology and history that extreme diversity in social attitude is common. Most societies are unconcerned over self-incesturbation since it does not entail procreation or the establishment of social bonds, but a few regard it with disapprobation. Sexual dreams cause concern only if they are thought to be the result of the nocturnal visitation of some spirit. However, experiences such as incest, homosexuality, lesbianism and such perverse sexual activities are seriously frowned on in most societies. (Encyclopedia Britannica, 2005)

Petting among most preliterate societies is done only as a prelude to coitus—as foreplay—rather than as an end in itself. In some parts of sub-Saharan Africa, however, petting is used as a premarital substitute for coitus in order to preserve virginity and avoid pregnancy. There is great variation in petting and foreplay techniques. Kissing is by no means universal, as some groups view the mouth as a biting and chewing orifice ill-suited for expressing affection. (Kegan, 2000) While some societies emphasize the erotic role of the female breast, others—such as the Chinese—pay little attention to it. Still others regard oral stimulation of the breast unseemly, being too akin to infantile suckling. Although manual stimulation of the genitalia is nearly universal, a few

peoples abstain because of revulsion toward genital secretions. Not much information exists on mouth-genital contact, and one can say only that it is common among some peoples and rare among others.

A considerable number of societies manifest semi-erect and luting in continuation with sexual activity and most of this is done by the female. Sado-masochism in any other form, however, is conspicuous by its absence in preliterate societies. (Kuper, 2000)

Sexual deviations and transgressions are, of course, social definitions rather than natural phenomena. What is normative behaviour in one society may be a deviation or crime in another. Though homosexuality is considered a deviant behaviour in African societies, some European countries like Canada and the state of Florida do not think the act of homosexuality is a deviant behaviour. One can go through the literature and discover that virtually any sexual act, even child-adult relations or necrophilia, has somewhere at some time been acceptable behaviour. Homosexuality is permitted in perhaps two-thirds of human societies (Encyclopedia Britannica 2005). In some groups it is normative behaviour, whereas in others it is not only absent but beyond imagination. Generally, it is not an activity involving most of the population but exists as an alternative way of life for certain individuals. These special individuals are sometimes transvestites—that is, they dress and behave like the opposite sex. Sometimes they are regarded as eunuchs or ridiculed, but more often they are accorded respect and magical powers are attributed to them. It is noteworthy, however, that aside from these transvestites, exclusive homosexuality is quite rare in preliterate societies (Encyclopedia Britannica 2005).

In conclusion, the cardinal lesson of anthropology is that no type of sexual behaviour or attitude has a universal, inherent social or psychological value for good or evil—the whole meaning and value of any expression of sexuality is determined by the social context within which it occurs.

2.1 Parents and the socialization of the child

Parental behaviour affects the child's personality and his likelihood of developing psychological problems. The most important qualities in this regard are whether and how parents communicate their love to a child, the disciplinary techniques they use,

and their behaviour as role models. There are, of course, cultural and class differences in the socialization values held by parents. In most modern societies, well-educated parents are more concerned with their children's non-academic achievement and nurturing and are generally more democratic than are less well-educated parents. No single area of interaction can alone account for parents' influence on a child's behaviour and social functioning. As reported in Encarta (2006), one investigator has emphasized four factors, however: (1) the degree to which parents try to control the child's behaviour, (2) the pressures imposed on the child to perform at high levels of cognitive, social, or emotional development, (3) the clarity of parent-child communications, and, finally, (4) the parents' nurturance of and affection toward the child. Those children who appear to be the most mature and competent tend to have parents who were more affectionate, more supportive, more conscientious, and more committed to their role as parents. These parents were also more controlling and demanded more mature behaviour from their children. Although the parents respected their children's independence, they generally held firm positions and provided clear reasons for them. This parental type is termed authoritative. A second class of children consists of those who are moderately self-reliant but somewhat withdrawn. The parents of these children tended to use less rational control and relied more heavily on coercive discipline. These parents were also slightly less affectionate, and they did not encourage the discussion of parental rules. This parental type is termed authoritarian. The least mature children had parents who were lacking discipline and not controlling but affectionate. They made few demands on the children for mature behaviour and allowed them to regulate their own activities as much as possible.

The effects of divorce on children appear to be very complicated. The major adverse impact of divorce on children is evident during the first year after the divorce and seems to be a bit more enduring for boys than for girls. Preschool children seem to be most vulnerable to the effect of divorce and adolescents the least (Encyclopaedia Britannica, 2005).

2.5 Reproductive Rights and Policies on Homosexuality

In 1948, the United Nations passed the Universal Declaration of Human Rights. These rights includes: civil rights (equal); political rights (freedom to engage in different activities), economic rights (right to manage economy in a way that meets our needs), social rights (basic human needs – food, shelter, health care, education), and cultural rights (right to practice culture, like language or religion). In the 1980s there were a gain attention relating to environmental rights and Reproductive rights. In 1994 women's convention in Cairo, the issue of sexual rights assumed the front burner and was subsequently adopted.

According to WHO (1988), "sexual rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents" and are embedded in the ideal of women's enjoyment of their sexual autonomy. The capacity to enjoy reproductive and sexual lives is inextricable from individual's health, marital happiness and general well being. Some of these rights as reported by Nkolika (2010) includes the World Conference on Human Rights (Vienna, 1993), the International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995). The International Centre of Population Development (ICPD) specifically noted that reproductive health care should promote sexual health in order to enhance "life and personal relations" [ICPD 1994]. It set out the context and content of the reproductive health of individuals or couples. It also reaffirmed the rights of women as "being central to all aspects of reproductive health". Adopting the World Health Organization (WHO) definition of reproductive health, the Cairo Programme states that reproductive health is:

'A state of complete physical, mental and social well-being and is not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.'

An international women's declaration in preparation for the 1994 Conference on Population and Development stated that:

'Reproductive rights is the individual right and the social responsibility to decide whether, how and when to have children and how many to have, no person can be compelled to bear a child or be prevented from doing so against his/her will. Every

persons regardless of age, marital status or other social conditions have a right to information and services necessary to exercise their reproductive rights.

The implication of this declaration as stated by Nkolika (2000) is that every person has the right to sexual self-determination. This means that they have the right to choose who they want to sleep with and who they do not want to sleep with. They also have the right to define their own sexuality from a wide range of identifications including heterosexual, homosexual, bisexual, celibate and non-sexual. Having sexual rights means that individuals are free to express their sexual feelings without interference and condemnation by the government or religious establishments. It means they cannot be forced to sleep with their husbands/wives and they should be protected from the abuse of unwanted advances from any person (ICPD, 1994). Freedom to choose whether, when and with whom to have children has been central to campaigns for reproductive rights throughout the world. The timing and spacing of births is important for the welfare of children as well as for a woman's own health.

Kaplan (2006) reported that political leaders and social conservatives are interfering with the reproductive rights of women by ensuring that condoms, morning pills, medical tools and technologies that could help them to prevent fertility, unwanted pregnancies and sexually transmitted infections including HIV/AIDS are not provided to them. Kaplan (2006) stated that the Christians have a policy that opposed to condoms, abortion access, hormone prophylactic vaccines for gonorrhoea in order to ensure individual that do not abuse use the tool for engaging in sex. The implications is that persons with different sexual orientations are denied the expression of choice.

Women Against Religious Fundamentalism (WARF) (2006) reported that forced and discriminatory sexual intercourse are found among some religious fundamentalists. According to WARF such discrimination is a function of the power of the fundamentalist groups and its religious scriptural against homosexual practices and self-determination. WARF reported that religious fundamentalists who are in powerful position and that of dominant religious structures have more influence on reproductive rights of women. The focus on marriage for a long time influence is limiting the women's reproductive rights, especially women with no child.

Protestant evangelicals in North America and Islamists in Algeria, are minorities struggling for more political power and influence.

Wellek, (2006) reported that in Zimbabwe, sexual orientation is not afforded any legal or social recognition. Heterosexuality is the accepted norm, homosexuality is considered deviant and leading to the destruction of families. Public talk of sex is taboo and raising questions about sexual and reproductive rights for lesbians and gay men publicly is considered highly inappropriate. Individual rights are subordinated to the needs of the community and the continuance of family, as reflected in the wording of the African charter on individual and people's rights, which lays heavy emphasis on social responsibility.

In Ghana, gays and lesbians are denied access to information regarding their sexuality. This leaves them lonely and confused. Any attempt by gay and lesbian organisations to reach out to them would be interpreted by the law as recruiting minors for the purposes of prostitution. (Croddart, 2000)

Kaplan (2006) reported that in Kenya sexual rights in prison are denied and prisoners cannot have sexual relationship with their conjugal partners. As a consequence, men having sex with men are common among prisoners. Condoms are not distributed in prisons because the authorities view it as sanctioning criminal activity, contrary to the culture. Thus, prisoners are at high risk of contracting HIV. On leaving prison, these men pass on the virus to their wives and other sexual partners. Similarly, discriminatory laws exist in many countries to reinforce homophobia. Homosexuality in Iran is punished by death, including throwing lesbians and gay men off cliffs. Some countries, such as Britain, have an age of consent for heterosexuality (16) and a higher age of consent for homosexuality (18). Amnesty International has joined with many lesbian and gay organisations to fight homophobia and to call for the release of people in many countries who are imprisoned simply because of their sexual identity. (Wellek, 2006).

In Nigeria, Akonji (2006) reported that Association of Psychiatrists in Nigeria (APN) has not de-listed homosexuality from the list of mental illness as recommended by the American Psychiatric Association and Prohibition against the practice is currently debated in the National House of Assembly.

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2.6 The relationships of sexual orientation and sexual identity to Homosexuality.

(i) Sexual Orientation.

Sexual orientation is the erotic or romantic attraction (or "preference") for sharing sexual expression with members of the opposite sex (heterosexuality), one's own sex (homosexuality), or both sexes (bisexuality) (Sidorf, 1999; WHO, 2001). Many people believe (and there is some scientific evidence to support the idea) that sexual orientation may be determined before birth, though orientation may also be influenced by social factors. It should be noted that a person's sexual practices do not necessarily indicate sexual orientation or sexual identity. For example, one person may practice sexual behaviours with another person for reasons other than sexual orientation (for example, for survival, money, or power over another individual), or a person may practice sexual behaviours that conform to societal norms, even if the practice is not consistent with that person's sexual orientation.

Cultures create and construct sexuality and gender differently based on their own unique sets of values and practices. Developing an understanding of how these constructs may differ from one's own conception of them is important if we are to prepare to interact effectively and appropriately in an intercultural situation (Indantgender Health, 2001). A number of investigators in Europe have also studied sexual orientation (Hailey, Hobrow, Wolfe and Mikach, 1995; Howell, 1980, 1989; Gottman, 1980; Colombucci et al., 1983; Green, 2005; Huggins, 1989; Miller, Jacobson and Bigler, 1981; Paul, 1996). In all studies, the great majority of offspring of both gay fathers and lesbian mothers described themselves as heterosexual. Taken together, the data do not suggest elevated rates of homosexuality among the offspring of lesbian or gay parents in Europe. For instance, Huggins (1989) interviewed 36 teenagers in Ontario, Canada, half of whom were offspring of lesbian mothers and half of heterosexual mothers. No children of lesbian mothers identified themselves as lesbian or gay, but one child of a heterosexual mother did. This difference was not statistically significant. In a recent study, Hailey, Hobrow, Wolfe and Mikach (1995) studied adult

sons of gay fathers in Ontario and found more than 90% of the sons to be heterosexual. Because the heterosexual and non-heterosexual sons did not differ in the length of time they had resided with their fathers, the effects of the exposure to the fathers' sexual orientation on the sons' sexual orientation must have been either very small or non-existent in Canada.

(ii): Sexual Identity

Three aspects of sexual identity, gender identity and gender role behaviour seems to be related. Gender identity concerns a person's self-identification as male or female; gender-role behavior concerns the extent to which a person's activities, occupations, and the like are regarded by the culture as masculine, feminine, or both; sexual orientation refers to a person's choice of sexual partners—i.e., heterosexual, homosexual, or bisexual (Money and Ehrhardt, 1972; Stein, 1993).

In studies of children in Europe ranging in age from 5 to 14, results of projective testing and related interview procedures have revealed normal development of gender identity among children of lesbian mothers (Green, 1978; Green, Mandel, Holveth, Gray and Smith, 1996; Kirkpatrick, Smith and Roy, 1981). More direct assessment techniques to assess gender identity have been used by Colonbok, Smith and Wolfe, (1983) with the same result: all children in this study reported that they were happy with their gender, and that they had no wish to be a member of the opposite sex. There was no evidence in any of the studies of gender identity difficulties among children of lesbian mothers. No data have been reported in this area for children of gay fathers.

A number of studies have examined gender-role behavior among the offspring of lesbian mothers in Europe (Colonbok et al., 1983; Gollman, 1990; Green, 1978; Henshaw, 1981; Kirkpatrick, Smith and Roy, 1981). These studies reported that such behavior among children of lesbian mothers fell within typical limits for conventional sex roles. For instance, Kirkpatrick and her colleagues (1981) found no differences between children of lesbian versus heterosexual mothers in toy preferences, activities, interests, or occupational choices.

Sex role behavior of children as reported by Green, Mendel, Holvodi, Gray and Smith, (1996) in the interviews with the children of gay parents in Europe, shows no differences between 56 children of lesbian and 48 children of heterosexual mothers with respect to favorite television programs, favorite television characters, or favorite games or toys. There was some indication in interviews with children themselves that the offspring of lesbian mothers had less sex-typed preferences for activities at school and in their neighborhoods than did children of heterosexual mothers. Consistent with this result, lesbian mothers were also more likely than heterosexual mothers to report that their daughters often participated in rough-and-tumble play or occasionally played with "masculine" toys such as trucks or guns; however, they reported no differences in these areas for sons. Lesbian mothers were no more or less likely than heterosexual mothers to report that their children often played with "feminine" toys such as dolls. In both family types, however, children's sex-role behavior was seen as falling within normal limits. In summary, the research suggests that children of lesbian mothers develop patterns of gender-role behavior that are much like those of other children (Harrison, 1986). There are however no study on behaviour of homosexual children available in Nigeria.

