

Attitude of Youths towards the Use of Condom in Heterosexual Intercourse in Ekpoma Nigeria

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ABSTRACT This study examined the attitude of youths towards the use of condom. The study was carried out in Ekpoma, the Administrative Headquarters of Esan West Local Government Area of Edo State, Nigeria. Three hundred and twenty-eight youths participated in the study and the convenience sampling method was used to select the respondents included in the study. Questionnaire was the major instrument of data collection in the study and the questionnaire was content validated. The test and retest method, was used to determine the reliability of the questionnaire. In this study, majority of the respondents were aware of the efficacy of condom and its use in heterosexual intercourse. But despite the fact that majority of the respondents were aware of the efficacy of condom in preventing HIV transmission in heterosexual intercourse, only a few use condoms. This inverse relationship between the awareness of the efficacy of condom and its use, is a big paradox and challenge in the fight against HIV/AIDS in the society. In view of this paradox, enlightenment programmes geared towards changing the behaviour of youth, involving opinion and community leaders in the fight against HIV/AIDS, and establishing HIV/AIDS education in school curriculum, are suggested in the study.

INTRODUCTION

One of the most complex and complicated health problems confronting the World today, is the Human Immunodeficiency Virus (HIV) infection and the Acquired Immune Deficiency Syndrome (AIDS) disease. The National Commission on AIDS in 1991, classified AIDS as the most deadly sexually transmitted disease ever to confront humanity. According to UNAIDS (2001), AIDS kills ten times more people in a year than war. It is the devastating effect of HIV/AIDS, that made Dr. Halfan Mahler of World Health Organisation to assert as follows:

“We stand nakedly in front of a very serious pandemic as mortal as any pandemic there ever has been”.

As Cornor (1991) also noted, what we are dealing with, is probably the greatest plague ever to hit the world. The HIV/AIDS has been ravaging the world like a wild fire. According to the Joint United Nations Programme on HIV/AIDS, it is estimated that about 40 million adults and 2.7 million children worldwide, were living with HIV at the end of 2001.

One of the regions of the world most heavily affected by the disease is the sub-Saharan Africa. According to UNAIDS (2006), an estimated 24.5 million people were living with HIV at the end of 2005 and approximately 2.7 million new infections occurred during that year.

One of the acknowledged modes of transmission of the disease in the society, is heterosexual intercourse. Many researches and studies, have shown that heterosexual intercourse is a major mode of transmission of the disease in the society. 75% of AIDS cases world wide, are attributed to heterosexual transmission (Unguariski 1994). In a study carried out in Nigeria by Action AID International (2005), majority of the respondents 77%, expressed the belief that they got infected through sex and of this percentage, 73% through heterosexual intercourses. 95% of the respondents in Oyekanmi's (1994) study, believe that the primary source of contracting HIV virus, is heterosexual intercourse. As Greenspan and Castro (1990) observe, the number of cases of heterosexual transmitted AIDS, has been increasing steadily and more rapidly than cases in any of the other transmission categories. Andriote (2000) has pointed out, that unprotected sexual intercourse, has the highest level of risk for HIV transmission.

As of now, there is no effective cure for HIV/AIDS disease. Since there is currently no effective treatment, and no vaccine available to prevent HIV infection, the only realistic way of preventing the spread of the disease, is through prevention and education. One of the widely accepted methods of prevention is the use of condom. Population Report (1999), believe that in order to avoid AIDS, sexually active males and females,

who are not monogamous, must know about AIDS and know how to prevent AIDS using condoms and how to use them correctly. It is as a result of the effectiveness of condom in preventing the spread of HIV, that Imhonde et al. (2005), contend that all known primary interventions for HIV, have endorsed the use of condom as one of the sure ways of not contracting the HIV virus in an heterosexual intercourse. As a result of the popularity of the efficacy of condom in preventing HIV transmission in heterosexual intercourse, this study wants to look at the attitude of youths towards condom in heterosexual intercourse by using Ekpoma, a University town in Nigeria as a case study.

The following research questions, shall direct the thrust of this study:

- (a) What is the attitude of youths towards the use of condom in heterosexual intercourse?
- (b) Are youths aware of the effectiveness of condom in preventing HIV transmission in heterosexual intercourse?
- (c) Is there difference between male and female youths in their attitude towards the use of condom in preventing the HIV infections in sexual intercourse?
- (d) Does the perception of the effectiveness of condom in preventing HIV infection, enhance its use in heterosexual intercourse?
- (e) Are the problems associated with condom, affect their use in heterosexual intercourse?

