

Condom Use among Teenagers and Young Adults in Nasarawa State Nigeria

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Abstract: This study examines the use of condom among teenagers and young adults in six selected local government areas of Nasarawa State. The aim was basically to look at how often teenagers and young adults use condom during sexual intercourse in the state. The study relied on primary data gathered from the adolescents living in selected places of the state. A structured questionnaire was employed to capture both qualitative and quantitative data. The data were subjected to descriptive statistical and χ^2 -test analysis. The results showed preponderance of female (50.9%) respondents than the male (49.1%) respondents. About 60% of the respondents were urban dwellers while about 40% were from the rural areas. A total of 47% of respondents claimed total abstinence from sex. It was gathered that level of education, employment status and media exposure were dominant factors that predisposes respondents to the use of condom. It was discovered that only 33.4% of sexually active respondents with formal education used condom regularly during sexual intercourse while just 1% of respondents with no formal education observe same 12 months preceding this study. It is therefore recommended that teenagers and young adults should be enlightened on the significance of using condom during intercourse if they can't abstain from sex (Appendix 1).

Key words: Condom use, young adults, teenagers, sexual intercourse, sexually transmitted infections

INTRODUCTION

Teenagers and young adults constitute a distinct population group with particular needs and capacities and their number is always on the increase. The >1 billion young people are between the ages of 15-24 years and most of them are in the developing world (WHO, 2005).

One of the most sensitive issues associated with teenagers and young adults is sexuality and incidentally they receive very little education or guidance from their parents. Most teenagers and young adults get to know about sexuality from peer groups. According to Gesinde (1979), Nigerian teenagers and young adults are mainly pre-occupied with sexual activities while other tasks seem to be taken lightly.

Due to limited knowledge about their bodies and sexuality, teenagers and young adults are vulnerable to sexually transmitted infections including HIV and AIDS. Girls are further more vulnerable and face higher risks due to their inability to negotiate on issues relating to sex (Osagbemi and Olowolafe, 2003). According to Dial (1990), the socio-economic and health consequences of unprotected sex among adolescents and street children in particular are said to be devastating. These problems

range from early pregnancy, sexually transmitted infections to high risk of death. About one third of girls in the USA get pregnant before age 20 in 2006 a total of 435,427 infants were born to mothers aged 15-19 years, a birth rate of 41.9% live births per 1000 women in this age group. Most (above 80%) of these births were un-intended, meaning they occurred sooner than desired (Chandra *et al.*, 2005; Manlove *et al.*, 2008). It has been established by Swart-Kruger and Ritcher (1997) that condom use signifies infidelity or having an STI while some partners do not use condom because they think it reduces trust (Temin *et al.*, 1999). Some reasons may be attributed to the aforementioned problems as studies have shown that young people have neglected the use of condom because they are concerned about condom safety and breakage; condom ineffectiveness, e.g., condoms have small holes or can disappear into the vagina (Bankole *et al.*, 2007). But Trusell succinctly declared that condom is an effective method of preventing unwanted pregnancy and it is certainly the most preferred method among unmarried young people even though Bankole *et al.* (2007) claimed that despite extensive effort in promoting condom use, young people in Sub-Saharan Africa still engage in risky sexual behaviour and condom

use remain relatively low where as only consistent use of condom could guarantee safety from HIV/AIDS (Hearst and Chen, 2004).

In North Central Nigeria, Nasarawa State is the second worst hit after Benue in the case of HIV and AIDS. The socio-economic impact of this epidemic on the people of Nasarawa has not been properly documented but it is becoming apparent that the state's fragile health care delivery system is been overloaded. In view of all these, it has become very important that studies is conducted on the patterns of condom use by adolescents in Nasarawa State with a view to creating awareness on the significance of condom use during sexual intercourse so as to reduce the already high rate of sexually transmitted infections especially HIV/AIDS. The aim of this research therefore is to find out whether condom is always used during sexual intercourse among the adolescents in Nasarawa State.

