

## Safe-sex via HIV/AIDS Awareness and Condom Use: The Compliant Checklist of Nigerian Male and Female Youths

O. S. Elegbeleye

*Department of Psychology, Obafemi Awolowo University, Ile-ife, Nigeria*

**KEY WORDS** Virus; body defense cells; protective measures; Africa

**ABSTRACT** HIV which stands for Human Immuno-Deficiency Virus, is a virus that infects the body and destroys the body defence cells. The virus when it infects the human body system leads to AIDS which is Acquired Immune Deficiency Syndrome. Because of the deadly nature of the AIDS scourge, its speed of contagion and the high statistics of AIDS scourge devastation so far recorded in Sub-Saharan Africa, one is compelled to want to know the effectiveness of the media campaign aimed at sensitizing non-sufferers to steps that can be taken to avoid contracting AIDS. Six such steps were identified in line with the pronouncement of the National Action Committee on AIDS (NACA). The objective of this study therefore focuses on ascertaining the awareness levels of the Nigerian Youths to the reality of the existence of HIV/AIDS, the extent to which they are ready to practice the protection points listed by NACA, the percentage of subjects who are prepared to and actually do use condom for protection from contracting HIV and the possible influences of certain salient factors on subjects' readiness to protect themselves from contracting HIV. The findings reveal a high level of awareness, and a significant level of readiness to engage in the use of protective measures for protection against contracting HIV, and the salient factors of age, course of study, socio economic status and level of religiosity have little or no influence on subjects' attitude to engaging in protective measures so as to stay clear of HIV problems.

### INTRODUCTION

HIV which stands for Human Immuno-Deficiency virus, according to the National Action Committee on AIDS (NACA), is a virus that infects the human body and destroys the body defence cells. The virus, when it infects the human body system leads to AIDS which is Acquired Immune Deficiency Syndrome. It is understood that once it has destroyed most of the defence cells of the body, the body can no longer fight other infections such as tuberculosis, hepatitis, diarrhoea etc., as a result of which the person develops a full blown AIDS or a succession of illnesses and eventually dies.

Because of its deadly nature and speed of

contagion, global attention has riveted on the modern day scourge. The prevalence of HIV/AIDS in sub-saharan Africa, according to the World Bank records, is rather very high. In fact the region is said to have the highest number of HIV/AIDS cases globally. The statistics show that one in five adults is believed to be HIV positive in Zambia and four out of five adults in Botswana. In South Africa, 4.7 million or one in nine of the population live with the dreaded disease. In year 2000 alone, about half a million South Africans contracted the disease. This marks an increase of 12% over the previous year.

In Nigeria, according to the punch Newspaper editorial of April 26, 2001, from the humble beginning of two known cases in 1987, HIV/AIDS patients now stand at 2.6 million in number. In a study by Adedokun (2000, reported in Punch) 3.5 percent of the Oyo State population are living with AIDS and that, if not checked in the next 10 years, virtually everybody in the state stands a risk of being infected by the deadly virus. This scenario is believed to be replicated on a larger scale in many of the other states of the federation giving a national average of 5.06 percent HIV prevalence.

The pandemic which HIV has become in Africa is no doubt quite alarming. Alarming enough to have warranted an HIV/AIDS summit in Nigeria in April 2001. The summit was attended by African Heads of State and leaders of Government. The main theme of the summit was how to address the pandemic status of HIV/AIDS in Africa. Between seven to ten billion dollars (about ₦770 billion to ₦1.13 trillion) was proposed as a global fund with which to combat the disease. Indeed, it was the first time ever, that African leaders would gather to talk on a single disease. To aid them in their deliberations, people living with the dreaded disease were present at the summit to say how they feel and what they believe should be done. To show that the summit is not just all talk and no action,

Nigeria has already committed 40.4 million-dollars (₦4.4 billion) to fighting the disease. Coupled with this, a plan of action tagged HIV/AIDS Economic Action Plan (HEAP) was launched. HEAP, according to Mr. Barttiloi Warritey, Chief Information Officer of UNICEF (Nigeria), would cost \$221 million (about 22.1 billion Naira) of which Nigeria did pledge to contribute ₦4.4 billion.

According to the National Action Committee on AIDS (NACA) six points were listed on how one can protect oneself from contracting HIV. These six points include;

- 1 Avoid Casual Sex
- 2 Stay faithful to your partner
- 3 Avoid premarital sex
- 4 Do not share any instrument or any sharp objects with anyone such as blades, needles, clippers e..t.c.
- 5 Do not receive blood that has not been screened for HIV if you are sick and
- 6 Use condoms of approved quality.