2.7 The Public Health Implications of Homosexuality

Globally, and in nearly every country, men who have sex with men (MSM) are at high risk for HIV infection and AIDS (Martins et al, 2006). Despite continued denial and stigma in many places, and after twenty-five years of a worldwide pandemic, MSM are now described as a priority for HIV interventions in many national HIV plans. Martin and Pryce, (2006) stated that dozens of surveillance studies throughout Asia, Africa, Eastern Europe and the Americas are succeeding in describing the extent and needs of MSM populations and in some cases, HIV-related networks and services are being created specifically by and for MSM. Research reported by the Centers for Disease Control and Prevention, (CDC 1999), has found significantly higher rates of rectal gonorrhoea, HIV/AIDS and all three strains of Hepatitis among homosexuals. The report also linked homosexuality with increased rates of Human Papillomavirus (the leading cause of cervical cancer worldwide), syphilis and anal cancer. Although

self-identified homosexuals account for less than 5 percent of the American population, they are the carriers of over 50 percent of HIV/AIDS cases. Report from CDC (1999) stated that campaigns to foster so-called "safe sex" among homosexuals have done nothing to reduce risky behaviours. The report found that among homosexuals who had unprotected anal intercourse and multiple sexual partners, 68 percent were entirely unaware of the HIV status of their partners. As a result homosexuals were at the forefront of advocacy for research into the disease and support for its victims through groups such as Gay Men's Health Crisis in New York City (Brass, 2006). Pivotal figure in this movement (2005) reported that novelist and playwright Larry Kramer, who believed a more aggressive presence was needed, founded the AIDS Coalition to Unleash Power (ACT-UP), which began promoting political action, including protests through local chapters in such cities as New York, San Francisco, Washington, D.C., and Paris.

However, more extensive research is needed to define the diversity of MSM around the world, and the diversity and scale of the HIV epidemics and related needs in MSM sexual and social networks. A recent study led by Peruvian researcher Graiani (1999), in collaboration with researchers and health advocates in more than ten countries, attempted to collate a global overview as a starting point. In compiling epidemiological and research data from eight global regions, the study found similar challenges in addressing HIV among MSM around the world, including high rates of unsafe sexual behaviours, high rates of HIV prevalence, and inadequate rates of condom use. According to Martins *et al.* (2006), researches in specific countries echoed high rates of unsafe sexual behaviour and high rates of HIV prevalence and inadequate condom use among homosexuals. In Southeast Asia, serious HIV epidemics exist among MSM in Thailand and Cambodia, while in Vietnam, Laos, and elsewhere in the region, networks of MSM have as yet new HIV epidemics being fuelled by high rates of unsafe sex and STIs (Viel, 2001). In Morocco, MSM in many cities also report high rates of unsafe sex, interventions to reach these groups have only recently been funded but remain restricted by cultural and legal constraints (Mallouk, 2000). In the United States, Macpherson (1999), reported that MSM are being infected at a rate of approximately 1.9-2.9% per year, which if not reduced, is capable of indefinitely

sustaining prevalence rates of more than 25% among MSM older than 30. Black gay men in the US are among the hardest-hit population in the world, with rates of HIV now due to infect more than half of all young Black gay men by the time they reach age 35. Homosexuals have very high rates of sexually transmitted infections such as HIV, which pose a major burden to the health service (Macpherson, 1999). A large percentage of homosexual men have hundreds of sexual partners throughout their lifetime. According to Alan (2000), of 2,583 homosexuals published in the Journal of Sex Research, (Nov 2000), only 2% reported having had sexual relations with only one partner, compared to the highest percentage that claimed to have had between 101 and 500 partners over their lifetime. According to the statistics from the CDC (2001), 92 percent of married males and 93 percent of married females reported having had only one sexual partner over the previous twelve months (presumably their spouses).

The chairman of the National Action Committee on AIDS (NACA) recently warned that the increased practice of risky sexual behaviours like homosexuality, lesbianism, multiple sex partners and non-use of condoms increase the potential for the spread of HIV/AIDS in Nigeria. (Osolunhin (2005) disclosed during the 14th International Conference on AIDS and STIs (ICASA) that there are over 2,000 gays in Nigeria. During the ICASA conference held in Abuja, one of the groups that engaged in a march past made a call for recognition of gays and lesbians in Nigeria.

Furthermore, a large percentage of homosexual men have been reported to have hundreds of sexual partners throughout their lifetime. Alan (2000), reported that of the 2,583 homosexuals studied, only 3% reported having had sexual relations with only one partner, compared to 18% that claimed to have had between 101 and 500 partners over their lifetime as compared to the markedly lower promiscuity rates among married heterosexual couples. According to statistics from the CDC (2001), 92 percent of married males and 93 percent of married females reported having had only one sexual partner over the previous twelve months (presumably their spouses).

A survey conducted by Aaron, Markovic and Danielson (2001), found that more than half of lesbian respondents reported having been abused by a female partner or lover. Conversely, the research also found that married heterosexual women experience the lowest rates of domestic abuse compared to other types of relationships.

Furthermore, the culture of silence on issues of sexuality cut across all cultures in Nigeria, even in places where cultural practices are perceived by others to be liberal. Majority of Nigerians are still uncomfortable hearing about or discussing issues of sexuality, resulting in a poor or abject lack of information on sexual rights and health even among undergraduates. Sexuality in Nigeria is still built on rumours and myths, resulting in the violation of the human rights and sexual rights of a majority of the people, including women who are heterosexual, as well as homosexuals and bisexuals. (Aken'Ova, 2007). It was only recently that sexuality became an "outdoor" topic at workshops, rallies, campaigns, and the likes, which was spearheaded by Non Governmental organizations (NGOs). Aken-Ova, (2007) inferred that homosexuality does exist in Nigeria going by the open declaration of gay men and lesbians in the ICASA conference in Nigeria. However, the practice is being denied due to threats from the prohibition Act in the National Assembly.

Fethers, (2000), reported that the homosexual lifestyle is associated with a large number of very serious physical and emotional health consequences. Many 'committed' homosexual relationships only last a few years. This raises doubts as to whether children raised in same-sex households are being raised in a protective environment. According to WHO (2011), there are very high rates of sexual promiscuity among the homosexual population with short duration of even 'committed' relationships. WHO/UNICEF (2011), reported that among homosexuals, highly risky sexual practices such as anal sex are very common. There are also increased rates of mental ill health among the homosexual population compared to the general population. The homosexual lifestyle is associated with a shortened life expectancy of up to 20 years (Zatuchnu, 1999), Strong, (2012). While the majority of homosexuals are not involved in paedophilia. Alukin, (2000) stated that there is a disproportionately greater number of homosexuals among paedophiles and an overlap between the gay movement and the movement to make paedophilia acceptable. Further studies on the significant difference between children raised by homosexuals and heterosexuals in relation to their behaviour are still controversial. While some researchers do not find any significant differences (Marras et al, 1998, Zatuchnu, 1999, Sendejowicz 2013), others reported a significant difference in the upbringing of children from such homes (Alukin, 2000).

There are significant benefits from (heterosexual) marriage for individual and society. Heterosexually married couples are, on average, healthier, have fewer psychological problems and live longer than cohabiting or single individuals (Gardner, 2002). There are also wealth of evidences linking family breakdown with many adverse health outcomes for children and society as a whole.

King et al (2000), found that even under "the most liberal assumptions, gay and bisexual men in United States of America are experiencing a life expectancy similar to that experienced by all men in Canada in the year 1871." The same study estimated that homosexual behaviours reduce the lifespan of males by eight to 20 years. Research has shown a relationship between homosexuality and personal distress (for example rates of depression, substance abuse and suicidal attempts), indicating something is inherently wrong with homosexuality. Bradford (2000) reported that 57% of the lesbians surveyed had experienced thoughts about suicide in their lifetime and 18% had attempted suicide at least once. The research also stated that 31% of the lesbians surveyed currently abused alcohol more than once a month, 8% abused marijuana more than once a month and 2% abused cocaine, tranquilizers or stimulants more than once a month.

2.4 The Ill-Producing Pericere of Homosexuality in Nigeria and Others Benefits.

With increasing awareness about homosexuality, many opinions have been raised on the mental health of gays as well as the safety and behaviour of children of gay couples (Michael, 1998). The psychiatric, psychological, and social work professions do not consider homosexual orientation to be a mental disorder (Gottman 1980). More than 20 years ago, the American Psychiatric Association removed 'homosexuality' from its list of mental disorders, stating that 'homosexuality per se implies no impairment in judgement, stability, reliability, or general social or vocational capabilities' (Gottman, 1981). Studies from the developed countries have reported that lesbians and heterosexual women have not been found to differ markedly either in their overall mental health or in their approaches to child rearing (Kwetskin and Cook, 1982, Lyons, 1983, Miller, Jacobson and Digner, 1981, Muehlen and Pheasant,

1979), Pagelow, 1980, Kard, Graham, and Rawlings, 1982, Thurnison, McCordless and Strickland, 1971, McNoir *et al* (2001), Roberts, (2001) Researches on gay fathers have similarly found no reason to believe them unfit as parents (Barret and Robsin, 1990, Zigner and Bozell, 1990), Bozell, (1980, 1989).

On January 18, 2006, the Federal Executive Council proposed a bill that prohibits homosexuality and same-sex marriages and relationships in Nigeria. This bill provides for a term of five years imprisonment with no option of fine for anyone who contracts or has a relationship with a person of the same sex, including anyone who aids or supports in any way same-sex marriages or relationships. Olusola (2006) quoted high level executive officers as saying that the bill has become necessary in order to "check basically the possible erosion of our value system" in a Nigeria that is "basically a conservative society". To them, same-sex relationship "is un-African and is prohibited in the Bible and Koran". Thus re-echoing a statement made by Nigeria's President Olusegun Obasanjo, who told African Bishops February 2005 that homosexuality "is clearly un-Biblical, un-natural and definitely un-African" (Olusola, 2006).

After the declarations from the presidency, several reactions from the National Assembly, members of the public and human right activists have made several submissions for or against the bill. In the National Assembly, the highest law making body in the country, Olusola, (2007), while reporting for Sunday Punch, reported the debate on the bill as it goes through the processes of being passed into a law. The debate centred on the question whether men should be allowed to have sexual relation with men and women to have sexual relation with women. According to Olusola, (2007), though, gay and lesbian practices were on the increase in Nigeria, none has yet been able to own up to gay status, despite the fame it is assuming, particularly in the northern part of the country. Olusola (2006) opined that the act of homosexuality in Nigeria should be outlawed because it was completely alien to the cultural beliefs and practices in Nigeria. However, a few sections of executive government officers in Nigeria believed that those persons who are against the prohibition of homosexuality in Nigeria have something to hide. According to those in support of homosexuality, it is believed that people in high places are involved in homosexuality and other gay practices. In an opinion poll conducted by the Sun Newshaper between Feb. 20th and

27th 2006, on what Nigerians feels about placing 5 years imprisonment on homosexuality, 91 (51.6%) responded that the 5 years jail term for homosexuality was a well deserve punishment while 89 (49.4%) do not feel they should be punished.

However, several Nigerian editorials have lent their voices to the subject of homosexuality. According to the Guardian Newspaper of February 21st 2006, reported by Olusola (2007), in its editorial, the practiced of homosexuality remains for the overwhelming majority of people, an aberrant order and therefore many in our society would find the introduction of same sex marriage abhorrent. According to Olusola (2007), Nigeria is, largely a religious society and the dominant religions either condemn outright or frown at gay practice. According to Abumere, (2006), in the Punch editorials, Government's position is proposing to enact a law against same sex marriage in that it has to do with African heritage, and African identity and fundamental values. What is really at stake is the perception of African marriage and the African family as a core institution under threat. Lohor, (2006), also seems to tow the line of other news media when the editorial viewed prohibition of homosexuality as a way to protect the Nigerian society. According to the editorial the law against same sex marriage is more in response to the creeping realization that in an age of globalization the wind of change must not be allowed to sweep away all traditional values in Africa. South Africa, a variegated, cross-cultural and multi-ethnic country, has embraced the new thinking on same sex marriage.

The church of Nigeria, Anglican Communion, under Archbishop Peter Akinola has continuously led opposition to the practice of homosexuality and the concept of same sex marriage in the church. He led other bishops to oppose the acceptance of gay bishops in the Anglican church of Europe and America, and threatened to lead a breakaway from the global Anglican Church. Church leaders in many African countries saw the encroachment of a new wave of gay practice into the church as a movement against not only biblical injunction but also our cultural identity (Oluwole, 2007).

However, human right activists and civil society organizations in Nigeria viewed the bill as complete infringements on the rights and freedom of the homosexuals. To them, the homosexuals are entitled to practice their sexual orientation provided they are not infringing on the right of another person. They have mounted

within the school environment that encourages various types of sexual practices, which can influence student's opinion and behaviour towards sexual orientation. Intervention towards these social support groups can help in changing the opinion of the undergraduate students about same sex marriage.

Community: Community encompasses groups to which individuals belong, the relationship among these groups and organizations within a political and geographical entity determine the opinion of issues among the inhabitants. The university for instance is a community. The Vice Chancellor and the administrative hierarchy respect the culture and desires of the students and the various groups in the school. The students and the various groups also see the administrative hierarchy as an institution that should be highly respected. The members of various religious organizations in University of Ibadan are also members of the university community. Any intervention launched at the religious institutions will definitely affect the undergraduate students' opinion about sexuality and sexual orientation.

Policies: Policies and laws made at the university level will influence the opinion of the students. The policies of the University of Ibadan have provisions for dressing codes, smoking, alcoholism and male students not visiting female students after 7pm. These policies can affect the behaviour of the students in how they relate with each other. Students are not expected to openly speak against the policies guiding the University of Ibadan. Again, the policies of the university are guided by the policies of the Federal Republic of Nigeria. In December 2005, The Federal Government enacted a bill presently in the House of Assembly banning the practice of homosexuality and same sex marriage. Such policy can affect the policy of the university on issues relating to homosexuality. Policies that encourage education, dialogue and respect of human rights will capture the class of persons that practice homosexuality and encourage them to be ready to speak out so that they can be helped. However, when policies do not encourage openness, discrimination and stigmatization of individuals who support homosexuality and bisexuality cannot be ruled out.

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Figure 2.1: An Ecological Model adapted to explain the opinion expressed by the undergraduate students of university of Ibadan on issues relating to the practice of homosexuality.

UNIVERSITY AND GOVERNMENT POLICIES

COMMUNITY

ORGANIZATION

INTERPERSONAL

INTRAPERSONAL

This includes personal beliefs, knowledge, attitude and feelings about homosexuality, bisexuality and same sex marriage. The opinion of undergraduate students is largely dependent on the interpersonal characteristics.

The influence of significant others is analyzed at this level. This involves relationship with family members, neighbours, friends, peer groups, acquaintances and contacts in schools.

Relevant organizations include schools, social clubs, religious groups, welfare groups and association of single sex clubs.

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Adapted from Oringer. (2012) Change Process: A Social and Behavioural Education

CHAPTER THREE

METHODOLOGY

This chapter describes the methodology employed in the research. It contains the study design, description of the study area, study population, research instruments, sampling and data collection procedures, validity and reliability of research instruments as well as data analysis, limitations and ethical considerations.