Review of Literature and Theoretical Orientation of the Study

One of the main challenges in HIV/AIDS pandemic, is the discrepancy between the knowledge of HIV/AIDS and sexual risky behaviour especially among the youths. As Olley (2001) has observed, the number of new HIV/AIDS cases reported daily in Nigeria, especially among the youths, is becoming increasingly alarming and unacceptable, given that HIV/AIDS is a disease that is preventable through behaviour change. Many studies have found out that most young people are knowledgeable about HIV/AIDS and safe sex practice, yet many continue to practice high risk sexual behaviour (King and Aderson 1994; Scale 1991; Barker and Rich 1992; Odebiyi 1992; and Cate and Stones 1992).

The discrepancy between knowledge of HIV/AIDS and safe sexual practice, may be associated with certain characteristics common to the sexual

behaviour of the adolescents and youths in the society. According to Sorensen (1972), adolescent sexuality can be defined as the adoption of certain beliefs and forms of behaviour, in response to their desire. Adolescents in general face a number of risks due to the behaviour common to their age group. Engaging in impulsive behaviour, feeling vulnerable to disaster, sexual exploration and experimentation, peer pressure in the area of sexuality and reliance upon peers as source of information, can all lead to greater risk of infection of HIV (Quadrel et al. 1973; Weinstein 1989; Rotheram-Borgus and Koopman 1992 and Peterson and Hamburg 1986). Adolescents' perception of invincibility may inflate their risk of HIV transmission, especially when combined with their misconception and misinformation about HIV/AIDS (Livingstone 1992). Tinuola (2006) observes that there is a reduction in the median age at which adolescent and youths in the society have their first sexual experience. Population Reports (2001) explains that the social bonds and tradition that use to shape people's behaviour and help them to transform to adulthood in Africa, have weakened in the face of urbanization, new attitude towards sexuality and the breakdown of the extended family. Thus, many people are sexually active and without adequate information to protect themselves.

As has already been pointed out, one of the greatest challenges to government, non- governmental organizations and other service providers interested in dealing with the problem of HIV/AIDS pandemic, is involving people, especially sexually active youths in safe sex practice. One of such safe sex practices highly recognized as effective in preventing transmission of HIV, is the use of condom. Many studies have supported the efficacy of condom in reducing the risk of HIV/AIDS transmission in heterosexual intercourse (Imhonde et al. 2005; Kwabena 2007; Tinuola 2006; Onyekanmi 1994; Adriote 2000; Lule and Gruer 1991). In their research, Daroch and Bankole (2000), observe that the decline in HIV prevalence in Uganda among young men and women age between 15-49 years, was as a result of condom use among the unmarried sexually active population. As a result of the effectiveness of condom in preventing HIV transmission, many countries have seen an increase in condom use in recent years. The distribution of condom to countries in sub-saharan Africa, has increased. In 2004, the number of condom provided to sub-

saharan region by donors was equivalent to 10 for every man compare to 4.6 for every man in 2001 (Kaisernetwork.org, 2005). In studies carried out between 2001 and 2005, eight out of eleven countries in Sub Saharan Africa, reported an increase in condom use (UNAIDS 2006).

However, there is a discrepancy between knowledge of the effectiveness of condom in preventing HIV transmission and its use in heterosexual relationship. Many studies have shown that majority of both men and women, have heard of HIV/AIDS and are aware that condom can be effective in preventing HIV transmission, but only few men and women use condom consistently in heterosexual intercourse (Cate and Stone 1992; Devincenzi 1994; Mann et al. 1986; Saraco et al. 1983; Stone et al. 1986). Lule and Gruer (1991) found that among Uganda women, only a minority saw condom as an effective protection against HIV/AIDS. In their study of Kenya University students, Lule and Gruer (1991) found that the students appear to have negative attitude towards condom in general and do not see condom as a viable tool in fighting HIV/AIDS pandemic. The April 1998 American Journal of Public health, reported that a study of condom education and distribution in San Francisco Schools, showed that a year long effort resulted in only eight percent males and two percent females using condom every time they had sex (Emenike 1997). The difficulty of persuading people to use condom is aggravated by the difficulty of persuading them to change their behaviour.

In this paper, the Health Belief Model and AIDS Risk Reduction Mode, shall provide the theoretical orientation for the research.