MATERIALS AND METHODS

This study was carried out between May and July 2008 in six local governments areas of the 3 senatorial districts of Nasarawa State. These include, Nasarawa and Keffi in the Western zone, Obi and Awe in the Southern zone and Akwanga and Lafia in the Northern zone. Two local governments were randomly selected from each senatorial district. In all, 603 respondents were sampled; 120 respondents from the tertiary institution (40 from Federal Polytechnic Nasarawa, 40 respondents from the College of Education Akwanga and 40 respondents from Nasarawa State University Keffi), 240 respondents were drawn from the secondary schools, 4 schools from each senatorial districts and 20 students were randomly picked from each school, 52 respondents were randomly picked from different apprentice shops, 115 were randomly selected among traders and hawkers, 33 respondents were selected among civil servants while 43 respondents account for some unemployed respondents roaming the streets. This was based on the random sampling of schools where some respondents were found. Respondents who were not in school were found in apprentice workshops and others were found on the streets hawking and trading. Very few respondents that fall within the age group were selected among the civil servants.

Two field assistants helped in the data collection exercise the two field assistants had local knowledge of the environment selected for the research. A structured questionnaire was the major instrument used for data collection on this study. Only teenagers and young adults aged 12-24 years constituted the respondents group because this age group are young and full of experiments

and as such sexual habits formed during adolescence often persist into adulthood (Rwenge, 2000) also this age group make up a large and growing proportion of the population in developing countries (Bongaarts and Cohen, 1997). The questionnaires were supplemented with Focus Group Discussions (FGDs) sessions. An arranged focus group discussion sessions were held for more detailed discussions on the use of condom by respondents. This was done in order to obtain more expatiated answers. Most of the respondents were met in the evening around 4:30 pm when most of them were around. At any discussion session a group of 7-10 respondents was formed.

Data collected in the field were first sorted out and verified to ascertain that all questionnaires were completely filled those not properly filled were disregarded. In all, 588 questionnaires were completely filled and fed into the computer and subsequent analyses were made to produce various tables and frequencies including charging the data to a statistical χ^2 -test to find out the relationship between educational qualification and the use of condom by respondents.

RESULTS

Socio-demographic characteristics of respondents:
Table 1 shows the socio-demographic characteristics of

Table 1: Background characteristics of respondents

Characteristics	No.	Males 289 (%)	Females 299 (%)	Total 588 (%)
Locality				
Urban	348	49.4	50.6	59.2
Rural	240	48.8	51.2	40.8
Age				
>12 to <15 years	186	46.8	53.2	31.6
15-19 years	279	47.6	53.2	47.4
20-24 years	123	56.0	44.0	20.9
Education				
No formal education	115	46.0	54.0	19.5
Primary education	138	51.4	48.6	23.5
Secondary education	221	58.0	42.0	37.6
Tertiary education	114	63.2	36.8	19.4
Media exposure				
Radio				
Yes	407	59.2	40.8	69.2
No	181	26.5	73.5	30.8
Television				
Yes	348	49.4	50.6	59.2
No	240	48.8	53.2	40.8
Occupation				
Paid employment	21	81.0	19.0	3.5
Self employment	269	50.2	49.8	45.7
Un employed	298	46.0	54.3	50.7
Religion				
Christianity	302	46.0	54.0	51.4
Islam	286	52.8	47.9	48.6
Marital status				
Single	482	59.1	40.9	81.9
Married	106	3.8	96.2	18.1

Researcher's field survey

the respondents. The Table 1 shows the pre-ponderance of female respondents (50.9%) than the males. Most (59%) of the respondents live in the urban centres while 41% of them are rural dwellers. This may be due to the fact that most respondents were drawn from schools (secondary and tertiary). There were more respondents among the age group of 15-19 years (47.4%) while the age group 20-24 years had the lowest representation (20.9%). Above 50% of the respondents were unemployed (including students) while only 4% of the respondents earn monthly salary. About 46% of the respondents were self employed in some small scale businesses.

Table 1 also showed the marital status of respondents. It shows that most (81.9%) of the respondents were singles that is unmarried while just 18.1% of respondents were married. Preponderance of the married respondents was females (96.2%). Whereas only 3.8% of male respondents were married, this may not be unassisted with the age bracket of the respondents and of course there low economic status.

Table 2 shows respondents condom use in the last 12 months. Among the rural respondents, about 50% of those that were sexually active had never used condom in the last 12 months during sexual intercourse while only 18% of respondents who were sexually active in the urban centres never used condom regularly during sexual intercourse in the last 12 months before this study. Only

about 3.3% of the rural respondents used condom regularly in the last 12 months to protect themselves during sexual intercourse whereas 13% of urban respondents who were sexually active used condom regularly. Almost 59% of urban respondents had no sexual partners.