3.1 Study Design and Scope of the study

This study was descriptive and cross-sectional and was carried out among undergraduates of University of Ibadan. The study assessed among undergraduates in a tertiary institution the perceptions, knowledge and practice of homosexuality in Nigeria and the opinion on the proposed bill prohibiting homosexuality.

3.2 Study Variables

The dependent variables were the knowledge, attitude and practice on homosexuality while the independent variables were the socio-demographic characteristics such as course of study, religious affiliations, gender and awareness of bill on homosexuality.

3.3 Description of Study Area

The University College, Ibadan (UCI) now University of Ibadan (UI), was founded in 1948. At first, it occupied the old site previously used by the 5th Military General Hospital about eight kilometers away from the 'new' or permanent site. The new site covered over 1,032 hectares of land generously leased by the chiefs and people of Ibadan for 999 years. With equipment transferred from Yaba Higher College, the 1st foundation students (including 49 students in teacher training and survey courses) began their courses at Ibadan on 18 January, 1948, the formal opening took place on 25 March, 1948.

For the foundation medical students, the facilities provided in 1948, by the General Hospital at Adeoyo and Jericho Hospital, for which the Faculty of Medicine was responsible, were inadequate. Consequently, medical students of the earlier years

went abroad for clinical training. To provide more satisfactory clinical facilities at Ibadan, the Nigerian government made available funds for the building of the 500-bed University Teaching Hospital, completed in 1957. Thereafter medical students were fully trained in Ibadan. The first batch graduated in 1960.

With the expansion of facilities at Ibadan, the number of students offered admission increased. In the 1958-59 sessions, UCI for the first time had a little over 1,000 students; in 1963-64, the figure exceeded 2,000; and tipped the 3,000 mark in 1968-69. The figure for 1972-73 was 4,100, and for 1974-75 and 1975-76, 5,639 and 7,375 respectively. Larger admissions over the years and limited funds for providing accommodation gradually threatened the concept of a residential University, at Ibadan. This gave rise to building hostels for the students. Presently, there are nine undergraduate halls of residence (Mellorby, Teller, Kuti, Sultan Bello, Queen Elizabeth II, Alexander Brown, Independence, Nnandi Azikiwe and Idia Hall) and three postgraduate halls of residence (Tafawa Balewa, Obafemi Awolowo and New Postgraduate Hall). The halls have a total accommodation capacity of nearly 5,000 students. The University provides accommodation for some of its senior and junior staff. The Alakija complex caters for the residential needs of the bulk of junior staff.

The undergraduate students are made up of 11,508 students comprising 6,839 males and 4,669 females spread across the thirteen faculties (Management Information System, 2007). The University operates a faculty system. Currently there are thirteen faculties and several departments. The thirteen faculties are Arts, Education, Law, Basic Medical Sciences, Clinical Sciences, Pharmacy, Public Health, Dentistry, Veterinary Medicine, Technology, Agricultural Sciences, Science and the Social Sciences.

Many social activities take place in the University campus. Several facilities like the swimming pool in the Student Union Building, the University Conference centre, U and I canteen and recreation centre and the University guest house are several areas students carry out social activities. Most weekends, the female hostels especially Queens Elizabeth II and Idia halls constitute bedtimes of activities for visitors and male students alike.

However, the University of Ibadan has rules and regulations that guide students' social and sexual activities on campus. Male students are not allowed to stay beyond 9pm in the female hostel and vice versa. Visitors are expected to be out of male and female hostels by 10pm (Undergraduate students' handbook, UI, 2006).

Table 3.1: Faculties and the Population of Undergraduate students in the University of Ibadan 2006/2007 academic sessions.

Faculties	No. Of males	No. Of females	Total number of students
Agricultural science	631	498	1129
Arts	608	772	1380
Basic medical sciences	604	362	966
Clinical sciences	125	83	208
Education	778	829	1607
Law	326	229	555
Social sciences	417	418	835
Sciences	1140	704	1844
Pharmacy	111	120	231
Public health	58	69	127
Technology	447	136	1023
Veterinary medicine	356	205	561
Dentistry	76	64	140
Total	6,439	4,669	11,508

Source: Management Information System unit, University of Ibadan (2007)

3.4 Study Population

The study population consisted of University of Ibadan undergraduate students admitted for regular academic program of the university.

3.5 Inclusion Criteria

For the purpose of this study, undergraduates of the University of Ibadan were involved in the study.

3.6 Exclusion Criteria

Diploma students and students on consultancy studies as well as post graduate students were not part of the study. This is because students running these programmes are not regular students and their academic calendar is different from the regular undergraduate students.

3.7 Sample Size Estimation

The prevalence of homosexuality in Nigeria is not known, as such the sample size determination was based on 50% probability of support for the bill on homosexuality and same sex marriage. Applying the formula:

$$n = \frac{z^2 pq}{d^2}$$

Where

n = sample size

Z = confidence interval which is 1.96

p = proportion of respondents who feel they should be jailed (50%) (0.5)

q = proportion of respondents who feel they should not be jailed (50%) (0.5)

d = level of significance (0.05)

$$n = \frac{1.96^2 (0.5)(1-0.5)}{0.05^2}$$

$$= 384$$

The number was made up to 400 to make room for attrition.

3.8 Sampling Procedure

A multi-stage, stratified simple random sampling technique was used to select 400 students from the student population. The sampling procedure involved the faculties and the departments.

1st stage – the simple ballot system was used to select 4 faculties out of the 13 faculties.

2nd stage - Simple balloting was also used to select five departments each from the selected faculties except the Faculty of Law which has only one department. A total of sixteen departments were then randomly selected for the study.

3rd stage - the next stage involved obtaining a sample frame of the selected departments and a systematic sampling technique was used to select 400 students taking into consideration the sex-ratio of the students (see table 3.2).

The faculties where respondents were selected are shown in table 3.2. Faculties of Education, the Social Sciences, Sciences and Law contributed 100(25%) respondents each. In the Faculty of Education, the following departments contributed proportionately: Teacher Education 18(15%), Adult Education 35 (8.8%), Human Kinetic and Health Education 15(3.8%), Guidance and Counselling 22(5.5%) and Special Education 10(2.5%) respectively, while Faculty of the Social Sciences contributed from the following departments: Sociology 29(7.3%), Psychology 18 (4.5%), Political Science 12(3%), Geography 23 (5.8%), and Economics 18 (4.5%) respectively. Faculty of Law has only one department and 100(25%) of the respondents were randomly selected from the faculty. However, the Faculty of Science contributed 25% of the respondents from the following departments: Botany and Microbiology 25(6.3%), Chemistry 21 (5.3%), Computer Science 20 (5%), Physics 18 (4.5%) and Zoology 16 (4%) respectively.

Table 3.2. Proportionate distribution of study participants

Selected Faculties	Number of students		Selected Departments	Study sample		Total sample
	Male	Female		Male	Female	
Education	770	839	Teacher Education	9	9	18
			Special Education	5	7	12
			Adult Education	13	17	30
			Human Resource and Health Education	9	4	13
			Guidance and Counseling	11	11	22
Social sciences	847	986	Research	19	14	29
			Political Science	3	7	10
			Psychology	9	9	18
			Anthropology	9	9	18
			Geography	14	9	23
Sciences	1450	730	Physics	9	8	17
			Chemistry	8	13	21
			Biology and Microbiology	13	13	26
			Zoology	8	8	16
			Computer Science	10	9	19
Law	326	229	Law	50	50	100
Total	3401	2960		200	200	400

3.9 Instruments for Data Collection

3.9.1 Focus Group Discussion Guide

Prior to the development of the questionnaire, discussion guide was developed for the FGD (Appendix I I). Issues covered in the FGD include students' understanding of homosexuality and their views on the existence of homosexuals in the university campus. The FGD also addressed the sexual networking patterns of homosexuals, mechanisms of initiation, activities the groups engaged in and opinion of participants on the bill prohibiting homosexuality.

3.9.3 The Questionnaire

A semi-structured questionnaire was the main instrument used for data collection. The questionnaire was designed to be self-administered and to incorporate information obtained from the focus group discussion. It was made up of the introduction which assisted the respondents to understand the concept of the study. The instructions in the introduction enabled the respondents respond appropriately to questions enquired. The semi-structured questionnaire (both opened and closed-ended) comprised of 61 questions divided into five sections (Appendix I).

Section A contained questions on personal demographic data which included information on age, sex, ethnicity, religion, faculty, department and level of study. Section II contained questions that elicited information on knowledge and awareness of homosexuality which included how homosexuals are identified, their existence on campus, areas usually visited and awareness of organizations of homosexuals in the university.

Section C had questions on attitudes of undergraduates towards homosexuality. The information on perceived stigmatization scale was adapted from the scale designed by Wright, Adams and Barnes on thoughts, feelings and behaviour on homosexuality (Wright, Adams and Barnes, 2001). The perceived stigmatization scale contains items designed to show how the feelings, thoughts and behaviour of individual influences their perceptions on homosexuality. The scale was used to measure the homophobic level of respondents on homosexuality. The scale contained twenty five questions that

probed into how respondents will feel or think during the process on questionnaire administration.

Section D contained questions on opinion of respondents on the bill prohibiting homosexuality in Nigeria. The section consisted of questions on the bill in the House of Assembly "Act 2006 on Prohibition of homosexuality". The section ended with 'should the bill be passed into law?'

Section E included questions on the practice of homosexuality among students in the University of Ibadan. Questions included whether respondents have ever practiced homosexuality or currently practiced, when and where they started and opinion on how homosexuals should be treated in Nigeria.

3.10 Validity of Instrument

The questionnaire was constructed using simple English that was easy to understand. To ensure the content validity, review of pertinent literatures in the area of study was done and corrections were made by the research supervisor. In-house pre-test was conducted three times among colleagues and corrections were made. The draft questionnaire was then pre-tested among undergraduates of The Polytechnic, Ibadan between January 25 and 28th, 2007. The pre-test was conducted to observe:

- How much time is needed to administer the questionnaire
- Whether there is need to revise the format or presentation of questionnaire
- Whether the sequence of questions is logical and the wording of the questions clear
- Adequateness of the questions asked
- Whether there is need for additional instructions for each section and
- Whether respondents have similar understanding of the questions.

The results from the pre-test indicated the researcher to revise the questionnaire. It also afforded the researcher an opportunity to perceive some logistic problems.

FGD guide was reviewed by consultants in the field of health education to ensure that the questions were not suggestive and will elicit correct response from respondents.

The adoption of the Likert Scale designed by Wright, Adams and Warner (2014) on thought, feelings and behaviour and behaviour on homosexuality improved the validity of the instrument.

3.11 Reliability of instrument

To deal with the threat to reliability, the test re-test reliability test was done. Forty instruments were pre-tested among undergraduate students of The Polytechnic Ibadan and necessary corrections were effected and the same corrected questionnaire was repeated four weeks later in the same departments to determine the coefficient of reliability before final administration to the study population. Cronbach's Alpha based coefficient of reliability in SPSS version 12 was 0.762. The coefficient of reliability was acceptable before the instrument was used on the study population.

Training was conducted for research assistants to ensure that they had adequate understanding of the instrument prior to commencement of data collection. The training conducted included how to obtain informed consent from respondents, confidentiality in research, objectives of the study and ethical issues in questionnaire administrations.

Before the questionnaire was administered specific questions that were not clear to the respondents were either removed or modified. The modified questions were Section B, question 8 where the grammatical errors on alternative 3 was corrected to read 'the males walk like females while the females walk like males'. Question 10 was reconstructed to read 'how many numbers of lesbians can you approximate on this campus?' Question 12 was also reconstructed to read 'how many numbers of gays can you approximate on this campus?' Question 14 was added which was 'do you know of any organization or association of homosexuals in this university?'. In section C, the table on attitude was formatted to help provide space for the options. Question 20 was reconstructed from 'do people discriminate against homosexuals?' to 'do people discriminate against homosexuals?' In section D, question 21 was added to read 'is it to or fill the gap as appropriate'. Question 20 was reconstructed to read 'should the bill be passed into law?'

3.12 Ethical Consideration

A number of steps were taken to address the ethical issues inherent in the study. These include the followings

1. Informal consent was sought from respondents before questionnaire was administered among respondents. Enough information about the study was given to the participants, and their oral consents obtained before administering questionnaires.
2. Participation was voluntary. There was no victimization of respondents who refused to participate or withdraw midway.
3. Confidentiality of the respondents was assured by not writing their names or addresses on the questionnaires.
4. Analysis of the questionnaires was done on a computer where only the researcher, the statistician and the supervisor had access to and this ensured confidentiality.

3.13 Administration of Instruments

3.13.1 Focus Group Discussion

Six focus group discussions were held among males and females undergraduates in the University of Ibadan. A total of 60 participants with 30 males and 30 females were involved in the FGD. Two FGDs were conducted among final year students, two for third year students and two for first year students of the university. Twenty participants (ten males and ten females) were selected from final year, twenty each (equal numbers of males and females) in year three and twenty each among both sexes were selected among first year students. Selection of the students that participated in the discussions was done in collaboration with the student union executives of the faculties randomly selected for the study.

As a research assistant, 1 male and 1 female who were final graduate students of Faculty of Public Health, Department of Health Promotion and Education, University of Ibadan, were trained by the researcher on how to conduct FGDs. The training for the FGDs was conducted two days before the FGDs. During the training, the assistants

were taken through each question and its importance to the research. The followings were highlighted during the training:

- How to ask questions in a neutral manner.
- Not showing by words or expression what answers were expected.
- Documenting answers to open questions precisely as they were provided without sifting or interpreting them.
- Role plays were used to facilitate the acquisition of interview skills. During the role plays, one trainee assumed the role of the interviewer, one the role of documenting and another observed the proceedings.
- Researcher observed carefully and gave constructive correction right after the role play.

FGDs were conducted among participants between January 12th and 15th 2007. A tape recorder was used to complement the efforts of the note-takers who were involved in writing the proceedings with due permission from the participants. FGDs were conducted in places, which were free from distractions. There were 10 participants in each of the groups, with males and females groups conducted differently. Male research assistants were assigned to male participants while female research assistants conducted for female participants. The FGDs were conducted in English language and consent of the participants was sought before the discussions. The participants were informed about the discussions a day before their participation. The aim of the study was explained to them but the actual questions were not disclosed.

