

KNOWLEDGE AND PRACTICE OF CONDOM-USAGE AMONG UNDERGRADUATE STUDENTS IN EDO STATE, NIGERIA

*¹IZEKOR, S., ¹OSIFO U.C., ²ORHUE P.O., ³MOMOH A.R.M and ⁴AIRHOMWANBO K.O.

Department of ¹Physiology, Faculty of Basic Medical Sciences; ²Microbiology, Faculty of Natural Sciences; ³Medical Microbiology, ⁴Chemical Pathology, Faculty of Clinical Sciences, Ambrose Alli University, Ekpoma-Edo, Nigeria.

*Correspondence: sammyshealthworld@yahoo.com

ABSTRACT

This cross sectional study was designed to evaluate the knowledge and actual practice of condom-usage amongst sexually active undergraduates in tertiary institutions. A total of 300 randomly selected students (150 males and 150 females) of three Nigerian tertiary institutions and within the age range of 15 and above, were involved in this study. Data collection was performed using a pre-tested questionnaire and the result revealed that despite having knowledge about condom, there were low practice of condom-usage with little or no regard for Sexually Transmitted Infections (STIs) and unwanted pregnancies. This finding suggests that there is an urgent need to address the low practice of condom-usage among sexually active undergraduates in tertiary institution with focus on the importance of engaging in safer sexual behavior in other to curb the menace of abortion and the chances of acquiring STIs among sexually active undergraduates.

Keywords: Abortion, Condom-usage, Knowledge, Practice, Undergraduate.

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INTRODUCTION

Many people neither know that their sexual behaviour can put them at risk nor seriously contemplate protecting themselves; possibly by abstaining from such behavior (Alarape et al., 2008). In Nigeria for example, sexual activity among adolescents and young adults is quite high, especially amongst those in tertiary institutions. This has become a common but disturbing phenomenon as 'life on campuses' seemingly offers one an opportunity to experiment sexually. Surely, the campus is a community of young people desirous of the university experience, but sex and relationships are now seen as part of that experience.

Increased engagement of youths in educational pursuits has elevated the age at first marriage and according to Singh (1998) it has in turn, increased the likelihood of unprotected premarital sex leading to unplanned consequences. In fact, traditional norms in most Nigeria cultures that demand premarital abstinence have almost disappeared (Orubuloye et al., 1991) and this is most evident among undergraduates; a supposedly pivotal group for the national growth. They are mostly of late adolescents and youths seeking tertiary education in Universities, Polytechnic and Colleges in order to acquire relevant intellectual skills that drive national development.

With a minimum University admission age range of 16-17 years and a course duration range of 4-6 years, most undergraduates in Nigeria are less than 25 years old and most likely between ages 17-24 years (Adewole and Lawoyin., 2004). Many are living away from home and parental control for the first time and often fall victim of influences/pressures, which encourage casual sexual relationships (Arowojolu et al., 2002). This peculiarity has been explored by various Nigerian studies and the findings indicate that there is an increased level of risky sexual behavior among undergraduates (Orubuloye et al., 1991; Okonofua., 1995; Feyisetan and Pebley., 1989).

Although the true prevalence of Sexually Transmitted diseases (STIs) in Nigeria may not be known due to the secrecy of sex and incomplete disease reporting/notification, the country is expected to follow global trends. Unwanted pregnancies and STIs among youths continue to be public health problems of concern in both developed and developing countries (Teen Health, 2007; Robinson and De Roberts, 1991; Singh and Wulf, 1994; Makinwa-Adebusoye, 1992; Cherannes, 1993). Studies have suggested that people engage in unprotected sex have little or no regard for STI and unwanted pregnancies

(Ekanem et al., 2005). In fact, the age group of 15-24 years has been shown to be the most vulnerable (Ofuso-Barko., 2000) and less than 50% of the 19 million new STI cases each year in the USA, occur in youth between the ages of 15-24 years (Weinstock et al., 2004).

Globally each year, about 340 million new cases of four major curable STIs -gonorrhoea, chlamydia, syphilis and trichomoniasis are reported (WHO, 2001). One third of these cases are in persons <25 years of age (Butler, 2003). Young people or persons account for more than half of all new HIV infections every year (UNAIDS, 2006). These figures point to the fact that there is still a lot to be done in the control of STIs in this group. It is indeed unfortunate that despite the awareness campaigns on prevention of STIs, including abstinence-only programs, many youths still change partners often and engaged in unprotected sex for various reasons (Dryfoos., 1990; Igra and Irwin., 1996; Black et al., 2007).

