

Condom use amongst out of school youths in a local government area in Nigeria

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Abstract

Background: Reported low condom use amongst out of school requires studying the context in which condom use occurs.

Methods: A cross sectional study of 350 out-of-school youth aged 15-24 years in a local government area of Nigeria was enrolled using cluster sampling.

Results: Those who had ever had sexual intercourse were 74.9%. Of these, 56.5% used no protection while 29.0% used condoms. Up to 78.6% have had sex within the preceding 12 months with 38.9% condom use. The commonest reason for non-condom use was that it reduces sexual enjoyment. Those who believed a single unprotected sexual exposure may result in HIV infection reported more condom use than those who believed otherwise (42% vs 27.2%, $P < 0.05$). Those who had prior discussion with their partners on HIV/AIDS reported more condom use compared to those who had not (50% vs 25%, $P < 0.05$). Also, those who had sexual intercourse occurring as a spontaneous event reported less condom use compared to those who have previously discussed about the possibility of having sex (68.0% vs 51.8%, $P < 0.05$).

Conclusion: Condom use is likely to occur within relationships where opportunity exists for discussion on sexual matters. Thus, further studies are needed on communication and condom use within sexual partnerships.

African Health Sciences 2009; 9(2): 92-97

Introduction

The Nigerian HIV/AIDS Emergency Action Plan (HEAP) brought to light the lack of support for non-schooling (Never been to school and out of school) youth¹. Studies have documented an increased exposure to risks of sexually transmitted infections amongst these young people^{2,3}. This is often based on their reported risky behavior and sexual interactions with high-risk groups^{4,6}. These risky sexual behavior of young people includes having multiple sexual partners and unprotected sexual activities^{4,7,8}. Few unmarried young people use condom at sexual debut, while those that use it do so inconsistently^{9,10}. Surveys in Republic of Benin have recorded figures of condom use with a recent non-regular partner as low as 20% amongst men with no formal education, 18-19% in those with primary education and 39% in those with secondary education and above¹¹. This clearly shows that while young people already own their sexual conduct¹², the capacity to take definite decisions to protect themselves from harmful consequences of unprotected sex is still generally lacking.

Thus it would be immensely important to know the context in which condom use occurs among youths. In this article, we focus on an often neglected group

known as out of school youths. As determined by a national survey, young people aged 10-24 years form about 18.3% of the population in rural communities while "drop out" rates from the sixth grade (percentage of students in a particular grade in the previous school year who are not attending school) approximates 23.7% in rural areas¹³.

Methodology

The study was conducted in Ilero a semi rural town in Kajola Local Government Area of Oyo State in the southwestern part of Nigeria. It was a cross sectional study with minimal exploration. The town made up of three political wards is gradually undergoing urbanization and has a population of about 35,000. A cluster sampling technique was used with garages and markets where these youths have been known to aggregate serving as clusters. Two clusters in each ward were selected by random sampling. In each cluster, all consenting unmarried out- of- school youths aged 15-24 years identified through trade groups, women organizations satisfying predetermined inclusion criteria were enrolled for the study. Informed consent had previously been sought from the informal group leaders and individual study subjects.

The inclusion criteria were: Ages between 15 and 24 years and not presently schooling for at least 6 months. Those who were holidaying from school were however excluded. Based on a previous study documenting sexual experience amongst out of school

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youths as 80%, a sample size of 245 was calculated². The calculated sample size was multiplied by 1.5 to accommodate for the design effect which then gave a sample size of 367. However, 17 questionnaires were voided due to incomplete records. The instrument was a semi-structured pre-tested questionnaire. It was interviewer administered.

Results

The socio-demographic characteristics on table 1 reveal that greater proportions of the respondents (33.1% and 29.4%) were within the ages 21-22 and 23-24 years respectively. Males were also more than females accounting for 59.1% of the respondents. Only 15.4% had no formal education with a greater proportion of respondents (53.4%) having attained secondary level education. Muslims also accounted for about half of respondents (51.1%) while only 2.3% were traditionalists. Respondents were mainly manual labourers (35.2%), petty trader (24.3%) and commercial motorcyclists (16.6%).