3.13.2 The Questionnaire

Six Research Assistants were recruited from the class representatives of the selected departments. This was because the class representatives have a good knowledge of the students of the selected departments. The student union executives of the selected faculties were consulted to assist in identifying and recruiting responsible class representatives as research assistants. Training of research assistants was conducted on 16th February, 2007 for three and a half hours. Training was conducted for the six research assistants on how to administer questionnaires which included how to obtain informed consent from respondents, confidentiality in research, objectives of

the study, and ethical issues in questionnaire administrations. Questionnaire administrations were conducted from February 18th through 28th, 2007 (which was almost the end of school session). Four of the trained research assistants were assigned to the faculty they represented while the other two supervised the administration of the questionnaires. The researcher supervised the entire process of data collection. Questionnaires were collected same day as soon as they were filled.

Prior to data collection, a letter of introduction from the department was written which was presented to the University Information Management Unit to enable the researcher collect pertinent data from the school authority and collect data from the students. The letter was also presented to the student union executives of each faculty before selection of research assistants.

In order to ensure privacy during data collection because of the sensitive nature of the study, students were told to exclude their names and matriculation numbers. The researcher ensured that sensitive questions were not evaded.

3.14 Data Management and Analysis

The following processes were used in data management and analysis:

1. Serial numbers were written on the questionnaires for easy identification and recall of any instrument with problem.
2. The questionnaires were stored in a place that was safe from destruction by water or fire and where unauthorized persons did not have access to them.
3. Administered questionnaires were edited and hand-coded by the researcher.
4. Quantitative data were entered into the computer using Statistical Package for Social Sciences (SPSS) version 12. Analysis was done using frequency distribution and Chi-square to determine the statistical significance of some of the findings.
5. The findings were summarized and presented in tables and charts for better understanding.
6. The FGD were analysed using the thematic approach. Important themes were generated, and their points of agreement and disagreement among discussions in the various groups were noted.

CHAPTER FOUR

RESULTS

4.1 Demographic Characteristics of the Respondents

Table 4.1 shows the demographic distributions of respondents. The mean age was 23.21±3.48 with the modal age at 21 years. The highest proportion 225 (56.3%) were within the age group of 21-25 years while ages 15-20 and 26-30 had 21.8% and 21% respondents respectively. There were equal 200 (50%) numbers of males and females. More Christians 262 (65.5%) than Muslims 138 (34.5%) participated in the study. Yorubas 249 (62.3%) constituted the highest number of respondents, followed by Ibo 93(23.3%).

Table 4.1: Demographic Characteristics of the Respondents (N=100).

Demographic characteristics	Frequency	Percent.
Age (years)		
21-25 years	225	56.3
26-30 years	84	21.0
31-35 years	6	1.5
36-above	2	0.6
Total	400	100
Gender		
Male	200	50.0
Female	200	50.0
Total	400	100
Religion		
Christians	262	65.5
Muslims	138	34.5
Total	400	100
Tribe		
Yoruba	249	62.3
Ibo	93	23.3
Hausa	15	3.8
Others	43	10.8
Total	400	100

* Among others were Igbo, Ibibio, Edo, and Ijaw.

4.2 Local Names used for Homosexuals in the Campus

The local names homosexuals are referred to on campus were mentioned by discussants. Most of the discussants gave different names for lesbians and gays. The local names for lesbians are 'Tomboy', 'Pink lady', '37.37' and 'Leter', while the gays are referred to as 'Fag', 'Faggot', 'Sisthoj', 'Skinner', 'crotch', 'pencil and bottom'.

4.3 How students recognise homosexuals in the campus and perception of homosexuals to recognise themselves

Most of the respondents 258 (47.9%) opined that homosexuals can be recognized when a person relate with members of same sex with intention to hug, kiss, caress and have sexual relations with members of the same sex without on lookers suspecting they are homosexuals. Slightly above one fifth 121 (22.5%) of the respondents felt that homosexuals can be recognized by the way they dress and the way they walk, 96 (17.8%). This corroborates with the FGD findings. One of the male participant stated: "When a man uses things that are customarily meant for women like pants, earrings, perming of hairs, wearing female colour clothes mean for the opposite sex, such could be regarded as gays".

A female participant describes lesbians as saying:

"They build muscles, talk tough, mimic the voice of a man, and keep low cut hair and dresses like men. They like caressing, kissing and hugging fellow females and if you accommodate their behaviour they can ask the female partners to beat."

Some female discussants stated that homosexuals are very jealous and protective of their partners while a few of the fresh women said homosexuals are common with cult members. When asked how homosexuals recognize themselves even if they have not met before most discussants said that they have certain signs that are peculiar to them like 'flapping their hands or swinging their buttock while walking'. Some gays put on pink boxers and uses pink towels and fellow gays can use that to recognize such gays.

4.4 Opinion about Homosexuality

The opinion of most FGD about homosexuals was unanimous mostly that the concept of homosexuality is bad, dirty and abnormal. Most felt that the act of homosexuality was against the will of God, unethical and does not conform to the culture of various tribes in Nigeria. The male discussants were more opinionated against the act of lesbianism than gay. Many do not see why a woman will choose a fellow woman for the reason of sexual relations when men abound everywhere. However, few discussants opined that the practice of men having sex with men is dependent on individual childhood growth and environment. Individuals were brought in to discover that they are only sexually attracted to members of the same sex and as such they will need help rather than condemnation.

4.5 Perceived pattern of social networking among Homosexuals

Most female discussants stated that homosexuals reach out to new members by being very good and nice to them and giving them gifts, helping in assignments and offering money in some cases. Among the female final year discussants, some participants opined that the networking of gays and lesbians are strictly unique and peculiar to themselves because the society frowns at the act of homosexuality. The process of their reaching out to themselves and new members varied from time to time. Many female discussants disclosed that lesbians exhibit high level of social cohesion and understanding.

There were gender differences in perception of mechanism of initiations of homosexuals in the university. While the female discussants stated that lesbians buy expensive gifts to entice the new recruits most males stated that homosexuals use the internet to recruit new members and initiate those that are within their campus. A female discussant has this to say,

'They buy expensive and colourful bra, pants and clothes to initiate new members.'

4.6 Activities respondents' reported Homosexuals Engage In on the Campus

Most FGD discussions said that the homosexuals attend parties together, and sleep in the same rooms but not necessarily live in the same room. Another activity is having sexual intercourse. The male discussions were more outspoken on how males and female homosexuals perform sexual relations. According to the female discussion:

'The lesbians' uses 'dildo' (artificial penis) to stimulate orgasm while the guys are more inclined to oral and anal sex.'

4.7 Respondents' Awareness of Existence of Homosexuals

Table 4.2 shows distribution of respondents' awareness on existence of homosexuals and the sex mostly involved. A total of 113 (25.8%) and 97 (21.3%) reported the existence of lesbians and gays respectively in the university while 178 (44.5%) do not know. Overall, 211 (53.5%) stated that homosexuals are common in both sexes, but 146 (36.5%) said the act is more common among the female gender compared with males 38 (9.5%). ($P > 0.05$). A total of 36 (9.1%) and 25 (6.3%) reported the existence of between 71 and above lesbians and gays respectively on the campus. About half of the respondents 216 (51.5%) do not have any knowledge of the existence of homosexual associations in the university. Furthermore, a few 16 (4%) reported the existence of an organization of homosexuals in the university. The FGD findings corroborated that of the survey. Many discussions reported the existence of homosexuals in the university but stated that their activities were clandestine. Many also stated that there were more lesbians than gays on campus. Some male and female discussions stated that there is an association of 'Pink Ladies Club' on the campus and the members are made up of lesbians. Some of the groups stated that the club is sponsored by high society lesbians outside the university.

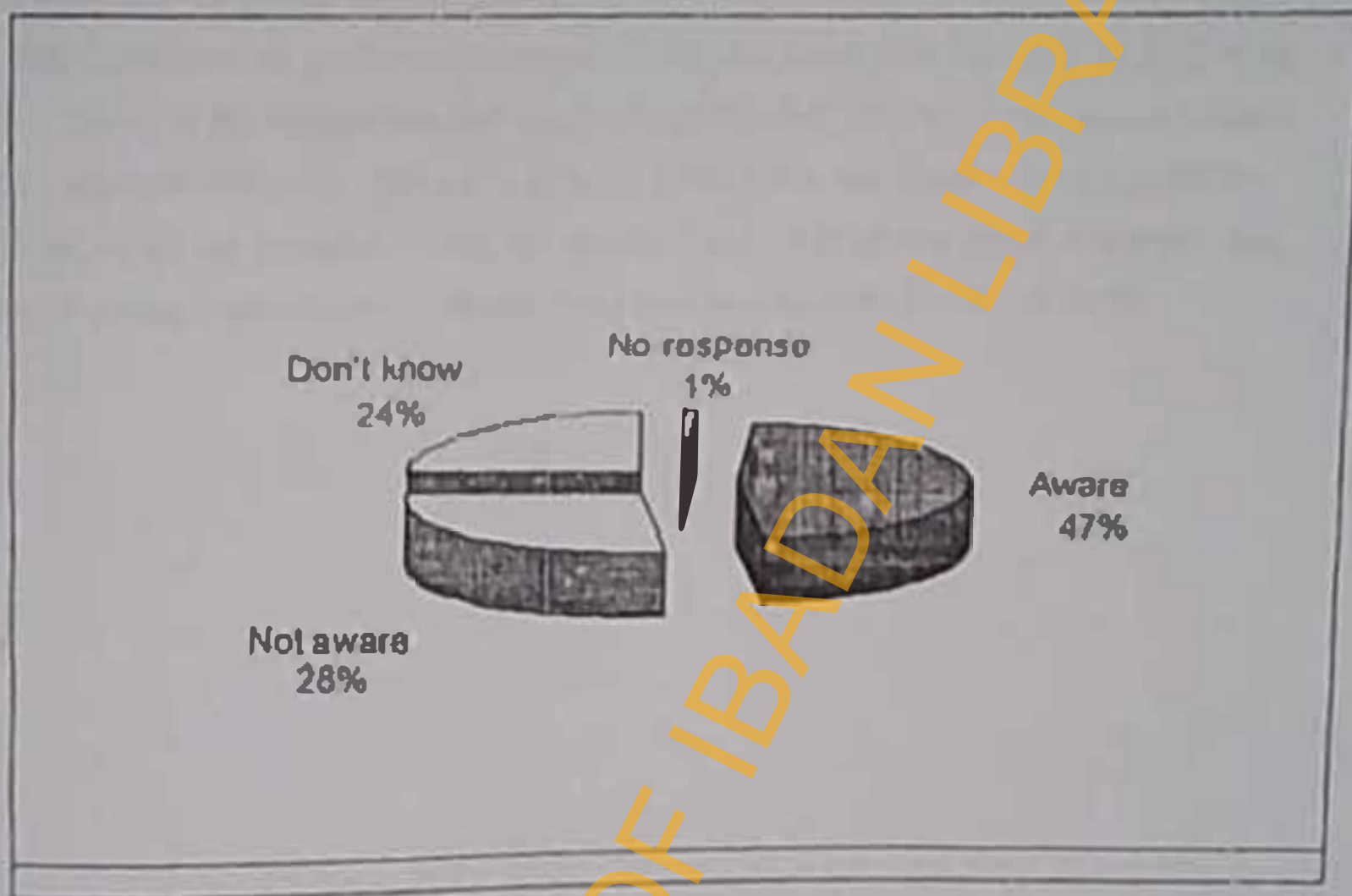
4.8 Knowledge of Prohibition of Homosexual Bill in Nigeria

In respect of knowledge of the bill before the House of Assembly on prohibition of the practice of homosexuality in Nigeria, figure 4.1 revealed that 184 (47%) of the respondents knew of the bill but 112 (28%) did not. This corroborates the FGD findings where many claimed to have knowledge of the bill.

Table 4.3: Distribution of respondents' reported knowledge of the existence of homosexuals among undergraduates in the University of Ibadan and the sex mostly involved (N=400)

Existence of Lesbians in the University	Frequency	Percent
Yes (we know of Lesbians in the university)	111	27.8
No (we do not know of Lesbians in the university)	174	43.5
I don't know	115	28.8
No response	4	1.0
Total	400	100
Existence of Gays in the University		
Yes (we know of gays in the university)	97	24.3
No (we do not know of gays in the university)	181	45.0
I don't know	114	28.5
No response	5	1.2
Total	400	100
Gender mostly involved in homosexuality/lesbianism in the university.		
Both sexes	214	53.5
Females	148	37.0
Males	38	9.5
Total	400	100
Existence of Homosexual organization/Associations in the University.		
Yes (we are aware of an organization on campus)	16	4.0
No (we are not aware of any organization on campus)	206	51.5
I don't know	174	43.5
No response	4	1.0
Total	400	100

Figure 4.1: Distribution of respondents on the knowledge of the bill prohibiting Homosexuality in the National House of Assembly



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4.9 Attitudinal mean score towards Homosexuality

The overall attitude of respondents towards homosexuality was scored on a 5-point scale. Each question on homosexuality was awarded a point and anyone that scores below 3 points were considered to have negative attitude while above 3 points were considered as positively disposed. When the scores was summed up (Fig. 4.2), 364 (91%) of the respondents had negative attitude while 36 (9%) have positive attitude towards homosexuality. The mean score of 2.05 ± 1.293 was found for the respondents. Analysis of the attitudinal score by gender (Table 4.3) shows negative attitude was more among males 186 (46.5%) compared with females 178 (44.5%) ($P < 0.05$).