Apart from items '4= and '5= above what NACA seems to be saying is that if you must indulge in '1=, '2= and '3=, you must use condom. Indeed this alternative has attracted such a media hype that condom and its use has become an everyday slogan on the Nigerian media waves.

With the African Cultural background of running a paternalistic society where polygamy is freely practised, sex is more permissive than the puritanical christianity-influenced monogamous practice of the West. Of all the options listed above, it is the use of condom (i.e. not prejudicing the importance of the need to be careful not to permit blood contact with infected sufferers) that appears more realistic an option compared to the rest. Culture is a function of habits and practices that have been accumulated over a long period of time, and for this reason not easy to jettison in a hurry. Sex and sexual habit are prominent among other indices of culture that one can safely say that people differ in their sexual characteristics across race, ethnic grouping and Nationalities. With the launching of the electronically induced war on crusade of permissive sex championed by western media, the average African youth who is exposed to western movies and pornographic slots may find it difficult not to engage in premarital sex or when married (if male) abstain from extra marital sex affair. hence the need to upstage the clamour for

the use of condom. With the deadly nature of the AIDS scourge, one is compelled to want to know the readiness level of Nigerian male and female youths to heed this clamour and be prepared to use condom in sexual encounters. This is against the background of the current statistics that was released by United Nations International, Cultural and Educational Fund (UNICEF), on the state of the dreaded Human Immuno-Deficiency Virus (HIV) in Nigeria are scary. It states that Nigeria accounts for about 8 percent of the Worlds aids global population. This implies that over 6 million Nigerians are living with HIV/AIDS. Of this figure, 60 (percent) of Nigerians who are infected with the deadly virus are youths between the ages of 10 years and 24 years. This means that there are between 2.7 to 3.2 million Nigerian youths currently living with AIDS.

The question then is, if the Nigerian youth population of 10 to 24 years are already plagued with HIV/AIDS virus, chances are that, 60 percent would die before the age of 30 years. Where then, are the future leaders of tomorrow? Since strong evidence from both biology and behavioural-science show that young people more than ever before are highly susceptible to HIV/AIDS, the United Nations Agencies and its collaborators, unanimously agreed that prevention and control interventions of HIV/AIDS, must also target young people. This is the central issue which this study aspires to investigate. The study shall be guided by the following research questions.

1. What is the awareness level of the Nigerian youths to the reality of the pandemic that is AIDS?
2. To what extent do they practice each of the points listed by NACA.
3. What percentage of Nigerian male and female youths are prepared to use and actually use condom so as to avoid contracting HIV.
4. What possible influences do the salient factors of; age, course of study, Socio Economic Status (SES) and level of religious belief have on subjects readiness to protect themselves from contracting HIV.

Attempts shall be made to find answers to the above questions in this study.

## METHODOLOGY

The study is designed to survey a pattern of attitudinal disposition, hence the percentage and comparison designs were employed to explain the findings. 600 randomly selected male (348) and female (252) University Undergraduates were randomly selected to participate in the study. What informed the choice of this stratified target population was essentially because they constitute a captive audience as well as the fact that they are at the stage of development (16 - 25) when sex with multiple partners is naturally encouraged for the fact that they are mostly yet to be married, hence are in active search for a life partner, they are also clustered in a university environment which is characterized by the atmosphere of freedom, access to information of all kinds and free interaction across gender lines. And the sample size of 600 was considered representative enough since it covers all levels of education and a wide range of courses of study, religious persuasions and social predisposition.

*Instrument:* A researcher designed questionnaire tagged 'Condom Use Compliant Questionnaire' (CUCQ) was administered on the respondents. The questionnaire consists of three sections namely sections, 'A' 'B' and 'C'. Section 'A', requires from respondents Biodata and demographic information. Section 'B' consists of question items directed at teasing out information on the HIV/AIDS awareness level of Nigerian male and female adults. This section contains 18 question items. The third section, section C which contains 16 question items focused on the actual conscious efforts made by subject to protect themselves from contracting HIV/AIDS virus. Respondents were required to answer 'Yes' or 'No' to each question item as it was applicable to them. In a pilot study involving 20 randomly selected male and female respondents, the reliability coefficient in a two week test retest exercise in which a high correlation coefficient of  $r = .91$  was recorded. The content validity of the question items was justified by a jury-styled content analysis by qualified experts in the social sciences faculty and other cognate behavioural sciences disciplines. These experts, 15 in all, were asked to identify question items that appeared inconsistent with the subject matter of the study. In so doing, the few items so

identified in consensus were removed thus leaving altogether a total of 34 question items.