Two hundred and sixty two (74.9%) of the respondents have ever had sex as depicted in Table 2, with the median age at first sexual intercourse being 19 years. Table 2 also shows that at sexual debut, up to 56.5% of them used no protection and only 29.0% of them used condom as a form of protection. Also, 78.6% reported having had sexual intercourse within the last 12 months preceding study. At the last sexual intercourse, only 38.9% used condoms. The most common reason given for non-use of condom was that it reduces their sexual enjoyment accounting for 40.6% of responses followed by partner refused (28.1%). Five percent of respondents could however not cite any reason or said condoms were not available.

The index of communication within sexual partnerships is as shown in figures 1 and 2. A greater percentage (58.4%) of males has had discussions on HIV/AIDS with their partners compared to females (51.5%). In addition, a greater percentage of males (44.1%) reported prior discussion on the possibility of having sex compared to females amongst whom 40.6% reported prior discussion. Overall, 55.7% of the respondents had discussed with their partners on HIV/AIDS while only 42.7% planned ahead/had a prior discussion with their partners on the possibility of having sex at a later date.

Table 3 presents the univariate analysis of those who used condom at the last sexual intercourse. Those who were within the ages 23-24 (41.9%) were more likely to have reported using condoms compared

to other age groups although this difference was not significant.

A higher proportion of those with no formal education (44.0%) were more likely to use condoms compared to 38.4% condom use amongst those with at least primary education. This difference was not significant. Condom use amongst males (44.7%) was also higher than condom use amongst females (29.7%). This difference was statistically significant. Those who believed it was possible to contract HIV at the first unprotected sexual intercourse were more likely to use condom compared to those who didn't believe this was possible (42.0% vs 27.3%). This difference was also statistically significant.

Those who have had a prior discussion with their sexual partners on HIV/AIDS were more likely to have reported using condoms than those who had never had such discussions (50.0% vs 25.0%). This difference was statistically significant. Condom use was also more likely amongst those who have discussed with their partners the possibility of having sex at a later date as compared to those who said sex occurred as a spontaneous event (51.4% vs 32.0%). This difference was statistically significant. More of those with only one sexual partner (40.8%) reported having used condom at last sexual intercourse compared to those with multiple sexual partners (31.5%) although this difference was not statistically significant. The same held true for those cohabiting with 37.6% reporting condom use compared to 34.2% and 33.3% amongst those who have a non cohabiting-non marital and those with a casual status respectively.

Table 1: Socio-demographic characteristics

Characteristic	n	%
Age		
15 – 16	14	4.0
17 – 18	29	8.3
19 – 20	88	25.1
21 – 22	103	29.4
23 – 24	116	33.1
Sex		
Male	207	59.1
Female	143	40.9
Educational level		
No formal education	54	15.4
Primary	109	41.2
Secondary	187	53.4
Religion		
Christianity	163	46.6
Islam	179	51.1
Traditional	8	2.3
Occupation		
Labourer	123	35.1
Petty trader	85	24.3
Motorcycle driver	58	16.6
Food hawking	24	6.9
Motor driver	20	5.7
*Others	40	11.4

* Apprentice, illegal miners, butchers, security personnel.