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Figure 4.2: Distribution of respondents' attitude to homosexuality on campus

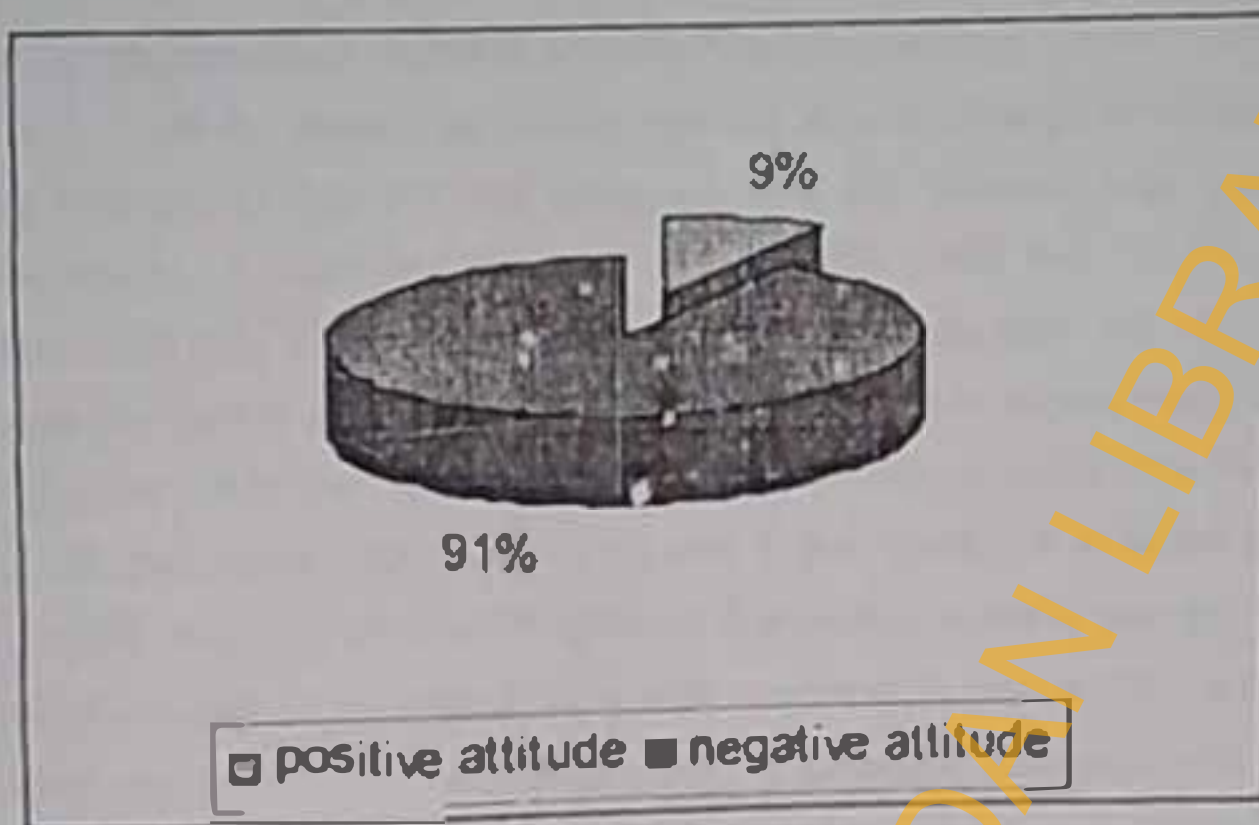


Table 4.4: Distribution of respondents by gender on the attitude to homosexuality on campus

Gender	Positive attitude	Percentage	Negative attitude	Percentage
Male	14	35	186	46.5
Female	22	55	178	44.5
Total	36	91	364	91.0

4.10 Respondents' Attitude towards Homosexuality

Table 4.5 shows respondents reported attitude towards homosexuality. Most of the respondents 302 (75.5%) disagreed with the statement that homosexuality is acceptable. A little less than half 197 (49.5%) would end the friendship if they discovered their friend is homosexual. A little over one third 152 (38.1%) with more males 86 (40%) than females 65 (32.5%) agreed that homosexuals deserves to be prohibited ($P < 0.05$). A total of 167 (41.8%) with more males 92 (46%) than females 75 (37.5%) ($\chi^2 = 4.6$) would be nervous if they found out someone is homosexual ($P < 0.05$). Majority 299 (74.8%) believed that homosexuality is immoral. A total of 258 (64.5%) would be uncomfortable if their roommate is homosexual. More females 141 (62%) than males 76 (34.0%) would accept homosexuals as friends ($P < 0.05$).

FGD findings were similar to those in the survey. There was gender difference on how respondents would relate with homosexuals. More females than males were favourably disposed to accepting homosexuals as friends. One of the female discussants said

Why should you run away from them the problem is not their fault, it is genetic, for me I don't see anything wrong with them.

One of the male respondents would rather not think of staying in the same room with homosexual. According to him,

Homosexuals should be expelled and disgraced otherwise they can lure you into joining their cult.

All the discussants in the FGD would not mind being in the same class with homosexual and they would sit with them and help them when they need assistance.

Table 4.5: Distribution of Respondents' Attitudinal Disposition to Homosexuality

Attitudinal Statements	Strongly agree		Agree		Undecided		Disagree		Strongly disagree	
	Frequency (%)	Frequency	Frequency (%)	Frequency	Frequency (%)	Frequency	Frequency (%)	Frequency	Frequency (%)	
1 Gay people make you nervous	78 (19.5%)	89	22.3	93	21.1	71	17.8	69	17.3	
2 Gay people deserve what they get	73 (18.3%)	79	19.8	135	33.8	60	15.0	53	13.3	
3 Homosexuality acceptable to me	22 (5.5%)	33	8.1	43	10.8	70	17.5	232	58.0	
4 If I discover a friend is gay, I will end the friendship	129 (32.3%)	68	17.0	90	22.3	62	15.0	89	22.3	
5 I think homosexual people should not work with children	189 (47.3%)	97	24.3	54	13.5	62	15.0	28	7.0	
6 Gay people deserve derogatory remarks	78 (19.5%)	70	19.0	81	21.0	66	16.0	65	16.3	
7 I enjoy the company of gay people	69 (17.5%)	36	9.0	69	17.2	71	18.0	134	33.3	
8 Marriage between homosexual individuals is acceptable	97 (24.3%)	63	15.8	51	12.8	43	10.5	147	36.8	
9 I will not buy from a homosexual if I suspect he/she is one	52 (13.0%)	44	11.0	93	23.3	103	26.3	98	24.5	
10 It does not matter to me whether my friends are gay or straight	92 (23.0%)	138	34.0	82	20.5	76	19.0	82	20.5	

N.R. mean < 3.00 = poor attitude. Mean of 3.00 and above = good attitude.

Table 4.6: Respondents' Attitudinal Disposition to Homosexuality by Gender

Attitudinal Statements	Strongly agree		Agree		Undecided		Disagree		Strongly disagree		
	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%	
Gay people make you nervous	Male	50	25.0	62	21.0	41	20.5	42	20.9	33	13.5
	Female	28	14.0	27	23.5	32	26.0	21	19.5	33	21.0
Gay people deserve what they get	Male	48	24.0	39	16.0	60	22.0	24	7.0	18	6.0
	Female	25	12.5	41	20.3	31	15.3	30	14.9	39	18.9
Homosexuality is acceptable to me	Male	9	4.5	13	6.5	23	11.3	13	6.3	116	52.0
	Female	13	6.5	16	8.0	20	10.0	5	2.5	114	52.0
If I discover a friend is gay, I will end the friendship	Male	65	32.5	24	11.0	42	21.0	30	14.0	31	15.0
	Female	64	32.0	34	17.0	48	24.0	20	11.0	30	14.0
I think homosexual people should not work with children	Male	102	51.0	20	24.5	28	14.0	10	9.0	11	9.5
	Female	87	43.5	48	24.0	20	10.0	22	11.0	13	6.5
Gay people deserve derogatory remarks	Male	48	24.0	41	20.5	39	19.5	43	21.5	29	14.5
	Female	31	15.5	26	12.5	45	22.5	23	11.5	30	15.0

4.11 Opinion of Undergraduates on the proposed Bill Prohibiting the Practice of Homosexuality

Table 4.7 shows respondents views on the bill in the House of Assembly. Nearly two-third 271 (67.8%) of the respondents would support the prohibition bill of adoption of children by homosexuals in or out of marriage or relationship but 88 (22%) would not. Majority will not support homosexual marriages 135 (81.1%) but 39 (12.1%) will support. Overall 271 (72.8%) supported the passage of the crime bill but 65 (16.3%) do not support.

Table 4.8 shows respondents' opinion by gender about the act prohibiting the practice of homosexuality in Nigeria. The findings were not significantly different by gender ($p > 0.05$) in all the article statements in the bill before the house of assembly. The level of support is similar in both sexes.

A total of 161 (24%) respondents supported prison terms for homosexuals but 121 (19%) would rather recommend education, counseling and rehabilitation. About a quarter 91 (13.4%) would recommend modifications on the bill before it is passed.

The FGD findings were a little different from those from questionnaire where most condemned homosexuality as a practice, but stated that legislation does not work in Nigeria and implementation of such bill will be difficult. Majority of the discussions irrespective of the gender do not believe a 5 year jail term is the best option because convicting them will enable offenders to recruit more gays and lesbians in the prison. A Female discussant said,

"I heard about the Act, it is not a Nigerian thing, it should be thrown out, there is no point sitting on an Act that has several loopholes, the question is what works in Nigeria, you can't enforce moral laws in Nigeria, you can't get the police to enforce law. The Act should be thrown out."

Another female discussant opined

"How many clubs in Nigeria are registered, how many societies are registered, how many dance clubs are registered, I don't think I am aware of any that would register social clubs, the Act has several loopholes and is not enforceable."

The discussants would prefer that gays and lesbians are rather sent to rehabilitation homes where they can be helped.

Majority of the discussants do not see why a pastor or Imam that conducted same sex wedding or those that witness such wedding should have the same prison terms with those that are involved in the act.

When discussants were asked about the need for public debate on the homosexual prohibition bill, all the discussants supported such deliberations. A male discussant said:

"The bill should be thrown into a debate, people should be allowed to say what is right or wrong, they cannot just pass it into a law"

A female discussant said

"This kind of bill should not be passed, people have the right to live their life the way they want it, if you want to be a lesbian it is your life it is no body's business and the bill should not be passed"

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Table 4.7: Respondents' opinion about the proposed Bill Prohibiting the Practice of Homosexuality in Nigeria

Articles of the Act	Support		do not support		I am indifferent		Total
	Freq.	%	Freq.	%	Freq.	%	
Act prohibits marriage between persons of the same-sex.	303	75.8	70	17.5	27	6.8	400
Act prohibits adoptions of children by homosexuals in or out of a same-sex marriage or relationship.	271	67.8	71	22.0	41	10.3	400
Homosexuality and same sex marriage shall not be celebrated in any place of worship, church, mosque or others.	225	81.3	49	12.3	26	6.5	400
Registration of Gay clubs, societies and organization in secondary, tertiary or other institutions are prohibited.	303	75.9	67	16.8	29	7.3	400
Any person who is involved in the registration above is liable to 5 years imprisonment.	255	63.8	70	20.0	65	16.3	400
Any person who goes through the ceremony of marriage with a person of same sex is liable to 5 years imprisonment.	248	62.0	95	23.8	57	14.3	400
Any person who performs, witness, aids or hosts the ceremony of same sex marriage is liable to 5 years imprisonment.	241	61.0	94	23.5	62	15.5	400
Publicly performing or being homosexual is prohibited.	311	77.8	61	15.3	28	7.0	400
Publicly and justifying others of same sex in electronic or print media directly or indirectly are prohibited.	312	78.0	62	15.5	26	6.5	400

Table 4.8: Respondents' opinion by Gender about the Act Prohibiting the Practice of Homosexuality in Nigeria										
SN	Articles of the Act	Gender	Support		Do not support		Indifferent		Chi square	p-value
			Freq	%	Freq	%	Freq	%		
1	The Act Prohibits Marriage between persons of the Same sex	Male	155	39.2	33	8.3	12	3.0	721	.000
		Female	140	37.0	37	9.7	15	3.8		
2	The Act Prohibits Adoptions of Children by homosexuals in or out of a Same sex marriage or relationship	Male	141	35.3	37	9.3	22	5.5	2893	.235
		Female	130	32.3	31	12.0	19	4.8		
3	Homosexuality and Same sex marriage shall not be celebrated in any place of worship, church, mosque or other	Male	162	40.3	27	6.8	11	2.8	1329	.000
		Female	163	40.8	22	5.5	13	3.3		
4	Registration of Gay clubs, societies and organizations in secondary, tertiary or other institutions are prohibited	Male	155	38.8	31	7.8	13	3.3	843	.056
		Female	148	37.1	36	9.0	16	4.0		
5	Any person who is involved in the registration as above is liable to 5 years imprisonment	Male	138	34.3	33	8.3	29	7.3	4430	.003
		Female	11	29.3	47	11.8	36	9.0		
6	Any person who goes through the ceremony of marriage with a person of same sex is liable to 5 years imprisonment	Male	135	32.8	41	10.5	24	6.0	3152	.076
		Female	113	28.3	34	11.3	33	8.3		
7	Any person who performs, witnesses or abets the ceremony of same sex marriage is liable to 5 years imprisonment	Male	131	32.8	40	10.0	26	7.3	3671	.000
		Female	113	29.3	31	11.3	35	8.3		
8	Publicity programs on homosexuality are prohibited	Male	156	39.1	29	7.1	14	3.5	2021	.004
		Female	105	26.3	35	8.8	20	5.0		
9	Publicity and public acts of same sex in establishments in public places directly or indirectly are prohibited	Male	154	38.1	28	7.0	18	4.5	2177	.007
		Female	120	30.0	46	11.5	18	4.5		

**Table 4.9: Respondents' Opinion on how homosexuals should be treated in Nigeria
(N=400)**

Opinion Statements	Frequency	Percent
Send them to exile and should not leave among people	11	4.5
Sentence them to prison as a form of deterrence	161	24.0
Education, Counseling and rehabilitation are the best options	128	19.0
They should be made to visit the Psychiatrist	13	2.2
They need to seek unto God for deliverance and repentance	53	7.9
They have the right to practice their sexual orientations	70	10.4
Pass the bill, but with modifications	90	11.4
The bill should be passed without any modifications	53	7.9
The society should leave that everyone has their own sexuality	52	7.7
NGOs should be set up to take up the burden of homosexuals	17	2.8

Multiple responses

4.12 Reported Homosexuals Practice among respondents

In the survey, a few 20 (5%) respondents reported to have ever practiced homosexuality comprising more females 11 (55%) than males 9 (45%). A total of 15 (75%) that reported ever practiced homosexuality started while in the secondary school but few 3 (15%) reportedly started in the university. Eight (40%) respondents have practiced homosexuality for twelve months and three (15%) for 9 months. (Table 4.10)

These findings were similar to those from the FGDs which reported the existence of homosexuals on the campus. More males than females mostly confirmed the existence of homosexuals on the campus. In one of the discussion groups a male discussant said

'I have accidentally stumbled into lesbians making love on this campus in one of the female hostels. They were so engross that they did not notice the presence of a person in the window. I watched them romancing and expressing themselves. It was a daylight blue film.'

One of the male discussants claimed to have been offered money by one of the students to practice homosexuality but he refused.

There was no gender disparity on the reported existence of homosexuals in the university. Both the males and females discussants opined that there are more lesbians than gays in the university. In one of the female discussion groups, a female discussant said:

'Among females there is a secret association of lesbians. I have never heard of a gay association in this university.'

Table 4.10: Distribution of respondents on the length of time they have been practicing homosexuality (N=400)

Numbers of months' respondents have practiced homosexuality.	Frequency	Percent
9 months	1	15.0
12 months	8	40.0
18 months	1	5.0
24 months	3	15.0
30 months	1	5.0
36 months and above	1	20.0
Total	20	100

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4.13 Test of Hypotheses

Hypothesis 1: (H₀!). There is no association between students' religion and reported practice of homosexuality.