*Data Analysis:* The data collected from respondents were subjected to the appropriate statistical analysis such as percentages and covariance coefficient to explain the findings.

## RESULTS

In an attempt to find answers to the first research question that aspires to know the awareness level of the Nigerian youths to the reality of HIV/AIDS, the data collected was computed and the following analysis presented in table 1 was made.

The table 1 displays the awareness level of Nigerian male and female youths to the presence, spread and deadliness of HIV/AIDS virus. The awareness level is generally very high.

Table 2 displays a non-significant difference between the scores of male and female subjects on their HIV/AIDS awareness level. Going by the result, it is evident that Nigerian Youths are quite aware of the presence, pandemic nature and the deadliness of HIV/AIDS disease thus providing an answer for the first research question.

The second research question was posed in the direction that; to what extent do subjects make use of the preventive tips itemised by NACA namely; the use of condom during sexual encounter, avoid being transfused with infected blood and not use unsterilized needle or hair clipper etc. Table 3 below shows the analysis of subjects, responses.

Table 3 shows a clear indication that subjects are willing to make a conscious effort to avoid contracting HIV/AIDS virus thus providing an answer to the second research question. A non significant difference equally exists between the scores of male and female respondents as is shown in table 4.

The third research Question inquires about the percentage of Nigerian male and female youths that are prepared to use condom so as to avoid contracting HIV. Table 5 shows the analysis of the responses given.

Table 5 displays a result that comes high in support of condom use as a way of protecting oneself from contracting HIV virus, thus providing an answer to the third research question.

The fourth research Question posited that;

**Table 1: Percentage result of HIV/AIDS awareness among Nigerian youths**

| <i>Variables</i>  | <i>Sex</i> | <i>% Yes</i> | <i>% No</i> | <i>Total %</i> | <i>Awareness level</i> |
|---|------------|--------------|-------------|----------------|------------------------|
| Have you heard about HIV/AIDS?  | Male       | 96.6         | 3.4         | 100            | V. High                |
|   | Female     | 97.2         | 2.8         | 100            |                        |
| Do you know that HIV can be contracted through having sex with someone who is already infected..?   | Male       | 94.8         | 5.2         | 100            | V. High                |
|   | Female     | 92.5         | 7.5         | 100            |                        |
| Do you know that it can be contracted from infected blood through transfusion or the use of unsterilized needles?....                         | Male       | 97.3         | 2.7         | 100            | V. High                |
|   | Female     | 97.8         | 2.2         | 100            |                        |
| Are you aware also that an infected pregnant woman can pass the virus to her child before or during child birth or through breast feeding...? | Male       | 97.6         | 2.4         | 100            | V. High                |
|   | Female     | 96.6         | 3.4         | 100            |                        |
| Do you know that 80% of the people with HIV/AIDS in Nigeria got the virus by having sex with someone who has already been infected...?        | Male       | 94.7         | 5.3         | 100            | V. High                |
|   | Female     | 96.2         | 3.8         | 100            |                        |
| Do you know that progressive and unexplained weight loss for more than 10% of body weight is one of the major symptoms of the disease         | Male       | 88.3         | 11.7        | 100            | V. High                |
|   | Female     | 91.5         | 8.5         | 100            |                        |
| Do you know that other major symptoms of the diseases include unexplained recurrent fever for more than a month                               | Male       | 71.4         | 28.6        | 100            | V. High                |
|   | Female     | 68.3         | 31.7        | 100            |                        |
| Do you also know that continuous or intermittent diarrhoea for more than one month is another major symptoms of the disease?                  | Male       | 90.7         | 9.3         | 100            | V. High                |
|   | Female     | 93.6         | 6.4         | 100            |                        |
| Are you aware that so far no drug has been able to absolutely destroy the virus inside the human body   | Male       | 98.1         | 1.9         | 100            | V. High                |
|   | Female     | 94.4         | 5.6         | 100            |                        |
| Do you know that two million Nigerians are already known to be suffering from the diseases?   | Male       | 64.2         | 35.8        | 100            | V. High                |
|   | Female     | 68.1         | 31.9        | 100            |                        |
| Do you know that people living with HIV/AIDS are not dangerous except when you have sex with them?  | Male       | 96.2         | 3.8         | 100            | V. High                |
|   | Female     | 92.1         | 7.9         | 100            |                        |