Fig 1: Prior discussion on HIV and AIDS with sexual partner

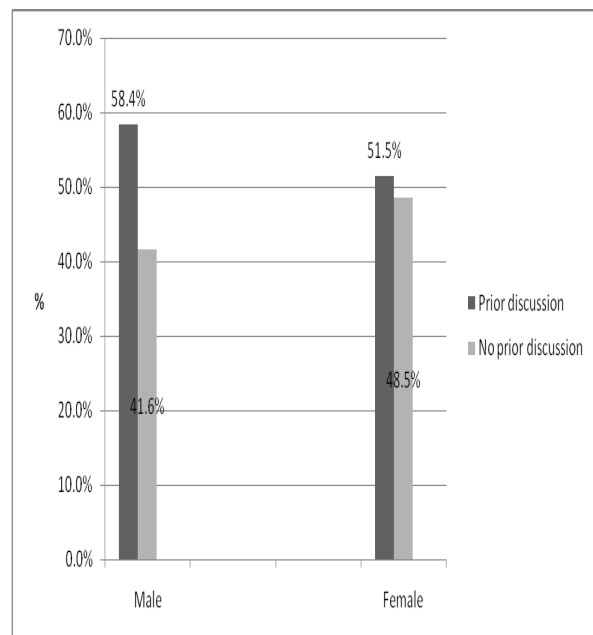


Table 2: Sexual practices of respondents

Variable	n	%
Ever had sex		
Yes	262	74.9
No	88	25.1
Protection used at first sexual intercourse		
None	148	56.5
Condom	76	29.0
Pills	38	14.5
Sexual intercourse within last 12 months		
Yes	206	78.6
No	56	21.4
Condom use at last sexual intercourse		
Condom used	102	38.9
Condom not used	160	61.1
Reasons for non-condom use at last sexual intercourse		
Condom reduces my sexual enjoyment	65	40.6
Partner refused	45	28.1
My sexual partner can't have HIV	21	13.1
I am not at a risk of contracting HIV	21	13.1
*Others	8	5.0

*Cant say, no particular reason, not available

Fig 2: Prior discussion with sexual partner on possibility of having sex at a later date

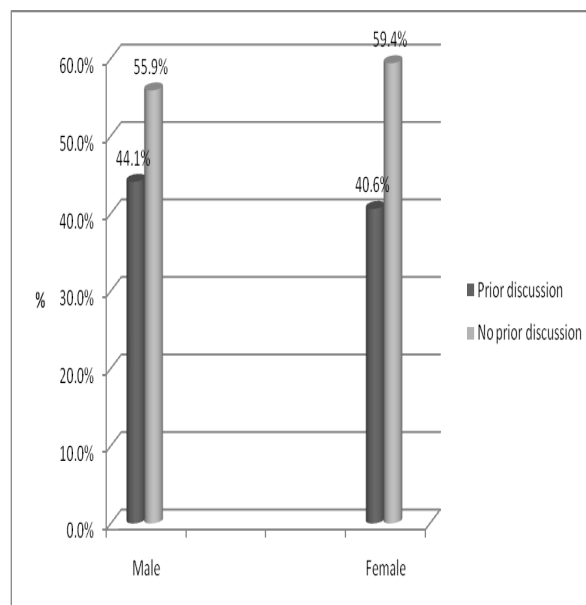


Table 3: Factors associated with condom use at last sexual intercourse

	Condom use		Statistics
	Yes n (%)	No n (%)	
Age			
15-18	9 (33.3)	18 (66.7)	p = 0.69
19-22	54 (38.0)	88 (62.0)	
e"23	39 (41.9)	54 (58.1)	
Sex			
Male	72 (44.7)	89 (55.3)	p = 0.015
Female	30 (29.7)	71 (70.3)	
Educational status			
No formal	11 (44.0)	14 (56.0)	p = 0.58
At least Primary	91 (38.4)	146 (61.6)	
Believed HIV possible at 1st unprotected sexual intercourse			
Yes	87 (42.0)	120 (58.0)	p = 0.05
No	15 (27.3)	40 (72.7)	
Number of partners			
Just one	40 (40.8)	58 (59.2)	p = 0.16
More than one	34 (31.5)	74 (68.5)	
Status of last sexual partner			
Cohabiting	41 (37.6)	68 (62.4)	p = 0.87
Non cohabiting, non marital	27 (34.2)	52 (65.8)	
Casual	4 (33.3)	8 (66.7)	
Prior discussion about HIV			
Yes	73 (50.0)	73 (50.0)	p < 0.0001
No	29 (25.0)	87 (75.0)	
Discussed earlier possibility of having sexual intercourse			
Yes	54 (51.4)	51 (48.6)	p = 0.001
No	48 (32.0)	102 (68.0)	

Discussion

Majority of respondents in the study were between the ages of 21-24 with only 15.4% having no formal education. Conversely, NDHS documented that over half of the rural population had no formal education¹³. The predominant occupations amongst the respondents were manual labour and petty trading which actually reflects the low status of out of school youths.

The percentage of those that had ever had sex is quite high and may reflect the finding that majority were between the ages of 21 and 24 years. Similarly, a study done amongst out of school youths by Dare et al documented the percentage of those who had ever had sex as 80%². The median age at first sexual intercourse was 19 and this is in contrast to the ARFH survey in Oyo State schools (1998) of 13.5 years for boys and 14.5 years for girls. It is also in contrast to the NPC (2000) figure of 17.8 years amongst those that have initiated

sex and the NDHS figure of 18.7 and 16.9 years respectively amongst urban and rural women aged between 20 and 24 years¹³⁻¹⁵.