Table 4.16 shows the relationship between religion and the practice of homosexuality. From the findings 14 (5.3%) of the 262 Christians reported to ever practiced homosexuality as against 6 (4.3%) of the 138 Moslem. The findings from the table confirm the existence of homosexuals in the university. There is no statistical significant difference between Moslems and Christians in the practice of homosexuality. Statistical analysis shows no relationships between respondents' religious inclination and the practice of homosexuality ($P > 0.05$). The null hypothesis is hereby accepted and the alternate which states that there is a significant difference between religion and practice of homosexuality is hereby rejected.

Table 4.16: Comparison of Respondents' Practice of Homosexuality and Religion

Ever Practice Homosexuality?	RELIGION.				Total.
	Christians.		Moslems.		
	Freq.	%	Freq.	%	
Yes.	14	5.3	6	4.3	20
No.	236	90.1	125	90.6	361
Don't know	12	4.6	7	5.1	19
Total.	262	100	138	100	400

Chi-Square = 0.228; df = 2; p-value = 0.892; $P > 0.05$.

Hypothesis 2; (Ho 2): There is no significant difference between gender and reported practice of homosexuality

In table 4.21, 9(4.5%) out of the 200 male respondents reported to have ever practiced homosexuality while 11(5.5%) of the 200 female respondents reported to have ever practiced homosexuality. The findings shows no significant relationship among sexes in the practice of homosexuality among the undergraduates ($p > 0.05$). The null hypothesis is hereby accepted and the alternate which state that there is a significant difference between gender and practice of homosexuality is hereby rejected. This means that gender does not influence the decision to practice homosexuality.

Table 4.21: Comparison of Respondents' Practice of Homosexuality and Gender in University of Ibadan

Ever Practice Homosexuality?	GENDER				Total.
	Male.		Female.		
	Freq.	%	Freq.	%	
Yes.	9	4.5	11	5.5	20
No.	171	85.5	182	91.0	353
Don't know	12	6.0	7	3.5	19
Total.	200	100	200	100	400

Chi-Square = 1.54; df=1; P-value = 0.463; ($P > 0.05$)

Hypothesis 3: (H₀ 3). There is no significant difference between students' religion and attitude to homosexual practices.

Out of the 262 Christian respondents 240 (91.6%) had negative attitude towards the practice of homosexuality, while of the 138 Moslem respondents 124 (89.9%) had negative attitude towards the practice of homosexuality. It can be deduced from table 4.17 that religious affiliation does not influence respondents' attitude to the practice of homosexuality. The table shows that there is no significant difference (P-value=0.56;) in the attitude of the Christians and the Moslems to the practice of homosexuality. Both the Christian and Moslem sects frown at the practice of homosexuality.

Table 4.17: Comparison of Respondents' Attitude to the Practice of Homosexuality and Religion.

Attitude of Respondents on the practice of Homosexuality.	RELIGION.				Total.
	Christians.		Moslems.		
	Freq.	%	Freq.	%	
Good Attitude (mean of 3 and above).	22	8.4	14	10.1	36
Negative Attitude (mean below 3).	240	91.6	124	89.9	364
Total.	262	100	138	100	400

Chi-Square = 0.337; df = 1; P-value = 0.56; $P > 0.05$.

Hypothesis 4 (H0 4). There is no association difference between gender and attitude of undergraduates to homosexuality.

Among the 200 male respondents 13 (6.5%) have positive attitude to homosexuality while 23 (11.5%) of the 200 females respondents have positive attitude to homosexuality. It can be inferred from above that almost twice the number of the female gender compare to the male have positive attitude. The relationship reflected in table 4.22 on gender and attitude of university undergraduates to the practice of homosexuality is found to be statistically significant ($p < 0.05$). This means that the null hypothesis which states that there is no significant different between gender and attitude to the practice of homosexuality is hereby rejected and the alternate is accepted. The implication is that gender influences their attitude to the practice of homosexuality.

Table 4.22: Comparison of Respondents' Attitude to the Practice of Homosexuality and Gender

Attitude of Respondents on the Practice of Homosexuality	Gender				Total.
	Male.		Female.		
	Freq.	%	Freq.	%	
Good Attitude (mean of 3 and above)	13	6.5	23	11.5	36
Negative Attitude (mean below 3)	187	93.5	177	88.5	364
Total	200	100	200	100	400

Chi-Square = 3.053; df = 1; P-value = 0.041; $P < 0.05$

Hypothesis 5. (Ho 5). There is no significant difference between gender and support for the bill prohibiting homosexuality in Nigeria.

Table 4.23 shows relationship between gender and support to pass the bill prohibiting homosexuality into law. Majority of males 151 (75.5%) and females 140 (70%) supported the proposed bill prohibiting homosexuality passed into law. The findings show that there is no statistical significant difference between gender and the decision of the respondents to support passage of the bill prohibiting homosexuality. The null hypothesis is therefore accepted. It then means that gender of the respondents does not influence the decision to support the passage of the bill prohibiting homosexuality in Nigeria.

Table 4.23: Comparison of Respondents Decision on the Bill Prohibiting Homosexuality and Gender in Nigeria

Should the Bill be Passed into Law?	GENDER.				Total.
	Male.		Female.		
	Freq.	%	Freq.	%	
Yes	151	75.5	140	70.0	291
No	29	14.5	36	18.0	65
Don't know	20	10.0	24	12.0	44
Total.	200	100	200	100	400

Chi-Square=1.53; df=1; P-value = 0.465; $P > 0.05$.

Hypothesis 6; (H0 6). There is no significant difference between religion and support for the bill prohibiting homosexuality in Nigeria.

Table 4.15 compares the decision to pass the bill with the religion of respondents. While 191 (72.9%) of the 262 Christians prefer the passage of the bill into law, 100 (72.5%) of the 138 Moslems also want the bill passed into law. Findings from the results shows that $P\text{-value} = 0.96$, at 5% level of significant is not statistically significant. The null hypothesis is therefore accepted and the alternate is rejected. This means that religion has no influence on the decision to pass the homosexual bill into law among the respondents.

Table 4.15: Comparison of Respondents' decision on the Bill prohibiting the practice of homosexuality with Religion

Should the bill be passed into law?	Religion				Total
	Christian		Islam		
	Freq.	%	Freq.	%	
Yes	191	72.9	100	72.5	291
No	43	16.4	22	15.9	65
Don't know	28	10.7	16	11.6	44
Total.	262	100	138	100	400

Chi-Square = 0.082; df = 1; P-value = 0.96; $P > 0.05$.

Hypothesis 7 (Ho.7). There is no significant difference between faculty and support for the bill prohibiting homosexuality in Nigeria.

The hypothesis to be tested is whether the faculties in the university are significantly different in their support for the bill before the House of Assembly prohibiting the practice of homosexuality in Nigeria. Some faculties are more supportive on the passage of the bill than others. In the faculty of Law 82(82%) want the bill passed into law, 77(77%) in Sciences, 71 (71%) in Education and 61(61%) in the Social sciences faculties respectively. From the findings, the Chi-Square was 14.94, df = 6 and p-value was 0.012. The p-value was lesser than the 5% confidence interval. The support for the bill to prohibit homosexuality is significantly different in the faculties.

Table 4.24: Comparison of Respondents' Decision on the Bill Prohibiting Homosexuality and the Faculties in the University of Ibadan

Should the Bill be Passed into Law?	Faculty								Total.
	Education		Social sciences		Law.		Sciences.		
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	
Yes.	71	71.0	61	61.0	82	82.0	77	77.0	291
No.	19	19.0	22	22.0	13	13.0	11	11.0	65
Don't know.	10	10.0	17	17.0	5	5.0	12	12.0	44
Total.	100	100	100	100	100	100	100	100	400

Chi-Square = 14.94; df = 6; P-value = 0.012; $P < 0.05$.

CHAPTER FIVE

DISCUSSION

5.1 Respondents' Awareness and Opinion about Homosexuality on Campus

The major finding shows a high awareness level of existence of homosexuals. Respondents' awareness level may be due to the publicity recently accorded the homosexuality prohibition bill in the National Assembly.

Most respondents (47%) were aware of the bill on homosexuality (Figure 4.1). In recent times most Nigerian daily newspapers editorials (Ozoemena, 2006; Okpodu, 2006; Olatubosun, 2006; Oluwole, 2007) have contributed to the debate on homosexuality. Ofoburukweta (2004) reported 48% awareness of homosexuality and its effect on HIV/AIDS among University of Lagos students. More males than females were aware of homosexuality and how they could be identified. The gender difference may reflect males' tendency to dominate discussions on issues of sexuality.

The FGD report shows a high level of dislike for the practice of homosexuality among undergraduates. Reports from several Nigerian news media (Olusola, 2006; Lekan, 2006; Ekeanyanwu, 2006) equally expressed dislike for homosexuality. These reports revealed the general opinion of contributors that attributed the dislike for homosexuals to the cultural and religious values of Nigerian. According to the reports homosexuality does not reflect the culture of Nigerians and it is immoral. The dislike might be due to the teachings of the Quran (Surah, 7:31, 20:15), and Holy Bible (Leviticus 18:22, Romans 1:26-27, 1 Timothy 14:10) on the issue of homosexuality.

5.2 Respondents' Knowledge of Homosexuality

The findings revealed more females (6.5%) than males (9.5%) respondents are mostly involved in homosexuality in the university (Table 4.2), which was similarly in line with the FGD findings. This finding could be due to the tendency for the female gender to crave for love, care and attention more when compared to males (Gendered Health, 2001). Varnell (2001) reported that there were more lesbians than gays probably

because women are known to be more openly affectionate in public than men. Study among undergraduate in Netherlands, (Harvard School of Public Health 2001) revealed that not all relationships among same-sex lead to homosexual acts. In the study, 8.7% of the men and 11.1% of the women reported feeling some same-sex attraction but not engaging in homosexual behaviour. Similarly, Kinsey (2000) reported that among university students in South Africa, homosexual responses and contacts were much lower among the males than they were among females. However, the report from South Africa indicated that gays were more open in disclosing their status and insisting on the rights of homosexuals than lesbians. Bridgland, (2006) findings in South Africa reported that two-third of homosexuals in the country were lesbians. Aken'Ova (2001) however reported that there were both sexes that claimed to be homosexuals in Minna, Nigeria. Among the Nigerian female football club, The Falcons of Nigeria, Omoniodion, (2006) reported high number of lesbians.

Findings from the survey shows a few (16%) reported being aware of homosexual organization in the university campus which was corroborated by the FGD finding. In the university environment, a lot of experimentation and association takes place among students. Okonofua (2003) reported that the desire for young persons to belong cause them to be initiated into clandestine associations such as cultism, bad gangs and sexually perverse associations. There are organizations in European and South African universities known by different names. Baxter (1999) reported homosexuals are called 'fags' in United States and Canada. The findings show that members of lesbian club (*pink lady club*), are sponsored by high society ladies with similar sexual orientations outside the university community. This finding was in line with Oluwole, (2006) while reporting Senator Dalhatu, a Nigerian senator, who claimed to know homosexual clubs and associations that have high level sponsors from the society. Initiation of homosexuals goes through a process of buying of expensive gifts for new members in order to make them attractive and sophisticated (Baxter, 1999). The expensive appearances of lesbians attract new members to the association (Baxter, 1999).

5.3 Attitudes toward Homosexuality among University students.

In general, the attitudes toward homosexuality were negative, although a few expressed positive attitude. A vast majority condemned the practice of homosexuality among young persons which might be due to the expressed aversion by Nigerians and cultural inhibition against different sexual orientations in most African culture. There might also be the religious angle and the expressed condemnation by the Christian and Islamic religions. This finding in this study is corroborated by Guggani and Ukeje (1993) in a study conducted among undergraduates in University of Nigeria, Enugu. In that particular study respondents expressed prohibition of homosexuality as a control measure for HIV/AIDS. Most reports expressed in Nigerian dailies also do not encourage homosexuality but emphasized that the act is against the culture of Nigeria. (Oluwote, 2007, Adeniji, 2006, Lohar, 2006). In similar findings Wikipedia, (2002) reported that several African countries including Nigeria expressed negative attitude towards homosexuality (Uganda 4% vs 95%, Nigeria, 1% vs 95%, South Africa 33% vs 63%, China 4% vs 93%, Mali, 3% vs 96% and Angola, 30% vs 62%). These findings however are contrary to findings in Europe and America when respondents expressed more positive than negative attitude towards homosexuality (United States, 51% vs 42%, Canada, 69% vs 26%, Mexico 54% vs 39% and United Kingdom, 74% vs 22%).

There were gender differences in attitude to homosexuality. More females than males would accommodate the practice. This finding corroborated Aken'Ova, (2001) and Baxter, (1999). Cliff, (1998) also reported in a study in South Africa Universities, there was a significant sex difference with men being less tolerant than women towards homosexuals. It was noted that religion of the respondents did not influence the attitude of respondents towards homosexuality. This may be due to the position of both the Qu'ran and the Holy Bible on homosexuality. Both books do not encourage the practice and the church and Islamic leaders have spoken against the practice of homosexuality. (Oluwote, 2007)

There was gender disparity among respondents on living with a homosexual in the same room. More females would accommodate lesbian roommate than males would to same room. More females would accommodate lesbian roommate than males would to same room. This finding agreed with Salter, (1994) where more females would openly discuss their homosexual status and be accommodated by homosexual friends as would guys.

Self-professed gays are most of the times with low esteem but lesbians are politically minded and outgoing (Sailer, 1994). On the areas of homosexuals working with children or been allowed to adopt children, findings revealed majority support against homosexuals associating with children. This may be due to the belief that children learn from their guardians and parents and adopt the behaviour to a large extent of their wards. This agreed with Russell (2001) that homosexual children are more likely to think about or try suicide than heterosexual children. A study in Arizona involving 12,000 teenagers followed up for five years revealed that children with same-sex attractions are more depressed and anxious. Similar findings, (Sailer, 1994, Morgan, 2002) reported that children raised by parents with same-sex attractions may be more sexually promiscuous and are more likely to practice homosexuality than children from heterosexual relationships homes.

