

HIV/AIDS and Use of Condom: The Role of Counsellors

Agnes Ebi Maliki¹, Monday Ehikioya Omohan² and Ekanem Anwana Uwe³

1. Department of Educational Foundations, Faculty of Education, Niger Delta University, Wilberforce Island, 560001, Bayelsa – State, Nigeria.

E-mail: agnesmaliki@yahoo.com

2. Department of Sociology, Faculty of Social Sciences, Ambrose Alli University, Ekpoma, Edo State, Nigeria

E-mail: ehiomohan@yahoo.com

3. Department of Educational Foundations/Guidance and Counselling, Faculty of Education, University of Calabar, Calabar, Cross River State, Nigeria

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ABSTRACT This paper examines the use of condom in this period of HIV/AIDS. HIV/AIDS is a disease transmitted through two main channels; sexual intercourse and blood transfusion. More than 90% of the Nigerian population accept the fact that AIDS is real, deadly and incurable. They do also believe that there are preventive measures to AIDS including the use of condom. Despite the acceptance and awareness of HIV/AIDS, people still engage in multiple sexual partners, casual sex and unprotected sex. This paper advocates the use of condom in every sexual encounter, and outlines that professional counselors can use in promoting the use of condom such as encouraging men and women to use condoms and organizing talks, seminars and symposium on the use of condoms.

INTRODUCTION

The AIDS epidemic in Africa has reached alarming proportions. It is now generally regarded as the major health crisis of the twenty-first century and one of the terrible epidemic in human history.

AIDS can be transmitted through two main channels: sexual intercourse and blood transfusion. In sexual intercourse, the disease is transmitted sexually through blood fluids and blood during vaginal and intercourse while the latter relates to blood transfusion and the sharing or reuse of contaminated needles, razor and sharp objects.

In the same vein, World Bank (1991) and Goncalves (1994) have revealed that HIV is largely transmitted through heterosexual intercourse and that the rapid spread could be attributed to a high level of sexual activities involving multiple partner and irregular sexual activity.

In Nigeria the exact number of people with AIDS is not known. By December 1998, the records of the National HIV/AIDS and STDS Control Programme (NASCP) indicated that between two and three million Nigerians may have been infected with the AIDS virus and about 100,000 either have AIDS or have already died from it (Nigeria, 1998).

However, in Nigeria, the national level of awareness of AIDS is estimated to be 90 percent people were aware that their ways of life which include sex workers, casual sex, indiscriminate and unprotected sex and multiple sexual partners put them at risk of infection of HIV/AIDS. Despite the acceptance and awareness that AIDS is real, deadly and incurable in Nigeria, people still continue to engage in risky sexual activities.

A fundamental question is: why do many people who believe that they are at risk of AIDS, despite the near-universal knowledge that AIDS is real, deadly and incurable still engage in unprotected sex? It is against these phenomena that this paper examines the use of condom in this period of HIV/AIDS in Nigeria. (2) and to suggest strategies to be used by professional counselors on the use of condom as a preventive measure to contracting HIV/AIDS.

Review of Literature

A study carried out in Obafemi Awolowo University, Ile-Ife, Nigeria, reported that majority of sexually active persons do not use condom during intercourse, condom use was not perceived as necessary in sexual encounters involving a regular partner. (Akande, 1994). Similarly, Ransum et al. (1993) reported that while related knowledge of HIV/AIDS has increased in

the society, only a small percentage of persons do not use condom at all. This is supported by the works of Singh, Porterfield, Thilakavathi, Shepard, Mawar, Divekar and Bollinger (1997) and Baggaley et al. (1997) that respondents who were sexually active do not use condom and some inconsistently use condom with causal partners.

In the same vein, Oswatt and Matsen (1993) in their survey reported that about 8% of their respondents with multiple partners use condom during sexual intercourse while about 90% do not use condom; also, 4% of those with multiple partners use condom least often, despite the universal reportage that AIDS is transmitted sexually. They reported not using condom because they knew their partner's history. Also, the findings of Madhok et al. (1993) stated that although respondents were generally positive about condom use, only 19% always used condoms and 81% never used condom in spite of their awareness that HIV/AIDS is transmitted sexually. This can also be supported by the report of Edem (1993) in his study in Nigeria on the decision to adopt safer sex practices, the data indicated that 65% have experienced vaginal intercourse while 43% have had multiple sex partners whereas an alarming 40% have never used condoms.