**Table 2: Independent samples test for comparison between the awareness level of male and female subjects**

| <i>Variable</i> | <i>N</i> | <i>Mean</i> | <i>SD</i> | <i>Std. Error Mean</i> | <i>Std error difference</i> | <i>Df</i> | <i>T</i> | <i>P</i> |
|-----------------|----------|-------------|-----------|------------------------|-----------------------------|-----------|----------|----------|
| Male            | 348      | 27.20       | 5.82      | .532                   | .880                        | 598       | -1.087   | <.05     |
| Female          | 252      | 28.16       | 5.08      | .656                   | .839                        |           |          |          |

what possible influences do the salient factors of age, course of study, socio-economic status (SES) and level of religious belief, have on subjects' readiness to protect themselves from contracting HIV. The result is presented in table 5.

Table 6 displays the outcome of the test that produced the answer to the fourth research question. None of the four salient factors has any significant influence on the attitude of subjects to condom use, thus implying the

possibility that subjects' attitude to condom use is largely a function of the media hype embarked upon to publicise its effectiveness as an alternative to the possibility of contracting HIV/AIDS.

## DISCUSSION

The answers to the first research question revealed that the awareness level of the Nigerian youths to the reality of AIDS is quite high. This outcome is to be expected in the light of the fact

**Table 3: Subjects' conscious effort to prevent contracting hiv/aids diseases to the question; which of the following have you been doing or will like to do to protect yourself from contracting hiv/aids virus, the following response were given.**

| Variable   | Sex    | % Yes | % No | Total | Sig. level |
|--|--------|-------|------|-------|------------|
| Avoid Casual Sex?  | Male   | 89.4  | 10.6 | 100   | Sig.       |
|  | Female | 94.6  | 5.4  | 100   |            |
| Stay Faithful to one Sex Partner   | Male   | 90.4  | 9.6  | 100   | Sig.       |
|  | Female | 96.3  | 3.7  | 100   |            |
| Avoid Premarital Sex   | Male   | 67.5  | 32.5 | 100   | Sig.       |
|  | Female | 84.2  | 15.8 | 100   |            |
| Do not share any instrument or sharp objects with anyone such as blades, knives, clippers e.t.c. | Male   | 92.0  | 8.0  | 100   | Sig.       |
|  | Female | 93.0  | 7.0  | 100   |            |
| Do not receive blood that has not been screened for HIV If you are sick?                         | Male   | 93.5  | 6.5  | 100   | Sig.       |
|  | Female | 96.5  | 3.5  | 100   |            |
| Use Condom of approved quality   | Male   | 84.6  | 15.4 | 100   | Sig.       |
|  | Female | 88.9  | 11.1 | 100   |            |
| Not do anything  | Male   | 23.4  | 76.6 | 100   | Sig.       |
|  | Female | 41.2  | 58.8 | 100   |            |

**Table 4: Independent samples test for comparion between male and female respondents**

| Variable | N   | Mean | SD  | df  | t    | P       |
|----------|-----|------|-----|-----|------|---------|
| Male     | 348 | 17.6 | 4.5 | 598 | 1.02 | P<.0.05 |
| Female   | 252 | 17.8 | 4.1 |     |      |         |

**Table 5: Percentage score of subjects on their level of aversion to the use of condom in order to prevent contracting HIV**

| Variable   | Sex          | % Yes | % No | Total | Sig. Level |
|--|--------------|-------|------|-------|------------|
| Do you approve that condom use is mandatory if contracting HIV is to be avoided? | Male         | 78.2  | 21.8 | 100   | Sig.       |
|  | Female       | 73.6  | 26.4 | 100   |            |
| Total  | Count        | 518   | 82   | 600   |            |
|  | % Within Sex | 76.8  | 23.2 | 100   |            |