5.4 Existence of reported homosexuals among respondents

The study revealed that 5% of the respondents reported involvement in homosexual practices and most of the reported homosexuals started while in the secondary schools. The findings could be due to unrestricted exposures of young persons to internet facilities as well as negative peer influences. This finding agreed with Okonofua, (2005) who reported that about 4% of young persons in Nigeria are involved in same sex relationships. Though the numbers of persons that practice homosexuality are small, they are reported to wield high level influence among legislatives and executives arms of government in most nations. Sandfort, Smith and Wiech, (2001) reported that practicing homosexuals in South Africa and United States of America are less than 10% but their ability to influence decisions in the legislative arms of government is high. This according to Sandfort et al could be due to the status of persons that are involved in homosexuality. Homosexuals in high places are said to be involved in the sponsorship of young persons who are recruited as homosexuals in schools and out-of-schools. In University of Ibadan, the FGD conducted among female undergraduates reported that students who are actively involved in lesbianism receive varied degrees of favours and gifts from highly placed practicing lesbians outside the university. Some lesbians are being sponsored while in the university. Emeceta (2003) also reported that there are

students in Nigerian university campuses that are involved in homosexuality but cannot be said to be as much as what operates in the West. Essentially, surveys conducted among young persons showed prevalent rate of homosexual relationships between 1-5% (Gilman, 2001; Aaron et al. 2001; Okonofua, 2005; Mercer, 2004; Sandfort et al. 2001). Akpan, Ofobrukwa, and Ehinmiowo, (2004) reported 4.44% of young persons accepting involvement in homosexual practices and 15.56% who said they would practice if condom is available. Usman, (2004) reported that two self confessed lesbians were dismissed from The Enugu State University of Technology, Enugu, Nigeria. The high level aversions against homosexuals have increased the cohesive union among members. Oluwole (2007) reported that some societies of homosexuals have increased agitation for freedom for homosexual practices in order to fight the high level victimization and stigmatization by members of the society. In Nigeria, the high level of negative attitude among persons that practice or are favourably disposed to homosexuality have caused society of homosexuals to go into hiding and continually plan strategies to influence legislation in favour of homosexuality.

The findings revealed majority of those that have practiced homosexuality have been involved for at least twelve months. The findings agreed with Harris (1993) who reported that most homosexuals do not readily dissociate from the behaviour until at least one year after. In the sample studied, 3.8% men and 4.4% women had same sex partner for one year while 1.4% men and 3.6% women reported same sex relationship for five years. There were more females than males who claimed to have ever been involved in homosexuality. This finding agreed with studies conducted on homosexuals in Europe (Harris, 1993; Vanelle, 2001; Grant, 1993). The studies affirmed more females than males' involvement in homosexuality. In the FGD conducted among females, some of the discussants believed that lesbians that have being initiated into society of lesbians find it difficult to break away. The issue of prohibition by legislations as a measure of stemming homosexuality still remains an issue that requires thorough examination. Sambo (2001) reported that the strategies directed at education and involvement of civil society organizations in rehabilitation of practicing homosexuals will work better than prohibition by legislations and imprisonment as presently proposed by the Nigerian government.

Another issue that reflected from the findings is the use of condoms by homosexuals. The study showed that 45% of reported homosexuals claimed to use condoms consistently. Practicing homosexuals are at greater danger in acquiring and transmitting STIs including HIV/AIDS and the numbers of those that do not use condoms are quite significant. The question arises on whether practicing homosexuals are adequately aware of the health dangers inherent in the practice of homosexuality. Okonofua (2005) reported that teachings on refusal skills as a control measure can help to increase safer sex among young persons. When young persons are encouraged to refuse any sexual relations including homosexual acts without use of condom, the health dangers associated with homosexual practices could be reduced.

5.5 Opinion on the Bill Prohibiting Homosexuality in Nigeria

The major finding was that respondents supported the prohibition bill on homosexuality in Nigeria. This may be due to the need to check the spread of the practice in Nigeria. The finding agrees with Gugnani and Ukeje, (1993) where respondents suggested ban on homosexuality to check the spread of HIV/AIDS in Nigeria. Opinion expressed among Nigerians also agrees with the findings. Olusola, (2006) reported Ojo (2002) as saying that homosexuality should be outlawed in order to check the possible erosion of Nigerian value system. Olusola expressed that marriage is a unique institution between a man and woman and should be kept sacred. An Anglican Archbishop Peter Akinola also supported the prohibition of homosexuality in Nigeria in order to prevent perversion. The negative opinion of the Anglican Church in Nigeria reflected during the election of Gene Robinson as a gay bishop. Arch Bishop Akinola was quoted as referring to the election of a gay bishop as a satanic attack on God's church (Kutledge, 2004).

However, findings from IGC although supported prohibition, suggested that a better option was to educate and rehabilitate them. The discussion reasons was that prison environment could further encourage more involvement in homosexuality. These views agreed with a study conducted on sexual behaviours of inmates in Arabi prisons, Ibadan (Okochi, Oluidepo and Ajuwon, 2000). The study revealed that younger inmates had more (71%) homosexual contacts than older inmates (29%) and homosexual

practices prior to incarceration were unreported. Ofobrukweia and Akpan, (2004) also reported 10% of inmates in Lagos prisons were involved in homosexual practices, while 33% knew at least one prisoner who was involved in homosexual practice. Akpan, (2004) reported that 95.6% of respondents confirmed that homosexuality is high among prison inmates.

5.6 Implications of the study to Reproductive Health.

- As a result of the negative attitude against homosexuality among respondents, a challenge exist on how best to address the issue of homosexuality in order to prevent the reproductive health implications prevalent among homosexuals. Reports have linked homosexuality with high prevalence of STIs and HIV/AIDS compared to heterosexuals. There is therefore the need to organize health education programmes which will highlight sexual orientations, implication of homosexuality to spread of HIV, prevention of stigmatization and discrimination among homosexuals, safer sex and positive behaviour change among colleagues.
- Results indicating that most of those who claimed to be homosexuals started from secondary school also posed sexual and reproductive health challenges. Peer group training that will emphasize reproductive health implication of homosexuality, healthy relationships, negotiation and refusal skills in relationships, adherence to parents and constituted authorities and effects of negative influences will ensure checkmating the spread of homosexuality among young persons.
- The suggestion from the discussants for the need for education and rehabilitation rather than imprisonment poses a window of opportunity to rehabilitate persons with homosexual tendencies. A Counseling and rehabilitation unit which focuses on reproductive issues and counseling for persons with any sexual problems in the universities will tremendously assist persons with homosexual inclination to take advantage of such facilities in the university.

- Most of those that reported involvement in homosexuality claimed not to use condom in sexual relationship with same sex. Taking into cognizance the effects of non use of condom by gays, the need arise for NGOs and private organizations to assist in the education of safer sex among homosexuals in the university.
- Advocacy from Civil society organizations, NGOs, private organization to authorities of the universities on the need to rehabilitate rather than employ punitive measures on persons having homosexual inclinations would assist homosexuals to disclose their status and take advantage of such rehabilitation facilities in the universities.
- The cultural and religious position of persons involved in homosexuality could prevent disclosure and increase stigmatization and discriminations. Advocacy and education facilitated by health education and promotion consultants will help in the reduction.

5.7 Conclusions

1. The study attempted to document the perception of undergraduate of University of Ibadan respondents on homosexuality and the proposed act prohibiting homosexuality in Nigeria. A quarter of the respondents were aware of the existence of homosexuality in the university. Respondents claim there were more lesbians than gays within the university campus. This implies the need for comprehensive Sexual and reproductive education with emphasis on dangers of homosexuality particularly to the female undergraduates.
2. The proportion of persons that exist as homosexuals as ascertained by respondents ranges between 50 and 80 students. This must be checked in order to prevent further increase in the sero-prevalence rate of HIV in Nigeria. Counselling and public enlightennents should be adopted to prevent the practice in the University of Ibadan.
3. A large proportion of respondents supported the prohibition of homosexuality and the penalty of five years prison terms. There is a need to provide rehabilitation centres specifically to address issues of sexual and reproductive health as well as provide information to the young persons on the implication of engaging in homosexuality.

level advocacy is suggested particularly for the aspect of prison terms. The researches conducted among prison inmates revealed high prevalence of homosexuality among them. Prison terms might not be appropriate punitive measures, enhancing the value system and appropriate religious intervention might reduce the prevalence.

5.8 Recommendations

In view of these findings this study offers the following recommendations:

1. The research revealed that most act of homosexuality begins in secondary schools and young persons in singles schools are more at risk of being initiated. Some literatures reviewed reported that situational homosexuality is common in secondary schools but most of such practices phased out after school, however, a few continue the act even after secondary schools. There is need to involve sex counselors and reproductive health experts in the education of young persons both in the secondary and tertiary institutions. Strategies designed by sex counselors will help young persons involved in such sexual practices recognize the danger involved in homosexuality and thereby redirect their skills to more productive ventures.
2. The family is the fundamental unit of child development. This study revealed that most young people do not discuss issues about sexuality with parents but rather network with peers in the school. They are initiated into act of homosexuality with no thought of what parents told them at home on issues about sex. The fundamental issues about sexual development, sexual behaviours, moral standards and consequences of unsafe sexual relationships should begin from home. Young people should not learn issues of sexuality from their peers, because most of such information could be wrong.
3. With greater percentage of reported homosexuals being initiated from secondary schools, there is need to involve civil society organizations and youths educators in the process of reducing the practice in secondary schools. Organizations that focus on sexual and reproductive should initiate train the trainer youth peer education programs in secondary schools. It is expected that young people that are correctly informed about sexual orientation, refusal skills and safer sex will be

better placed in helping to reduce incidence of homosexuality in secondary schools

4. Since the study revealed evident negative attitudes to homosexuality among Christians and Moslems there is a need to apply a religious perspective as a method to promote sexual and reproductive health education. Programs can be organized by religious bodies and consultant in health education and promotion can be invited to facilitate discussions on sexual and reproductive health issues
5. This study revealed that undergraduates will support an educational program as against imprisonment as a punitive measure for homosexuals. The bill on prohibition of homosexuality is not going through the process of deliberations in the national assembly. Legislatures need to be educated on the implication of imprisonment as punishment for offenders rather than counseling and rehabilitations.

It is important to note that students in the university will benefit from health education intervention programme since their friends and peers may influence their practice of homosexuality. More focus should be on the females in relation to practice of lesbianism and the males on their attitudes towards homosexual practice. Finally, education, counselling and guidance are the best tools for checkmating the practice of homosexuality in Nigeria.

5.9 Projection for Future Research.

Based on the findings of this study

1. Qualitative research is required to gain greater insight on the involvement of sponsors of homosexual organizations in the universities as well the motives of the sponsors
2. Since this study did not consider young persons in the community, a comparative study should be done to include youths with no formal education and the artisans
3. The study should be replicated among academic and non-academic staff of the university. This will serve as a comparative study

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APPENDIX 1.

Questionnaire on perception of university of Ibadan undergraduates on
homosexuality and the proposed act
Prohibiting the practice of homosexuality in Nigeria

SERIAL NO. _____ LOCATION _____ DATE _____

Introduction

Dear Respondent,

My names are Okosun Thank-God a postgraduate students reading Masters in Public health department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan. I am conducting a research on 'Perception of University of Ibadan Undergraduates on Homosexuality and the proposed Act Prohibiting the Practice of Homosexuality in Nigeria'. I will be grateful if you can help to complete this questionnaire

Instructions

- a. The questionnaire consists of five sections and each section has a number of questions with alternative answers.
- b. Please answer all the questions as completely as you can by ticking the box(es) provided besides the options you have chosen.
- c. This information is confidential and your answers will never be associated with your name and no one at your school or in your family will ever see your answers.
- d. You are at liberty to refuse in part or whole any question(s) that you are not comfortable with.
- e. Your honest information will assist in the design of the right approach.

Section 1: Demographic Information

Tick (✓) or fill the gap as appropriate.

- 1 Age as at last birthday _____
- 2 Gender: 1) Male 2) Female
- 3 Religion: 1) Christianity 2) Islam 3) Other (specify) _____

4 Tribe: 1) Yoruba [] 2) Ibo [] 3) Ilausa [] 4) Others (specify)

5 Faculty: _____

6 Department: _____

7 Year of Study: _____

Section 2: knowledge and awareness on homosexuality.

Tick (✓) or fill the gaps as appropriate.

8 How can a person identify a homosexual?

1) The way they dress, with the men dressing like women and women like men. []

2) The way they behave kiss, hug, caress and romance persons of same sex []

3) The males walk like females while females walk like males

4) Others (specify): _____

9 Do you know of any student in this university who is a lesbian?

1) Yes [] 2) No [] 3) I don't know []

10. How many numbers of lesbian can you approximate on this campus?

11. Do you know of any student in this university who is a gay?

1) Yes [] 2) No [] 3) I don't know []

12. How many numbers of Gay can you approximate on this campus? _____

13. Which sex is mostly involved?

1) Males [] 2) Females [] 3) Both sexes []

14. Do you know of any organization or association of homosexuals on this

university? 1) Yes [] 2) No [] 3) I don't know []

Section 3: Attitudes of undergraduates towards homosexuality.

This questionnaire is designed to measure your thoughts, feelings and behaviours with regards to homosexuality. It is not a test, so there are no rights or wrong answers. Answer each item by ticking (✓) the number after each question as follows: Strongly agree (SA); Agree (A); Undecided (UND); Disagree (DA); and Strongly disagree (SDA).

SN	ITEMS	SA	A	UND	DA	SDA
15	Gay people make me nervous					
16	Gay people deserves what they get					
17	Homosexuality is acceptable to me					
18	If I discovered a friend is gay/lesbian, I will end the friendship					
19	I think homosexual people should not work with children					
20	Gay people deserves abusive remarks					
21	I enjoy the company of gay people					
22	Marriage between homosexual individuals is acceptable					
23	I will not buy from a homosexual if I suspect he/she is one					
24	It does not matter to me whether my friends are gay or straight					
25	It would upset me if I learnt that a close friend is a homosexual					
26	Homosexuality is immoral					
27	I tease and make jokes about gay/lesbian people					
28	I feel that you cannot trust a person who is homosexual					
29	I fear homosexual persons will make sexual advances towards me					
30	Organizations which promote homosexual rights are dangerous to the society					
31	I can damage property of a person who is a homosexual					
32	I would feel uncomfortable having a homosexual roommate					
33	I could hit a homosexual if he/she comes close to me					
34	Homosexual behaviour should not be against the law					
35	I avoid gay individuals					
36	It bothers me to see two homosexual people together in public					
37	When I see a homosexual I think 'what a waste'					
38	When I meet someone I try to find out if he/she is homosexual					
39	I have rock relationships with people that I suspect are gay					

Section D: Opinion on the Act Prohibiting Homosexuality in Nigeria

Tick (✓) or fill the gaps as appropriate

40 Are you aware that the Federal Government has sent a bill to the National Assembly to prohibit homosexuality and same-sex marriage in Nigeria?

- 1) Yes [] 2) No [] 3) I don't know []

Which of the following components of the act that prohibit homosexuality in Nigeria do you support or do not support. Please tick (✓) support, do not support or indifferent in the spaces provided.