Data was also obtained on condom use by sex of respondents in Table 2. It shows that none of the female respondents had ever used condom during sexual intercourse in the last 12 months preceding this study. This may be due to the fact that the sale of female condom is very uncommon in the areas under study. About 18% of male respondents however use condoms regularly, 23.9% of male respondents use condoms sometimes while no percentage of the female respondents claimed the use of condom sometime.

Table 2 also show condom use by age distribution. It shows that respondents below the age of 15 years did not use condom regularly during sexual intercourse in the last 12 months preceding this study. Just 10% of respondents below 15 years claimed the use of condom sometimes during sexual intercourse and close to 26% never used condoms during sexual intercourse in the last 12 months before this study. These very experimenting young adolescents who dislike the use of condom during sexual intercourse only make themselves more prone to sexually transmitted infections including HIV and AIDS.

Table 2: Condom use by respondents

Characteristics	No.	Always use (%)	Never use (%)	Use sometimes (%)	Not sexually active (%)	Total (%)
Locality						
Urban	348	12.6	17.8	15.2	54.3	59.2
Rural	240	3.3	49.6	6.7	40.4	40.8
Sex						
Male	289	18.0	32.5	23.9	25.6	49.1
Female	299	-	29.1	-	70.9	50.9
Age (years)						
>12 to <15	186	-	25.3	10.2	64.5	31.6
15-19	279	7.5	36.2	8.6	47.7	47.4
20-24	123	25.2	26.8	21.1	26.8	20.9
Education						
No formal education	115	-	74.8	18.3	7.0	19.6
Primary education	138	5.8	44.2	15.9	34.1	23.5
Secondary education	221	11.8	9.5	14.0	71.0	37.6
Tertiary education	114	15.8	11.4	7.9	64.9	19.4
Occupation						
Paid employment	21	57.1	14.3	19.0	9.5	3.7
Self employed	269	13.4	69.5	10.4	20.1	45.7
Un employed	298	1.0	41.6	24.8	32.6	50.7
Media exposure						
Radio						
Yes	407	10.1	18.2	5.9	65.8	69.2
No	181	6.1	59.1	24.9	09.9	30.8
Television						
Yes	348	11.2	04.9	6.9	77.0	59.2
No	240	5.4	68.3	18.8	7.5	40.8
Marital status						
Single	482	10.8	18.5	11.4	59.3	82.0
Married	106	-	86.8	13.2	-	18.0

Reasearchers field survey

They do this probably due to their low level of awareness of HIV and AIDS or they simply are involved in experimenting (risk taking). Respondents within the ages of 15-19 years had about 8% of them that used condom regularly in the 12 months preceding this study. This was rather a very low percentage of the group population. The table also show respondents between ages 20-24 years with 25.5% of them using condom regularly during sexual intercourse in the last 12 months before this study. The relatively higher percentage may be due to the fact that this age group had higher access to information about STDs and HIV/AIDS and as such practice safer sexual behaviours. A little above 36% of respondents between the ages of 15-19 years never used condom during sexual intercourse in the last 12 months before this study. This percentage was incidentally higher than respondents below age 15 but above the age of 12 and respondents between the ages of 20-24 years. This clearly shows that the age group that were most prone to risky sexual behaviours were the age group of 15-19 years.

Table 2 also show that 16% of respondents in tertiary institution used condom always during sexual intercourse. This was slightly more than respondents with secondary education (11.8%) that use condom regularly during sexual intercourse. Just 5.8% of adolescents with primary education used condoms regularly during intercourse 12 months preceding this study while no percentage of condom use was recorded among the respondents with no formal education the result of the chi square analysis showed that there is a significant association between educational level of the respondents and the frequency of usage of condom ($\chi^2 = 163.519$, $df = 9$ significant at 0.01).