Health Belief Model: The Health Belief Model was proposed by Rosenstock (1966) and later revised by Becker and Maiman (1975). The model assumes that an individual behaviour is guided by expectation of the consequences of adopting new practices. The Health Belief Model has four components. These components are:

- a. *Susceptibility:* Does the individual perceive vulnerability to specific disease.
- b. *Severity:* Does one perceive that getting the disease has negative consequences.
- c. *Benefits Minus Cost:* What are the positive and negative effects of adopting a new practice.
- d. *Health Motive:* Does the individual have concern about the consequences of contracting the disease.

Population Council (2006) asserts that the Health Belief Model is of the view that health behaviour is guided by an individual perception about the behaviour. According to the model, a number of factors operate to either promote or retard the desired change in behaviour. Such factors include knowledge of health risk and health promoting behaviour, perceived effectiveness of behaviour change and response efficiency, belief in the power of technology of cure or prevention, social demographic variable and social network affiliation and group norm.

The various assumptions or components of health belief model can be useful in looking at people's attitude towards the use of condom. This is because people's attitude towards condom use, can be influenced by people's perception of contracting HIV/AIDS, perception of the seriousness of contracting the disease in the society, the consequences of using condom and the individual concern about the consequences of contracting the disease. As Robb et al. (1990) aptly observed, individuals who are knowledgeable about behavioural risk and feel that they are personally at risk, must also feel that they are capable of making recommended behavioural changes and that the changes will actually make difference for them.

Another model that can be useful in explaining attitude to condom in the prevention of HIV/AIDS, is the AIDS Risk Reduction Model (ARRM). The AIDS Risk Reduction Model was proposed by Catania et al. (1990). The model provides framework for explaining and predicting behaviour change effort of individuals specifically in relations to the sexually transmission of HIV/AIDS. The model reveals that there are three stages in the adoption and maintenance of behaviour that will reduce the risk of HIV infection. The stages of behavioural determinants are:

Stage I: Labeling: Recognition and labeling of one's behaviour as high risk in terms of HIV infection. This stage entails knowledge of sexual activities associated with transmission, believing that having AIDS is undesirable and believing that one is personally susceptible to HIV.

State II: Commitment: That is, making commitment to specific behavioural goals that will reduce a persons risk of HIV infection.

State III: Enactment: There are three components of stage three, namely, information seeking, obtaining remedies and enacting solutions. At the enactment stage, the behaviour

change is accomplished and it entails removing personal and/or social barriers to successful changes.

The AIDS Reduction Model is useful in explaining HIV/AIDS, because it can explain how people adopt or change HIV risk related behaviour. That is, assessment enables one to fully assess the risk involve in contracting HIV/AIDS. It gives room for individual to make up his or her mind in engaging or not engaging in any risky behaviour that can expose him to contracting the disease in the society, there by making a choice of commitment to change certain abnormal behaviour. Thus, the AIDS reduction model can be useful in explaining people's perception or feeling of involving in risky sexual behaviour and the demotivation of engaging in sexual risky behaviour that can expose people to contracting HIV/AIDS in the society.

Rationale for the Study

With the high prevalence of HIV/AIDS and with over 40 million people suffering from the disease world wide, an empirical investigation into the factors that predispose people to contracting the disease is important. At 5.6%, HIV/AIDS prevalence rate is high among the youths between the ages of 20-24 years in comparison with other age group (Avert 2000). One of the major channels of transmission of the disease today, is heterosexual intercourse (Ungarski 1994; Kio-Olayinka and Idogho 2003; Greenspan and Castro 1990; Andriote 2000). One of the widely acknowledged ways of preventing the contraction of HIV virus in heterosexual intercourse, is the use of condom. Thus, an empirical study of this nature, can help to ascertain the level of awareness of the efficacy of condom in preventing HIV transmission among the sexually active members of the society.

The knowledge of the level of awareness about the use and efficacy of condom in preventing HIV transmission through heterosexual intercourse can enable the government, non-governmental organization and other service providers, to embark on programmes geared towards encouraging the sexually active people in the society, especially youths, to engage in safe sexual activities that will reduce their exposure to HIV infection.

Orr and Hangfield (1993) believe that the use of condom among adolescents can be influenced by the perceived benefits of such use. Thus,

empirical survey into the attitude of youth towards the use of condom, can enhance their belief about condom use and remove the misconception and negative belief about condom use in heterosexual intercourse. Mbugua (2004) believes that negative perception of the use of condom, can lead to low rate of its use among sexually active high school students.

As Mann et al. (1992) have pointed out, analysis of prevention programmes world wide has identified three elements as essential to the success of HIV prevention programmes, namely, information and education, health and social services and supportive environment. These prerequisites for successful prevention programmes, can be enhanced by empirical study of this nature.