Nevertheless, the use of condoms during sexual intercourse has been proven to be effective in preventing most STIs including HIV (Gardner et al., 1999). By implication, cardinal strategy in the prevention of STI/HIV is the promotion of the use of condoms during sexual intercourse. Condoms most commonly used during sexual intercourse, can serve the dual purpose of contraception and prevention of STI's and HIV/AIDS. Barriers may however be associated with condom use and these barriers include religious beliefs (WHO, 2000) and social and cultural norms, which often discourage people from using condoms, even when at risk of contracting an STI (Gardner et al., 1999; Sunmola., 2001).

Interestingly, Winer (2006) reports that young women whose partners use condoms every time they have sex, are 70% less likely to contract STI's than women whose partners use condom less than 5% of the time. Sunmola (2005) also found that men and women complained that condom-use hindered their sexual satisfaction, caused health problems for them and reduced their sexual interest. Indeed, people's choice especially that of adolescents, regarding whether to use condom or not, is influenced by cultural and social norms, religion, traditional beliefs, social networks, and gender roles. These factors largely influence adolescents' sexual behaviour (Earle and Parricone., 1986).

Unfortunately, sexual related matters in Nigeria are perceived as strictly private and the negative consequence of this ideology has been on the

increase. In an earlier study, Earle and Parricone (1986) and Phillis and Gomko (1985) indicated that although, the threat of AIDS and other sexually transmitted diseases, as well as unwanted pregnancy, has being on the increase, reports suggest that sexual intercourse during adolescence may have become a norm.

In view of the high rates of risky sexual practices among undergraduates and the effectiveness of condoms in the prevention of STIs and unwanted pregnancies, it has become pertinent to study the knowledge and actual practice of condom usage among undergraduates; hence, the need for this study.

MATERIALS AND METHOD

Study area: This study was carried out in Edo State, situated in the south-south part of Nigeria. However, the targeted areas were the three (3) higher institutions in the state:

(i) University of Benin Ugbowo campus -located 6°20.022'N 5°36.009' E / 6.333700°N 5.600150°E in Benin City, Edo State, Nigeria. It is an institution owned by the Federal Government of Nigeria and as such, has the whole country as its catchment area; with different states of the nation represented in the student population. It was founded in 1970 and started as an Institute of Technology and was accorded the status of a full-fledged University by National Universities Commission (NUC) on 1 July 1971. In April 1972, the then Military Governor of Mid-Western State, Col. S. O. Ogbemudia, formally announced the change of the name of the Institute of Technology to the University Of Benin. The campus in addition to other facilities has a Health Center and student hostels but a number of students reside in off-campus hostels and rented apartments in the urban parts of Benin (The Ancient city of Benin Kingdom).

(ii) Ambrose Alli University, Ekpoma -located in Ekpoma, Edo State, Nigeria. It was established in 1981 by the then governor of Bendel State (now Edo and Delta States), Professor Ambrose Folorunso Alli (1979-1983). First known as Bendel State University, then Edo State University, and later changed to Ambrose Alli University in honor of the Founder Ambrose Alli. It is an institution owned by the State Government of Edo State, but has the whole country as its catchments area and as such, the different states of the nation represented in the student population. The campus, in addition to other facilities, has a Health Center and Student Hostels but a number of students also reside in off-campus hostels and rented

apartments in Ekpoma town, which is a semi-urban area.

(iii) Auchi Polytechnic Auchi campus which is an institution owned by the Federal Government of Nigeria and as such, has the whole country as its catchments area with different states of the nation represented in the student population. The campus, in addition to other facilities, has a Health Center and student hostels, but a number of students also reside in off-campus hostels and rented apartments in Auchi town, which also a semi-urban area.

The undergraduate students in these universities were at various stages of their academic programmes (Bachelor of Science, Bachelor of Arts, Bachelor of Medicine and Bachelor of surgery, while those in the Polytechnic were at various stages of their National Diploma and Higher National Diploma programmes.

Study design: The study was a questionnaire based simple random sampling of undergraduate students (Male and Female) at the University of Benin, Benin City, Ambrose Alli University, Ekpoma, and Auchi Polytechnic, Auchi, all in Edo State, Nigeria.

Participants: The study population included undergraduate students of all the sampled tertiary institutions (University and Polytechnic) in Edo State Nigeria. A total of three hundred (300) students (100 students from each of the three tertiary institutions, made up of fifty (50) males and fifty (50) females from all tribes) were involved in this study.

Data Collection: This study employed the use of a structured questionnaire for data collection. It was pre-tested for readability, understanding, and anonymity on 10 male and 10 female staffs of Esan West Local Government Secretariat, Ekpoma, Edo State Nigeria, who however, did not form part of the final sample. The final questionnaire consisted of Section A for questions on biographic data (8 items: age, sex, Religion), and B, C, D for questions on condom awareness, attitude and practice respectively.