**Table 6: Testing for the influence of some salient factors (age, course of study socio-economic status and religious inductrination) on Subjects' Readiness to protect themselves from contracting HIV/AIDS.**

| Protection Efforts   | Age   |      | Course of study |      | Socio economic status |      | Level of religious belief |      | Sig. level |
|--|-------|------|-----------------|------|-----------------------|------|---------------------------|------|------------|
|  | F     | Sig. | F               | Sig. | F                     | Sig. | F                         | Sig. |            |
| Avoid Casual Sex   |       |      |                 |      |                       |      |                           |      | NS P ≤ .05 |
| Sex  | 1.228 | .281 | 1.343           | .241 | .478                  | .621 | .214                      | .887 | NS P ≤ .05 |
| Stay Faithful to one Sex Partner   | 1.849 | .63  | 2.887           | .981 | 1.896                 | .153 | .736                      | .532 |            |
| Do not share any instrument or sharp objects with anyone, such as blades, knives clippers etc. | .839  | .581 | 1.175           | .322 | .129                  | .879 | .146                      | .932 | NS P ≤ .05 |
| Avoid Premarital Sex   | 2.024 | .039 | 1.549           | .165 | .532                  | .588 | 2.050                     | .109 | NS P ≤ .05 |
| Do not receive blood that has not been screened for HIV if you are sick                        | 1.131 | .343 | 1.771           | .108 | 1.033                 | .358 | .681                      | .565 | NS P ≤ .05 |
| Use condom of approved quality   | 1.653 | .104 | 1.325           | .249 | 1.325                 | .268 | 2.703                     | .064 | NS P ≤ .05 |

that the media hype that greeted condom-use sensitization in the wake of AIDS awareness mobilization campaign was exhaustive and all-embracing to the extent that it catalized the birth of religiously motivated non governmental organizations. These organizations have projected activities that are focused on emphasizing total abstinence from sex when not in wedlock and not to engage in sex with multiple partners as possible alternatives to condom-use, feeling justifiably convinced that condom-use in whatever guise could further aggravate sexual promiscuity and moral laxity which religious tenets frown upon. Also, the case has been made for the fact that the samples used for this study enjoy a unique characteristic that predisposes them to having access to information of all kinds because they are currently engaged in scholastic information laden training, hence the expectation and by the outcome of this study, the confirmation that they are highly aware of the use of condom as a high profile step that could be taken to avoid contracting, HIV/AIDS.

Another thing to be highly aware of is the utility value of condom-use in avoiding contracting HIV when involved in a sexual encounter with an HIV infected partner, the other is the readiness to make use of the tips provided so as to stay clear of contracting HIV. The research question that was set to enhance investigation in this direction revealed that subjects were willing to make a conscious effort to avoid contracting HIV/AIDS virus. This is equally a predictable outcome given the fact that subjects have been well sensitized to the absoluteness of the depreciating Health outcome of HIV related sickness. Even though the use of condom in sexual encounters appeared to have been the most touted preventive method by which HIV disease can be avoided, other means such as through blood contact were nevertheless presented to subjects for their response. The outcome was equally to the end that they have been taking steps and are ready to take steps to do that which would make them HIV free. This is however a welcome development in the face of the pandemic nature of HIV AIDS. It is however yet to be seen what impact this effort would make in curbing the

spread of the AIDS scourge. This finding provides a good background for the confirmation of action in respect of actual condom use among subjects which was the focus of the third research question. The scare war mounted in favour of condom use combined with the life-saving media insinuation value of condom and the cheap price it comes with may be a point in favour of its actual usage. Sex related issues are always culture, and religion sensitive while some cultures and religions are fairly permissive about sexual matters, others are rigid. It therefore becomes intriguing to investigate the extent to which religion, culture, age and socio-economic background could influence a deliberate effort at taking steps to prevent getting infected with HIV AIDS and yet indulge in sexual activity. Incidentally these factors have little or no impact on the attitude of subjects to the use of condom in sexual encounter for protection against contracting HIV. It would be safely said that advocating total abstinence from sex and premarital abstinence from sex may not be a very popular slogan with the population target that this study focuses upon, hence the adoption of an alternative measure (condom use) that would not disturb them from indulging in sex and yet not condemn them to the risk of contracting HIV AIDS. Also extreme sensitivity to culture, religion, age and socio-economic status may not reflect the free atmosphere of a University setting.

In conclusion this study has been able to provide information regarding the general assumption that Nigerians are insensitive to the existence of HIV AIDS, are not prepared to make efforts to protect themselves from getting infected either through contact with an already infected blood or in a sexual encounter with a carrier, and what percentage have actually practicalised the tips provided by conceived authority for protecting our self from contracting HIV/AIDS.

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