A common finding in some of the studies on condom use is the low or inconsistent use of condoms amongst youths^{9,10}. This study also reported a similar pattern with only 29% and 38.9% of respondents using condom at first sexual intercourse and at last sexual intercourse respectively. This reflects the fact that youths still lack the capacity to take definite decisions to protect themselves from harmful consequences of unprotected sex. The problem behavior theory suggests that those with a predisposition to sensation seeking may more likely engage in risky behaviours which may also include non-use of condoms¹⁶. This is exemplified by the finding that a greater proportion (68.5%) of those who had more than one sexual partner compared to those with only one partner and a greater proportion (66.7%) of

those who had the last sexual intercourse with a casual partner compared to other partners actually used condoms. Of those that did not use condom, this study found that 40.6% cited reduction of sexual enjoyment which was higher than the 36.5% dislike of condoms being frequently cited as reason for non-use of condom in analysis of studies samples from eight countries in Sub-Saharan Africa^{2,17}. However, the second most cited reason that “their sexual partner refused” is similar to evidence from the South African study that 55% of the female respondents agreed to the statement, “There are times I do not want to have sex but I do because my boyfriend insists”¹⁸. Bearing in mind that this study showed that a statistically significant proportion of males reported having used condom at the last sexual intercourse, it would be safe to say that the inability to negotiate for condom use is often reflected in the socio-economic status of partnerships, which subjugates women to concede to unsafe sex¹⁹. The other reasons cited actually shows a lack of understanding of the dynamics of sexual transmitted infections transmission and sometimes may also reflect a lack of perceived risk of contracting HIV²⁰.

Over half of the respondents had discussed HIV and AIDS with their sexual partners which may actually reflect the wide dissemination of messages relating to HIV and AIDS through various media of communication in Nigeria. However, more males reported having had a discussion than females; showing that females generally lack self-efficacy in sexual matters and sometimes they are referred to as ‘sexual gatekeepers’. However as shown by Munakata, it is the patrimonial socioeconomic system that makes females so disadvantaged that they concede to male HIV risky sexual inclinations^{18,19}.

The overall percentage of those who had a prior discussion on the possibility of having sexual intercourse was low and this tendency to be more spontaneous is a key feature of the youths. However, it is not known whether this as applied to sexual intercourse is different from the sexual behavior exhibited by adults. More males also reported having discussed the possibility of having sexual intercourse which may also have resulted from females being reluctant not to initiate discussions on sexual matters for the fear of being labeled promiscuous. It is important to note that self-efficacy is associated with past use of condom with a study documenting that adolescents with adequate self-efficacy were seven times more likely to use condom^{21,22}. Perhaps of great concern is the cultural belief and norms that prescribes a certain mode of behavior for men at the detriment of women^{23,24}.

These findings may not be entirely different from what is known in literature. However, we suggest that condom use can be conceptualized in terms of an extended theory of reasoned action or theory of planned behavior^{25,26}. The theory of reasoned action is suggested by the finding that those who believed that HIV transmission is possible at the first unprotected sexual intercourse were also more likely to use condom. As shown in our study, those whose indexes of sexual communication within partnerships were higher were those who also reported higher use of condom at last sexual intercourse. The value of communication (even parental communication) was demonstrated in a study among South African Students which suggested that condom use is significantly greater among adolescents who feel they can discuss sex with their parents¹⁸. It is also known that social attitudes that condemn girls who plan for sex combined with perceptions that planning for sex spoils romance, may not stop sexual activity, but may inhibit contraception use including condom^{27,28}. Those who plan ahead for sex results are more likely to have thought out the implications of their action or in action. On this basis, they are more likely to modify their planned action(s) if good communication exists in sexual partnerships.

Condom use is likely to occur within relationships where opportunity exists for discussion on sexual matters as documented in this study. Thus, we recommend studies on interventions that would encourage an equal footing discussion of sexual matters between partners.

However, we note that this study has only minimally explored the value of communication as a modulator of condom use. We did not control for any confounding factors nor did we explore all the known determinants of condom use. Therefore, we propose that further studies be done to explore in details the role of communication within sexual partnerships in modulating condom use.

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