Ramsun (1997) in his study on factors that might influence condom use in response to AIDS reported that respondents stated that they 'never' or only 'sometimes' use condom during intercourse. This view was supported by Matthias, Ross and Hira (1997) who noted that there is widespread awareness of the importance of condom use of HIV prevention, majority of sexually active persons still do not use condom with causal or steady partners.

In another similar study, Meneghim (1996) stated that the belief that condom do not have to be used with partners that are known. Also, Rosenthal and Shepard (1993) reported that respondents believe that condoms are not necessary with regular partner but with causal partners. Teka (1993) reported that majority of respondents who were sexually active do not use condoms, they had sex with prostitutes, causal partners despite adequate preventive measures but they do not agree that condom can prevent sexual transmission of HIV.

Furthermore, Lever (1988) revealed that respondents continue to engage in recreational sex; they often have multiple partners; they do

not use condoms; do not like condoms; and do not like to talk about condoms. Respondents perceived use of condom to intrude on their sexual pleasure and spontaneous sexual response. Strider and Beaman (1989) reported that majority of sexually active persons do not use condom because of the following reasons: Spontaneous sexual response, decreased pleasure for self and partner, they are inconvenient and uncomfortable and decrease feeling. Similarly, Friedland et al. (1991) revealed that there was a negative attitude towards condom use and sexually active persons do not perceive themselves to be at risk for contracting AIDS. This is also supported by Thompson et al. (1996) reported that respondents' perception on the use of condom is that they perceive condom as ineffective, and interfering with pleasure.

On gender, Sacco et al. (1993) in their study revealed that females generally had more favourable attitude than men about condoms, but were more inhibited than men about buying and possessing them. Men carried and kept condom at home far more than did women. The study also suggested that while females may indirectly influence condom use decisions, providing condoms is an expected role of males. Dekin (1996) reported that men were significantly more likely to believe that monogamy obviates the need to use condoms. Women say they do not use condom because they are protected from unwanted pregnancy by pills and that they are careful so they cannot contract HIV/AIDS.

SEXUAL BEHAVIOUR OF THE NIGERIAN PEOPLE

In Nigeria, a sensitivity lies over sexual matters and many people consider sexual behaviour a secret and personal matter not to be divulged. There is a tradition of shame about discussing sexual matters especially within the family across gender or generational divides.

It is believed that a man's sexuality cannot be confined to one woman. It is also believed that men are biological programmed to need sex with more than one woman. In the same vein, social institutions encourage extramarital relationships. In most sub-Saharan African societies, wives practice long periods of post-partum sexual abstinence, traditionally in Southwest Nigeria three years, and still averaging two years in the cities. It is widely assumed that husbands will

not sexually abstain for this duration of time, and that wives will neither notice nor complain about the husbands' extramarital sexual activities during this time provided that they are discreet.

Sexual norms are not static but change as the society changes. In the past, the incidence of premarital sexual relations were extremely low. Premarital sexual relations, especially, among girls were frowned at by the society. A young bride was expected to be a virgin. Girls who were found to have lost their virginity before marriage brought shame not to themselves but also to their families. Parents, especially mothers, therefore, protected their daughters and restricted their movements to ensure that their daughters did not engage in any sexual activity before marriage.

However, there has been so much foreign impact on the culture and the society. These days people are exposed to tempting situations promoted by mass media, cinemas, night clubs, parties and dances. Some of the films screened are so sexually captivating that young people who watch them want to try what they have seen. Having sexual relations is now seen as a mark of maturity and independence among youngsters.

Nowadays, sexual relations are considered an important aspect of love and a girl may be dropped if she refuses her boyfriend's advances or request for sex. Majority of people believe that a bride should be pregnant to the groom before marriage can take place.