METHOD

The study was carried out in Ekpoma, a University town in Edo State of Nigeria. The convenience sampling method was used to select the respondents included in the study. Three hundred and twenty-eight youths participated in the study. The age of the respondents ranges between 16-28 years with majority (84.2%) between the age of 18-24 years, 58.8% of the respondents were males and 41.2% were female. 93.3% of the respondents were single while 6.7% of the respondents were married. 78.19% of the respondents were Christians, 19.7% Muslims and 2.2% practiced African traditional religion.

Measures and Procedure

Questionnaire was the major instrument of data collection in this study. There were twenty-three items in the questionnaire meant to collect information about sexual risky behaviour and condom use among youths in the society. The questions were measured on a five-point scale likert response ranging from strongly agree to strongly disagree. The questionnaire was content validated by three experts knowledgeable in research method and the test and Retest method was used to determine the reliability of the questionnaire. The test and retest reliability coefficient of 0.94, shows that the questionnaire was highly reliable.

Focus Group Discussion: Focus Group Discussion was also used to elicit information from the respondents. One hundred and twenty-

three (123) youths in Ekpoma participated in the Focus Group Discussion, which took place in Ambrose Alli Town Hall Ekpoma. Such questions dealing with the different aspects of sexual risky behaviour that can expose youths to HIV/AIDS, the frequency of condom use in heterosexual intercourse, the efficacy of condom and problems associated with the use of condom were asked and extensively discussed. The focus Group Discussion took place in the months of July, August and September 2008 and each focus group contains between 5 and 7 participants. At the end of the Focus Group Discussion, each participant was given a token for refreshment and transport fare to and from the venue of the focus Group discussion

RESULTS

Infact, about 95% of the youths included in this study, were favourably disposed to the use of condom in heterosexual intercourse.

The respondents included in this study have high knowledge about the effectiveness of condom in preventing HIV transmission in heterosexual intercourse. Infact, 97.4% of the respondents included in this study, claimed that they are aware of the efficacy of condom in preventing HIV transmission in heterosexual intercourse.

There is a significant difference in males and females perception of the effectiveness of condom in preventing HIV transmission in heterosexual intercourse. The calculated t-value of 26.54 at 0.05 level of significance with degree of freedom 21, shows a significant difference in male and female perception of the effectiveness of condom in preventing heterosexual transmission of HIV.

In this study, there is an inverse relationship between perception of the effectiveness of condom and its use in heterosexual intercourse. Only 24.3% of the respondents claimed that they use condom regularly in heterosexual intercourse despite the fact that about 97% of the respondents claimed that they are aware of the efficacy of condom in preventing HIV transmission in heterosexual intercourse.

On the problems associated with condom use in heterosexual intercourse, 73.9% of the respondents claimed that the problems associated with the use of condom, do not encourage its use regularly in heterosexual intercourse. The

calculated t-value of 16.3 at 0.05 level of significance with degree of freedom 5, indicates a significant difference in the use of condom by those who perceive problems in its use and those who do not perceive problems with the use of condom in heterosexual intercourse.

DISCUSSION

This study examines the attitude of youths towards the use of condom in heterosexual intercourse in preventing HIV transmission. Majority of the respondents included in this study, were favourably disposed to the use of condom in heterosexual intercourse and have high knowledge about the efficacy of condom in preventing HIV transmission in heterosexual intercourse. Infact, 97.4% of the respondents are aware of the effectiveness of condom in heterosexual intercourse in preventing the transmission of HIV virus. The high level of awareness about the efficacy of condom in preventing the transmission of HIV virus in heterosexual intercourse can be attributed to the various enlightenment programmes by government, non governmental organizations, international agencies and other groups in the society interested in the HIV/AIDS pandemic. Also, most of the respondents in the focus group discussion, claimed that they become familiar with the efficacy of condom in heterosexual intercourse from jingle in the radio, television, handbill distributed freely to people and Bill board. This finding has corroborated those of Roper et al. (1993), Pikanson and Abrahamson (1997), Imhonde et al. (2005) that enlightenment programme can enhance people's knowledge about the effectiveness of condom in preventing HIV transmission in heterosexual intercourse. Aluede et al (2005) have pointed out, that the high level knowledge of Nigerian University students about condom, may be attributed to the aggressive campaign over the years championed by relevant health and community based institutions, on the efficacy of condom in preventing heterosexual transmission of HIV Virus.