The participants were approached in their various lecture halls. They were clearly informed that the purpose of the survey was to find out about knowledge and practice on the use of condom and that their responses would be totally anonymous. Formal informed consent was sought for before administering the questionnaires.

Each student was requested to complete the questionnaire, and hand it back to the researcher within approximately half an hour. Data collection

was conducted solely by project researcher who gave necessary instructions to the students. The questionnaire was fully completed by 300 (male 50%; female 50%) students to whom it was offered as nobody refused to participate.

RESULTS

Table 1 shows the demographic profile of the sampled population. Majority of the students (67.0%) were within the ages of 20 – 24 while those that are 30 years and above represent 2.0% of the students. Overall, equal male and females were represented in the study. The respondents however, were mainly Christians (83%).

Table 2 shows the knowledge of respondents on condom use. On where condom can be bought, majority (48.3%) disclosed that condoms can be obtained from the pharmacy, while 2.3% claimed that it could be obtained from the clinic. More than half of the respondent (58%) stated it was embarrassing for them to purchase condom and 66.3% claimed lack of confidence to carry a condom. Majority (54%) of respondents claimed having confidence in discussing condom usage, while 59.7% claimed confidence of suggesting condom usage. 69.9% of respondent had high knowledge of condom while 7.77% shared low level of knowledge about condom.

In a bid to investigate the condom practice of respondents, they were asked if they have used condom before. Majority (57.7%) disclosed they have used it before, and 51.0% claimed they would not discontinue sexual activity to obtain a condom if a condom is not available. Majority (56.3%) further stated that they do not have confidence putting on a condom and 51.7% claimed not enjoying sex (or think they might not enjoy) when using a condom. 59.3% of respondents prefer using skin to skin during sexual intercourse, though 51.3% were comfortable discussing condom use with a new partner before sexual intercourse.

Majority (61.0%) of respondent stated that their partner does not prefer condom to skin to skin, while 55.7% majority said were confident using condom without breaking the mood. And 53.7% majority claimed had confidence removing and disposing a condom after sexual intercourse.

A high positive practice of condom was established with the following four items: (i) Have you used condom before? (57.7%); (ii) Are you comfortable discussing condom use with new partner before sexual intercourse? (51.3%); (iii) Are you confident

to use condom without ‘breaking the mood’? (55.7%); (iv) Are you confident to remove and dispose of a condom after sexual intercourse? (53.7%)

you have confident to put on a condom? (56.3%); (iii) Do you not enjoy (or think you might not enjoy) sex when using a condom? (51.7%); and (iv) Do you prefer using skin to skin? (59.3%); (v) Do your partner prefer condom to skin to skin? (61.0%).

However, a low practice of condom use was established with the following five items: (i) If a condom is not available, would you discontinue sexual activity to obtain a condom? (51.0%); (ii) Do

Table 1: Socio demographic profile

Socio profile	Variable	Frequency	Percentage (%)
Age	15-19	47	15.70
	20-24	201	67.0
	25-29	46	15.30
	30+	6	2.0
		300	100
Sex	Female	150	50.0
	Male	150	50.0
		300	100.0
Religion	ATR	12	4.0
	Christian	249	83.0
	Muslim	38	12.7
	No Response	1	0.3
		300	100.0

Table 2: Knowledge of condom

Question	Variable	Frequency (%)
Where do you think people can get condom?	Provision store	22(7.3)
	Pharmacy	145(48.3)
	Chemist	95(31.7)
	Open market	11(3.7)
	Clinics	7(2.3)
	Hospital	20(6.7)
It is embarrassing (to me) to buy condoms	No	126(42.0)
	Yes	174(58.0)
Do you have confident to purchase condoms ?	No	183(61.0)
	Yes	117(39.0)
Do you have confident to carry a condom	No	199(66.3)
	Yes	101(33.7)
Do you have confident to discuss condom usage	No	138(46.0)
	Yes	162(54.0)
Do you have confident to suggest using condoms	No	119(39.7)
	Yes	179(59.7)
	No Response	2(0.7)
Over all knowledge of condom	High	69.0%
	Moderate	7.77%
	Low	23.23%
Why do you think people would use condom?	To prevent infection only	16(5.3)
	To prevent pregnancy only	27(9.0)
	To prevent pregnancy and infection	234(78.0)
	To enjoy long lasting relationship.	23(7.7)