Premarital and extramarital sex by men with unmarried women is considered to be a prelude to marriage. This tacitly encourages promiscuity. However, premarital sex is a common practice in Nigerian. The society believes that it gives the opportunity for people to know the partner before marriage; and this gives rooms to indiscriminate sex (a high-risk behaviour).

THE PERCEPTION OF PEOPLE ON THE USE OF CONDOM

Condom is widely believed to be one of the most effective means of preventing STDS and HIV/AIDS. However, there are many different ways in which the society and people perceive the use of condom. They include the following reasons:-

- There is this perception that people who use condoms are those with multiple partners and those who visit sex workers.
- Condom is associated with treatment of

sexually transmitted diseases, this has contributed to the negative image on the usage of condom.

- Another factor is the issue of gender in all heterosexual encounters, matched, significantly by the idea of mutual trust and hence non-use of condoms in close relationships.
- Also fertility is another factor militating against the use of condom. The case of women seeking to become pregnant, and single women in long-term relationships feel pressure to get pregnant.
- Another factor is the difficulty and the inability of most women to negotiate safe sex and their dependence on providing sex in return for basic economic benefits and personal protection.
- Furthermore, there is this belief and perception that condom reduces sexual pleasure and used only when men visit sex workers or if the date time they are going to have sex, which is more likely with married people.
- Also, the perception that only sex workers carry and use condom. The cultural expectation of what constitutes good or appropriate sex across societies in Nigeria do not include the use of condom; in this regard, youngsters particularly the female folks do not want to be seen with condoms so that they will not be term spoilt.
- However, there are a number of ways they perceive the use of condom, none of which appear to be lack of knowledge; instead, there appears to be a strong social pressure not to carry and not to use condom even in the face of risk of HIV message.

COUNSELLING AND THE USE OF CONDOM

Despite the universal awareness of the dangers posed by AIDS to the society, there has been very little behavioural change. A significant proportion of people still believe that sex with only one partner is not part of man's nature and that sex with multiple partners or sex workers cannot lead to HIV/AIDS if care is taken. These are beliefs that may well pose a serious danger to the society. It is against this background that the author suggests some measures for professional counselors in counseling the populace on the use of condom in this period of HIV/AIDS. They are as follows:-

- Extramarital and premarital sex is a common thing in Nigeria society as it is believed that it will lead to marriage. The counsellors' role in this regard is to discourage this by promoting open discussion about HIV/AIDS and other sexual issues in the family.
- Another strategy is in the area of the use of condom. There is the belief on mutual trust in long lasting relationship which is characterized with non-use of condom. Counsellors' responsibility in this regard is to counsel people to use condom for safe sex particularly as they do not know their partners' HIV status.
- Counsellors should encourage married couples particularly husbands with multiple partners to always use condoms. Also, appropriate sex education needs to be promoted among men and women particularly on the use of condom.
- Counsellors should also give symposium, talks and seminars in schools on the use of condom in order to prevent AIDS. They should counsel youngsters on goal setting: in that if youngsters' rational evaluation of their premarital sexuality is accompanied by desirable emotional consequences, then their subsequent behaviour may be amenable to shaping through intensive family life education should include self control techniques such as self monitoring, self-assessment, self-mediation and self-maintenance to facilitate the conformity of adolescents to the norms to which they subscribe.
- Furthermore, there is great urgency for counsellors to provide health and public education campaigns on the use of condom. This should touch even those living in the rural areas. Counselors should also join hands with health workers so that condoms can be distributed to everyone who is engaging in sex. Also counselors should see to it that female condom is made available in every medicine store and is affordable like the male condom.
- There is also the need for counselors to set up HIV/AIDS clinics, where they can always counsel people about HIV/AIDS, the use of condom, all sexually transmitted diseases and to give people information on the prevention of HIV/AIDS; and how to cope and live with those with the disease.

Conclusively, the most important task of professional counselors is to start serious campaigns against AIDS through the promotion of behavioural change that may lead to a significant reduction in men's number of sexual partners outside marriage and promotion of condom use so that death from AIDS will not become a household event in Nigeria.

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