The table also sought information on the relationship between respondent's condom use and employment status. The table shows that almost 57% of the sexually active respondents with paid employment uses condom regularly during sexual intercourse while 13.4% of sexually active respondents that were self employed used condom regularly while just 1% of sexually active respondents that were un-employed used condom regularly during sexual intercourse 12 months before this study. The data shows that the respondents that earn salary have better economic power to purchase condom and they also coincide with the group that has attained one kind of education or another. The unemployed respondents may not have a better negotiating power for sexual behaviour; some of them may be too young to understand the gravity of their actions or the effectiveness of the use of condom. This could explain why a very insignificant (1%) of them (the sexually active) used condom regularly during sexual intercourse in the past 12 months before this study.

Attempts were made to examine the media exposure of respondents in order to relate this with their condom use. About 10.1% of respondents who were sexually active that listened to radio at least once a week used condom regularly in the last 12 months preceding this study. Just 6.1% of respondents that did not listen to radio at least once a week also used condom regularly. The difference between the two groups is not so significant; this may be due to other sources of media exposure. About 59% of sexually active respondents that had not listened to radio at least once a week did not use condom during sexual intercourse. This is significantly higher than respondents (18.2%) that listened to radio at least once a week but still do not use condom during sexual intercourse in the last 12 months before this study. The table shows that almost 11.2% of respondents who watched television at least once a week used condom regularly during sexual intercourse. This was higher than respondents (5.4%) that did not watch television at least once a week but still used condom regularly during sexual intercourse. About 68.3% of respondents who never watched television at least once a week did not use condom during sexual intercourse in the last 12 months before this study. This was significantly higher than those (5%) who watched television at least once a week but still never used condom in the last 12 months before this study.

Finally, the table shows the condom use among married respondents. About 87% of the married respondents never used condom in the last 12 months preceding this study. This may not be un-associated with the fact that the couples were already aware of their status and had nothing to be afraid of.

DISCUSSION

The study reveals that most of the respondents that were sexually active in the selected study areas still did not know the importance of the use of condom during sexual intercourse this is because the study reveals that a very good number of sexually active respondents did not use condom for protection during sexual intercourse in the last 12 months before this study in line with other findings elsewhere ().

About half of the sexually active respondents in the rural areas had not used condom for sexual protection in the last 12 months before this study while about a quarter of their urban counterpart also did not use condom for protection during sexual intercourse. The fact that condom use help in the protection of sexually transmitted infections and unwanted pregnancy cannot be overstressed this corresponding studies has been variously

done (Dial, 1990; Chandra *et al.*, 2005). Reasons why there was higher pre-ponderance of non use of condom among the rural respondents may be associated with low awareness of how and where to access these condoms or they might be unaware of its significance.

The negligence of the use of condom among the teenagers and young adults in Africa is not uncommon and a lot of reasons had been attributed to this, the researcher was able to uncover some of these reasons during focus group discussion sessions with the respondents. These reasons include the belief that using condom reduces sexual pleasure, signifying sexual infidelity, condom ineffectiveness such as breakage and having small holes. These reasons tallied with other findings (Swart-Kruger and Ritcher, 1997; Temin *et al.*, 1999).

The study also reveal that there is a gradual progression of condom use in relation to educational attainment and media exposure. That is to say that the more enlightened people are the more likely to engage in safer sexual behaviours and by contrast the lower an individual's academic status the more he likely would engage in risky sexual behaviours and thus greater possibility of sexual infections including HIV/AIDS. These findings coincide with the findings of Joffe (1993).

There was a preponderance of unemployed (including students) group among the survey population especially the females while only very negligible few were salary earners and a few more others were self employed in some small business. These reasons (poverty) therefore are most likely reasons that predispose respondents especially the females to sexual relationship.

Age was seen as an important factor in pre-disposing teenagers and young adults to the use of condom during sex. The teenagers who were sexually active were more affected than the young adults. Results shows that more than half of teenage respondents did not use condom for sexual protection whereas very few of them used condom sometimes just about 8% used condom always. Young adults of ages between 20-24 years were of a little better compliance. About a quarter of them used condom always, another quarter never used a little good number used sometimes while others reported not to be sexually active. The respondents especially the teenagers appear to be more of the experimenting group than the young adults. This negligence predisposes respondents to sexually transmitted infections or unwanted pregnancy.

CONCLUSION

This finding was supported by the result of χ^2 -test which showed that there was a significant association

between condom use and educational attainment of respondents in the study area. Reasons why some teenagers and young adults did not use condom during sexual intercourse ranges from reduction in sexual pleasure to improper orientation about the significance of condom as protection against STDs and HIV/AIDS.