Table 3: Practice of condom

Question	Variable	Frequency (%)
Have you use condom before?	No	127(42.3)
	Yes	173(57.7)
If a condom is not available, would you discontinue sexual activity to obtain a condom	No	153(51.0)
	Yes	147(49.0)
Do you have confident to put on a condom	No	169(56.3)
	Yes	131(43.7)
Do you not enjoy (or think you might not enjoy) sex when using a condom	No	155(51.7)
	Yes	145(48.3)
Do you prefer using skin to skin?	No	122(40.7)
	Yes	178(59.3)
Are you comfortable discussing condom use with new partner before sexual intercourse	No	146(48.7)
	Yes	154(51.3)
Do your partner prefer condom to skin to skin?	No	183(61.0)
	Yes	117(39.0)
Are you confident to use condom without ‘breaking the mood’	No	133(44.3)
	Yes	167(55.7)
Are you confident to remove and dispose of a condom after sexual intercourse	No	139(46.3)
	Yes	161(53.7)
Overall Practice of condom	No	49.14%
	Yes	50.86%

DISCUSSION

The result of this study carried out among adolescent and young adults (sexually active undergraduate students) shows that despite high knowledge of condom use, there is low practice of condom usage among the respondents. They were involved in risky sexual behaviors with little or no regard for STI's and unwanted pregnancies (Ekanem et al., 2005).

According to Richard and Plith (1991), there are many widely held notions about condoms that are wrong, yet these notions affect people's perception and consequent usage of condoms in sexual relationships. For instance some believe that condom dulls sensation, others become frustrated and lose some of their sexual excitement, while some believe that condom put pressure on the man to ejaculate; bringing about reduced condom use intentions. However, research has shown that when handled correctly, a condom is capable of enhancing sexual excitement.

In addition, the benefit of engaging in safer sexual behaviours must be emphasized and that perceived barriers to preventive behaviours are possible to overcome (Boyd and Wandersman, 1991). Madu and Peltzer (1999) found among University students in South Africa, that their highest complaints were 'inconveniences during condom use', followed by

'negative psychological feelings during condom use', and 'poor relationship to their sexual partners; possibly caused or worsened by condom use'. Nicholas (1998) reported that among black South African University students the most highly endorsed problems about condoms were the larger number needed for many rounds of sex, partner's feelings of distrust, unpleasantness of purchasing condoms, and that condoms injure the vagina.

A health educator needs to address low practice of condom usage with focus on appropriate skills in discussing condom use with a partner. From the correlations from this study on the practice of condom, the following items seem to be particularly relevant for condom promotion: (i) To obtain a condom before continuing with sexual activity; (ii) Having confidence to put on a condom; (iii) Using condom successfully and putting off the psychological belief of not enjoying (or thinking you might not enjoy) sex when using a condom; (iv) By not preferring using skin to skin which might put them at risk, because research has shown that when handled correctly condoms is capable of enhancing sexual excitement; (v) Interpersonal assertive skills in discussing condom use with a partner over skin to skin.

In conclusion, its our opinion that all these areas highlighted above, could be addressed depending on age, gender, and focus on physically handling a

condom which according to Brafford and Beck (1991), may involve talking through the embarrassment of using a condom, or perhaps building assertiveness skills.

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REFERENCE

Adewole, D.A. and Lawoyin, T.O. (2004). Characteristics of volunteers and non-volunteers for voluntary counseling and HIV testing among unmarried male undergraduates. *Afr. J. Med. Sci.*; 33:165-170.

Alarape. A.I., Olapegba. P.O. and Chovwen. C.O. (2008). Condom use among students: The influence of condom self-efficacy, social norms and affective attitude towards condom. *J. Soc. Sci.*; 17(3): 237-241.

Arowojolu, A.O., Ilesanmi, A.O. Roberts, O.A. and Okunola, M.A. (2002). Sexuality, contraceptive choice and Aids awareness among Nigeria undergraduates. *Afr. J. Reprod. Health*; 6:60-70.

Black, M.M., Gordon, J. and Santelli, J. (2007). Adolescents Risk-Taking Behaviour: Computer-Assisted Questionnaire. In: Assessments in Occupational Therapy Mental Health: An Integrative Approach, Hemphill-Pearson, B.J.(Ed). 2ndEdn., Slack, Inc., New Jersey, ISBN-13: 9781556427732, pp: 309-319.

Boyd, B. and Wandersman, A. (1991). Predicting undergraduate condom use with the Fishbein and Aizen and the Triandis Attitude-Behaviour models: implications for public health interventions. *J. Appl. So. P.*; 21: 1810-1830.

Brafford, L.J. and Beck, K.H. (1991). Development and validation of a Condom Self-Efficacy Scale for College students. *J. Amer. Col. Health*; 39: 219-225.