In this study, the respondents knowledge about the efficacy of condom in preventing HIV transmission does not encourage its use in heterosexual intercourse. As has already been pointed out, about 24.3% of the respondents claimed that they use condom regularly in sexual intercourse despite the fact that 97.4% of the respondents

are aware of the effectiveness of condom in preventing HIV transmission in heterosexual intercourse. This has substantiated the view of Odebiyi (1992) and King and Anderson (1994), that the knowledge that condom can prevent HIV transmission, does not motivate youths to use it in heterosexual relationship. The inverse relationship between the knowledge of the efficacy of condom and its use, is a paradox which poses a big challenge to government, non-governmental organizations, counselors and other service providers interested in curbing the menace of HIV/AIDS in the society. Population Reports (1999) suggest that in order to avoid AIDS, sexually active males and females, who are not mutually monogamous, must know about AIDS, know how to prevent AIDS by using condoms and using them correctly.

In this study, there is a significant difference in the male and female perception of the efficacy of condom in the prevention of HIV transmission. As had been pointed out, the calculated *t*-value of 26.54 at 0.05 level of significance with degree of freedom 21, indicates significant difference in the male and female students perception of the efficacy of condom in the prevention of HIV transmission in heterosexual intercourse. This difference in male and female perception of the efficacy of condom in preventing HIV transmission in heterosexual intercourse may be attributed to the fact that issues pertaining to sexual intercourse are more discussed freely among the males than the females. Population Report (2001) and Federal Ministry of Health Survey (2003) have shown that young men are more knowledgeable about HIV/AIDS and other venereal diseases than young women. In most cases, young women often hesitate to challenge misinformation from their partners, so that they will not be seen to be too knowledgeable about sex (Population Report 2001). In many societies in Africa, parents, elders, and peer group are more liberal in discussing sex related issues with male adolescent than the female adolescent and this must have accounted for the differences in the knowledge about HIV/AIDS between male and female respondents in this study.

Problems associated with condom use, can discourage people from using it in heterosexual intercourse. Some of the problems identified by the respondents both in the questionnaire distributed to them and in the focus group discussion held with some of the respondents,

include insistence by one of the partners on not using condom, lack of enjoyment of sexual intercourse with condom, failure of condom during heterosexual intercourse.

CONCLUSION AND RECOMMENDATIONS

This study looks at youth's attitude towards the use of condom in heterosexual intercourse. Many youths because of certain characteristics associated with their age, involve themselves in behaviour that will expose them to contracting the dreaded and deadly HIV virus. One of the major ways in which people in the society can contract HIV virus, is heterosexual intercourse. Many studies have shown that more than 70% of HIV/AIDS cases, are from heterosexual intercourse. One of the widely recognized ways HIV can be prevented in heterosexual intercourse, is the use of condom. Majority of the respondents included in this study are aware of the effectiveness of condom in preventing the transmission of HIV/AIDS, though most of the respondents claimed that they do not use condom regularly in heterosexual intercourse.

This inverse relationship between the knowledge of the effectiveness of condom and its use in heterosexual intercourse is a major paradox and challenge in the fight against HIV/AIDS pandemic in the society. In dealing with this paradox, the following recommendations are made in this study.

Programmes geared towards behavioural change, should be organized for youths in the society. Such programmes should entail making the youths feel and perceive the risk of involving in certain risky sexual behaviour like unprotected sex. As Machel (2004) noted, one important prerequisite for transforming HIV knowledge into behavioural change, is a feeling of risk of infection. It is in view of this, that Schapink et al. (1992) assert that even though risk taking is a normal part of adolescent behaviour, a major component in motivating behaviour and change, is to have youths develop the perception that certain behaviour puts them at risk. Such a behavioural change, can be possible through proper education, including community leaders and opinion leader in the fight against HIV/AIDS and giving talks on the adverse consequences of involving in sexual risky behaviour that can expose people to contracting the disease.

There should be open communication

between youths and the community opinion leaders, counselors and other services providers on the implication of involving in unprotected sex. Such communication should be frank and culturally integrative. This is because in order to change behaviour, one must change the underlying attitude or subjective norms which influence the behaviour (Fishbein and Middlestadt 1989). Thus, a culturally integrative education and communication can help to change the underlying attitude and subjective norms, which influence the unwillingness to use condom by many sexually active people in the society.

Another important strategies is to establish AIDS – STD education as a permanent feature of the school curriculum. It is in view of this, Baldo (1993) contends that AIDS education needs to be injected into a meaningful learning context. Foreman (1999) reveals that there are strong arguments for early and universal sex education. This is because each year, 60 million boys and 60 million girls reach sexual maturity and must be convinced of the needs to protect themselves.

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