RECOMMENDATIONS

There should therefore be an increase in awareness about the importance of the use of condom during sexual intercourse among teenagers and young adults in Nasarawa State. They also should be encouraged to go to school in order to increase their understanding of sexual related risks. Sexuality education should as a matter of urgency and policy encouraged in schools from primary to tertiary level. Awareness about HCT (HIV cancelling and testing) centres should be increased and more should be created especially in the rural areas so that adolescents can patronise to get adequate counselling on the use of condoms.

ACKNOWLEDGEMENT

Researchers want to acknowledge the effort of professor A.A. Adebayo of Maddibo Adamawa University of Yola for his effort to make this research a whole.

APPENDIX

Appendix 1: Chi-square statistical summary of educational qualification and condom use among respondents. Expected counts are printed below observed counts

No.	NFE	PRY	SEC	TER	Total
1	0.00	6.00	12.00	16.00	34
	8.42	8.33	8.92	8.33	-
2	75.00	44.00	10.00	11.00	140
	34.66	34.31	36.72	34.31	-
3	19.00	16.00	14.00	8.00	57
	14.11	13.97	14.95	13.97	-
4	7.00	34.00	71.00	65.00	177
	43.82	43.38	46.42	43.38	-
Total	101.00	100.00	107.00	100.00	408

$$\chi^2 = 8.417 + 0.653 + 1.066 + 7.053 + 46.962 + 2.734 + 19.439 + 15.840 + 1.694 + 0.295 + 0.060 + 2.552 + 30.934 + 2.029 + 13.017 + 10.772 = 163.519; df = 9, p = 0.000; Significant at 0.0$$

REFERENCES

- Bankole, A., F.H. Ahmed, S. Neema, C. Ouedraogo and S. Konyani, 2007. Knowledge of correct condom use and consistency of use among adolescents in four countries in sub-Saharan Africa. *Afr. J. Reprod. Health*, 11: 197-220.
- Bongaarts, J. and B. Cohen, 1997. Adolescent reproductive behaviour in the developing world: Introduction and review. *Stud. Fam. Plann.*, 29: 99-105.

- Chandra, A., G.M. Martinez, W.D. Mosher, J.C. Abina and J. Jones, 2005. Fertility planning and reproductive health for U.S women: Data from 2002 National Survey of Family Growth. *Vital Health Stat.*, 23: 1-160.
- Dial, P.W., 1990. The psychosocial context of homeless mothers with young children: Program and policy implications. *Child Welfare*, 69: 291-308.
- Gesinde, S.A., 1979. An exploratory study of pre-occupation and concerns of some Nigerian adolescents. *Niger. J. Psychol.*, 3: 60-67.
- Hearst, N. and S. Chen, 2004. Condom promotion for AIDS prevention in the developing world: Is it working?. *Stud. Fam. Plann.*, 35: 39-47.
- Joffe, A., 1993. Adolescents and condom use. *Am. J. Dis. Child.*, 147: 746-754.
- Manlove, J., E. Ikramullah and E. Terry-Humen, 2008. Condom use and consistency among male adolescents in the United States. *J. Adolescent Health*, 43: 325-333.
- Osagbemi, M.O. and E.A. Olowolafe, 2003. Sexual behaviour of street children in jos metropolis: implications for the promotion of knowledge of HIV/AIDS. *J. Environ. Sci.*, 7: 129-137.
- Rwenge, M., 2000. Sexual risk behaviour among young people in Bamenda, Cameroon. *Int. Family Plann. Perspect.*, 26: 118-123.
- Swart-Kruger, J. and L.M. Ritcher, 1997. AIDS-related knowledge, attitudes and behaviour among South African street youth: Reflections on power, sexuality and the autonomous self. *Soc. Sci. Med.*, 45: 957-966.
- Temin, M.J., F.E. Okonofua, F.O. Omorodion, E.P. Rennie, P. Coplan and H.K. Heggenhougen, 1999. Perception of sexually transmitted diseases among adolescents in Benin city Nigeria. *Int. Fam. Plann. Perspect.*, 25: 186-190.
- WHO, 2005. The health of youth: Facts for action: Youths and drugs. World Health Organization.