Butler, A.P. (2003). The reproductive health situation of adolescents. *Prog. Reprod. Health Res.*; 64:2-2.

Cherannes, B. (1993). Sexual behaviours of Jamaicans: A study review. *Soc. Econ. Stud.*; 42:1-45.

Dryfoos, J.G. (1990). Adolescents at Risk: Prevalence and Prevention. 2ndEdn., Oxford University Press, New York. PP: 61-77.

Earle, J.R., and Parricone, P.T. (1986). Premarital sexuality: A ten year study of attitudes and behavior on a small University campus. *J. Sex Res.*; 22: 304-310.

Ekanem, E.E., Afolabi, B.M. and Adebajo. S.B. (2005). Sexual behaviour, HIV-related knowledge and condom use by intra-city commercial bus drivers and motor park attendants in Lagos, Nigeria. *Afri. J. Reprod. Health*; 9(1): 78-87.

Feyisetan, B. and Pebley, A.R. (1989). Premarital sexuality in urban Nigeria. *Stud. Fam. Plann.*; 20:343-354.

Gardner, R., Blackburn, R. and Upadhyay, U. (1999). Closing the condom gap. *Popul. Rep. H, Ser. H.*; 9:1-36.

Igra, V. and Irwin, C.E.J.R. (1996). Theories of Adolescent Risk-Taking Behaviours. In: Handbook of Adolescents Health Risk Behaviour, DiClemente, R.J., W.B. Hansen and L.E. Ponotn (Eds.). Plenum Press, New York. Pp: 35-41.

Madu, S.N. and Peltzer, K. (1999). Complaints of University students about male use of condoms as a preventive measure against HIV/AIDS in South Africa. *J. Psychol. Afr.*; 9:78-90.

Makinwa-Adebusoye, P. (1992). Sexual behavior, reproductive knowledge and contraceptive use among Urban Nigerians. *Int. Fam. Plan. Perspect.*; 18: 66-70.

Nicholas, L.J. (1998). Black South African students beliefs and attitudes about condoms. *Psychol. Reports*; 83: 891-894.

Ofuso-Barko, K. (2000). STDs, HIV/AIDS-challenge of the next millennium. *Nig. J. Genito. Urin. Med.*; 1:27-29.

Okonofua, F.E. (1995). Factors associated with adolescent pregnancy in rural Nigeria. *J. Youth Adolescence*; 24: 419-438.

Orubuloye, I.O., Caldwell, J. and Caldwell, P. (1991). Sexual networking in the Ekiti District of Nigeria, *Stud. Fam. Plann.*; 22: 61-73.

Philis, D.E. and Gromko, M.H. (1985). Sex differences in sexual activities: Reality or illusion? *J. Sex Res.*; 21: 437-438.

Richard, R. and Van der Plistt. J. (1991). "Factors affecting condom use among adolescents." *J. Comm. Appl. Soc. Psychol.*; 1:105-116.

Robinson, L. and de Roberts, M.S. (1991). Trends in sexual attitudes and behaviours of a college population over a 15 years period. *J. Sex Educ. Ther.*, 17:32-41.

Singh, S. and D. Wulf, 1994. 1995 Estimated levels of induced abortion in 6 Latin American countries. *Int. Family Plann. Perspec.*, 20:4-13.

Singh, S. (1998). Adolescent childbearing in developing countries: A global review. *Stud. Family Plann.*; 29: 106-116.

Sunmola, A.M., Dipeolu, M.M., Babalola, S. and Out, A.D. (2002). Reproductive, sexual and contraceptive behavior of adolescents in Niger State, Nigeria. *Afr. J. Reprod. Health*, 6: 82-92.

UNAIDS (2002). Annual report: Making the money work. UNAIDS, Geneva, http://data.unaids.org/pub/Report/2007/JC1306_annual_report_en.pdf.

Weiner, R. (2006). Condom Use Reduces Young Women's Risk of Contracting HPV. <http://www.kaisernet.org>

Weinstock, H.S., Berman and Cates, W. (2004). Sexually transmitted disease among American youth: Incidence and prevalence estimates, 2000. *Perspect. Sex. Reprod. Health*; 36:6-10.

WHO (2000). Preventing reproductive tract infections. October 16, 2007. http://www.who.int/reproductivehealth/publications/biennial_reports/200001/Chapter_3.pdf.

WHO. (2001). Global Prevalence and Incidence of selected Curable Sexually Transmitted Infections: Overview and Estimates. World Health Organisation, Geneva, pp: 42.

AUTHORS CONTRIBUTION

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