S/N	ITEMS	SUPPORT	DO NOT SUPPORT	I AM INDIFFERENT
41	The Act prohibits marriages between persons of the same-sex			
42	It prohibits adoptions of children by homosexuals in or out of a same-sex marriage or relationship			
43	Homosexuality and same-sex marriage shall not be celebrated in any place of worship by any recognized cleric of a mosque, church, denomination or body of which such place of worship belongs			
44	Registration of Gay clubs, societies and organizations by whatever name they are called in institutions from secondary to tertiary level or other institutions in particular and in general, by Government agencies is prohibited			
45	Any person who is involved in the registrations as above is liable to 5 years imprisonment			
46	Any person who goes through the ceremony of marriage with a person of same-sex is liable to 5 years imprisonment			
47	Any person who performs, witness, aids or abets the ceremony of same-sex marriage is liable to 5 years imprisonment			
48	Publicity procession for homosexuality is prohibited			
49	Publicity, procession and public show of same-sex amorous relationship through the electronic or print media physically, directly, indirectly or otherwise are prohibited in Nigeria			

50 Should the bill be passed into law?

- 1) Yes [] 2) No [] 3) I don't know []

Section E: Practice of Homosexuality

51. Have you met a homosexual before?

1) Yes [] 2) No [] 3) I don't know []

52. Have you been approached by a homosexual before?

1) Yes [] 2) No [] 3) I don't know []

53. Have you practiced homosexuality before?

1) Yes [] 2) No [] 3) I don't know []

54. Do you still practice homosexuality now?

1) Yes [] 2) No [] 3) I don't know []

55. If yes how long have you been practicing homosexuality? _____

56. Do you use condom all the times?

1) Yes [] 2) No [] 3) I don't know []

57. When did you start the homosexual act?

1) Before I entered secondary school []

2) In the secondary school []

3) In the university campus []

4) Others (please specify) _____

59. If you find yourself among homosexuals would you practice it?

1) Yes [] 2) No [] 3) I don't know []

60. Have your friends discriminated against you because of your sexual orientation before?

1) Yes [] 2) No [] 3) I don't know []

61. In your own opinion how homosexuals should be treated in Nigeria?

Appendix I I

Perception of University of Ibadan undergraduates on homosexuality and the proposed act prohibiting the practice of homosexuality in Nigeria

Focus group discussion guide among university undergraduates in Ibadan

Introduction

I thank you all for agreeing to participate in this discussion. My name is _____ and I will be moderating our discussion today. This discussion is a research work that intends to find some vital information on perception of university of Abuja undergraduate students on homosexuality in Nigeria. Implications to sustainability of Homosexuality Prohibition Act 2006. During this discussion, no views expressed by any participant will be judged right or wrong and everybody is free to express their views on any issue pertinent to the discussion. This discussion will remain completely confidential and will only be used for the purpose of the research project to affect policy only. Thank you for your anticipated co-operation.

1. What opinion do you have about
 - A. Men having sex with other men?
 - B. Women having sex with other women?
2. A. Who are gay, lesbian and transgender? [Probe for local names of gay, lesbians and transgender- by sex]
 - B. How do people describe them in the university campus and in the community?
3. A. How do people know who is a gay, lesbian or transgender? (probe for ways of dressing, behaviour, speech and association)
 - B. What can you say about their networking patterns? (probe for ways of reaching out for new members, how they identify each other)
4. A. How common are the followings among students on this campus?
 - (i) Gays (Probe for numbers and types existing in the campus)
 - (ii) Lesbians (Probe for numbers and types existing on the campus)
 - (iii) Transgender (Probe for numbers existing on the campus)

- B. What are the mechanisms of initiation of each of the other students to each of these groups?
- C. What types of activities are engaged in by each of the groups? (Probe for specific activities engaged in, e.g. parties, gift presentations, advice, living together in halls of residence, reading together etc.)
- D. What can you say about the attitude/behaviour of other students in this university to each of these groups (probe for gender differences of other students to these groups)
5. How do undergraduates on this campus who have friends who are homosexual relate with them? (Probe for sharing same room, eating together, being good friends and being in the same class)
6. What do you know about the Act Prohibiting Homosexuality, transgender and Same-sex Marriage in Nigeria? (Probe for what the Act says on each of the different types of sexual orientations)
7. A. Are students aware of the Bill now at the House of Assembly on Prohibition of Homosexuality and Same sex marriage in Nigeria? (Probe for when the act was first presented before the House of Assembly)
- B. What do students here think of this Act before the House of Assembly? (Probe for their views concerning the bill, support for, non-support for with reasons and what should be done on the bill)
8. What is the opinion of students on the need for public debates on sensitive Bill as Prohibiting homosexuality and same-sex marriage in Nigeria?
9. What suggestions do students have concerning the bill?

Thank you

APPENDIX III

The act prohibiting homosexuality and same sex-marriage in Nigeria

The Act is to be cited as Same Sex Marriage (Prohibition) Act 2006. It is to be enacted by the National Assembly of the Federal Republic of Nigeria

- The Act defined Marriage as a legally bonded union between a man and woman be it performed under the authority of State, Islamic Law or Customary Law. Same Sex Marriage was also defined in the Act as meaning the coming together of two persons of the same gender or sex in a civil union, marriage, domestic partnership or other form of same sex relationship for the purposes of cohabitation as husband and wife.
- The Act clearly stated that any marriage entered into between a man and woman under the marriage Act or under the Islamic and Customary Laws are valid and recognized in Nigeria. The Act prohibits Marriage between persons of the same sex and adoption of children of them in or out of a same sex marriage or relationship is prohibited in the Federal Republic of Nigeria.
- Any marriage entered into by persons of same sex pursuant to a license issued by another state, country, foreign jurisdiction or otherwise shall be void in the Federal Republic of Nigeria.
- Marriages between persons of the same sex are invalid and shall not be recognized as entitled to the benefits of a valid marriage. Any contractual or other rights granted to persons involved in same sex marriage or accruing to such persons by virtue of a license shall be unenforceable in any Court of law in Nigeria.
- The Courts in Nigeria shall have no jurisdiction to grant a divorce, separation and maintenance orders with regard to such same sex marriage, consider or rule on any of their rights arising from or in connection with such marriage.

- Marriage between persons of same sex entered into in any jurisdiction whether within or outside Nigeria, any other state or country or otherwise or any other location or relationships between persons of the same sex which are treated as marriage in any jurisdiction, whether within or outside Nigeria are not recognized in Nigeria.
 - All arms of government and agencies in the Federal Republic of Nigeria shall not give effect to any public act, record or judicial proceeding within or outside Nigeria, with regard to same sex marriage or relationship or a claim arising from such marriage or relationship.
 - Same sex marriage shall not be celebrated in any place of worship by any recognized cleric of a Mosque, Church, denomination or body to which such place of worship belongs.
 - No marriage license shall be issued to parties of the same sex in the Federal Republic of Nigeria.
 - Registration of Gay Clubs, Societies and organizations by whatever name they are called in institutions from Secondary to the tertiary level or other institutions in particular and, in Nigeria generally, by government agencies is hereby prohibited.
 - Publicity, procession and public show of same sex amorous relationship through the electronic or print media physically, directly, indirectly or otherwise are prohibited in Nigeria.
 - Any person who is involved in the registration of gay clubs, societies and organizations, sustenance, procession or meetings, publicity and public show of same sex amorous relationship directly or indirectly in public and in private is guilty of an offence and liable on conviction to a term of 5 years imprisonment.
 - Any person goes through the ceremony of marriage with a person of the same sex is guilty of an offence and liable on conviction to a term of 5 years imprisonment. Any person performs, witnesses, aids or obeys the ceremony of same sex marriage is guilty of an offence and liable on conviction to a term of 5 years imprisonment.
- (Adapted from National Assembly Website, 2006)

Appendix IV: Distribution of Respondents Attitudinal Disposition to Homosexuality

Attitudinal Statements	Strongly agree		Agree		Undecided		Disagree		Strongly disagree	mean	SD
	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)				
1. Gay people make you nervous	78 (19.5%)	89	22.3	93	23.3	71	17.8	69	17.3	2.91	1.366
2. Gay people deserve what they get	73 (18.3%)	79	19.8	135	33.8	60	15.0	53	13.3	2.85	1.261
3. Homosexuality acceptable to me	22 (5.5%)	33	8.3	43	10.8	70	17.5	232	58.0	1.86	1.223
4. If I discover a friend is gay, I will end the friendship	129 (32.3%)	68	17.0	90	22.3	64	16.0	49	12.3	2.59	1.395
5. I think homosexual people should not work with children	189 (47.3%)	97	24.3	54	13.5	32	8.0	28	7.0	2.03	1.249
6. Gay people deserve derogatory remarks	79 (19.8%)	76	19.0	84	21.0	96	24.0	65	16.3	2.98	1.369
7. I enjoy the company of gay people	89 (22.8%)	36	9.0	69	17.3	72	18.0	134	33.3	33.5	1.551
8. Marriage between homosexual individuals is acceptable	97 (24.3%)	63	15.8	51	12.8	42	10.5	147	36.8	2.70	1.618
9. I will not buy from a homosexual if I suspect he/she is one	52 (13.0%)	44	11.0	93	23.3	113	28.3	98	24.3	3.40	1.317
10. It does not matter to me whether my friends are gay or straight	92 (23.0%)	68	17.0	82	20.5	76	19.0	82	20.5	3.03	1.451
11. It will upset me if I learn that a close friend was homosexual	166 (41.5%)	112	28.0	46	11.5	37	9.3	39	9.8	2.10	1.323
12. Homosexuality is immoral	224 (56.0%)	75	18.8	46	11.5	25	6.3	30	7.5	1.90	1.263
13. I tease and make jokes about gay people	64 (16.0%)	66	16.5	87	21.8	112	28.0	71	17.8	3.15	1.333
14. I feel that you cannot trust a person that is homosexual	81 (20.3%)	85	21.2	106	26.5	70	17.5	58	14.5	2.85	1.326
15. I feel homosexual persons will make sexual advances at me	78 (19.3%)	87	21.8	116	26.5	62	15.5	67	16.8	2.88	1.347
16. Organizations which promote gay rights are dangerous to the society	176 (44.0%)	83	20.8	62	15.5	45	11.3	34	8.5	2.20	1.333
17. I can damage property of a gay	57 (14.3%)	37	9.3	72	18.0	111	27.8	123	30.8	3.52	1.302
18. I will feel uncomfortable having a gay roommate	176 (44.0%)	82	20.5	55	13.8	47	11.8	40	10.0	2.23	1.378
19. I could hit a homosexual if he/she comes close to me.	89 (22.3%)	77	19.3	79	19.8	84	21.0	71	17.8	2.93	1.415
20. Homosexual behavior should not be against the law	79 (19.8%)	49	12.3	62	15.5	74	18.3	136	34.0	2.65	1.531
21. I avoid gay individuals	114 (28.5%)	93	23.3	98	24.5	49	12.3	46	11.5	2.55	1.325
22. It bothers me to see two homosexual people together in public	124 (31.0%)	107	26.8	86	21.5	44	11.0	39	9.8	2.42	1.293
23. When I see a gay person, I think, what a waste	112 (28.0%)	113	28.3	82	20.5	54	13.5	39	9.8	2.49	1.292
24. When I meet someone, I try to find out if he/she is homosexual	32 (8.0%)	66	16.5	129	32.3	97	24.3	76	19.0	3.30	1.184
25. I have rocky relationships with people that I suspect are gay	26 (6.5%)	45	11.3	123	30.1	90	22.5	116	29.0	3.56	1.202

N.B. mean <3.00= poor attitude. Mean of 3.00 and above = good attitude.

Appendix 1: Respondents' Attitudinal Disposition to Homosexuality by Gender

Attitudinal statement	Gender	Strongly agree		Agree		Undecided		Disagree		Strongly disagree	Chi-square	F-value	
		Frequency	%	Frequency	%	Frequency	%	Frequency	%				
I feel that you cannot trust a person that is	Male	47	23.5	41	20.5	51	25.5	34	17.0	27	13.5	2.676	.613
	Female	34	17.0	44	22.0	55	27.5	36	18.0	31	15.5		
I feel homosexual relationships are the usual advances of the	Male	37	18.5	47	23.5	48	24.0	34	16.0	34	17.0	2.307	.679
	Female	41	20.5	40	20.0	58	29.0	28	14.0	33	16.5		
	Male	91	45.5	41	20.5	33	16.5	21	10.5	14	7.0	1.733	.785
	Female	85	42.5	42	21.0	29	14.5	24	12.0	20	10.0		
	Male	33	16.5	16	8.0	40	20.0	56	28.0	33	16.5	4.369	.358
	Female	24	12.0	21	10.5	33	16.0	55	27.5	49	24.5		
I will feel uncomfortable having a gay roommate	Male	86	43.0	43	21.5	21	13.5	29	14.5	15	7.5	5.379	.251
	Female	90	45.5	39	19.5	28	14.0	18	9.0	25	12.5		
I could hit a homosexual if he/she comes close to me	Male	42	21.0	40	20.0	38	19.0	49	24.5	31	15.5	3.986	.408
	Female	47	23.5	37	18.5	41	20.5	33	17.5	40	20.0		
Homosexual behaviour should not be against the law	Male	40	20.0	27	13.5	32	16.0	29	14.5	72	36.0	9.517	.340
	Female	39	19.5	22	11.0	30	15.0	45	22.5	64	32.0		
I would get individuals	Male	60	30.0	49	24.5	43	22.5	26	13.0	30	15.0	2.204	.698
	Female	54	27.0	44	22.0	53	26.5	23	11.5	26	13.0		
It bothers me to see two homosexual people together in public	Male	68	34.0	48	24.0	44	22.0	24	12.0	16	8.0	3.959	.412
	Female	56	28.0	59	29.5	42	21.0	20	10.0	23	11.5		
When I see a gay person, I think, what a waste	Male	55	28.0	58	29.0	42	21.0	29	14.5	16	8.0	1.717	.788
	Female	57	28.5	55	27.5	40	20.0	25	12.5	23	11.5		
When I meet someone, I try to find out if he/she is homosexual	Male	18	9.0	26	13.0	69	34.5	49	24.5	36	18.0	4.108	.392
	Female	14	7.0	40	20.0	60	30.0	48	24.0	36	18.0		
I have ready relationships with people that I suspect are gay	Male	15	7.5	21	10.5	68	34.0	46	23.0	30	15.0	4.441	.350
	Female	11	5.5	24	12.0	55	27.5	44	22.0	66	33.0		
I have and will press about gay people	Male	35	17.5	37	18.5	49	24.5	45	22.5	34	17.0	7.371	.118
	Female	29	14.5	29	14.5	38	19.0	67	33.5	37	18.5		