Original Research Article

Pattern of condom usage among male and female youths in Nigeria.

ABSTRACT

Condom use is one of the most effective strategies for combating the spread of HIV. Despite increased sexual knowledge, adolescents in Nigeria are poor condom users. They are less likely than adults to consistently use condoms or other methods of protection that could reduce their chances of infection.

A comparative cross-sectional population based study was carried out in which a secondary data review analyses of NDHS 1999, 2003 and 2008 data were done. Statistical package of social science version 17.0 was used for determining frequencies, chi square and the p-values.

There was a significant increase in the usage of condom from 8.2% in 1999 to 9.3% in 2008 to 10.5% in 2008 among the female youths, though the percentages are still very low. There was an insignificant increase in condom usage among the male youths from 31.1% in 1999 to 38.7% in 2003 and then a decrease to 36.8% in 2008. There was significant association between the urban dwellers, 20-24 years age group, Christians, literate and single female youths and condom use over the years while the rural dwellers, single and literate male youths experienced significant increase in condom use over the years.

Condom usage by youths significantly increased over the years. However, the increase is still considered low and not enough to effectively reduce the prevalence of HIV/AIDS. Religion, marital status, age group, education and literacy are variables that influenced the use of condom by young people. Campaign on the usage of condom during sexual intercourse among young people at every level of education, urban or rural residence, age group and religion should be intensified.

Keywords: Condom use, HIV/AIDS, Youths

ABBREVIATIONS

AIDS Acquired Immune Deficiency Syndrome

DFID Department for International Development

FCT Federal Capital Territory

FMOH Federal Ministry of Health

HIV Human Immunodeficiency Virus

MDGs Millennium Development Goals

NDHS Nigeria Demographic and Health Survey

UNICEF United Nation Children Fund

WHO World Health Organization

UNGASS United Nations General Assembly Special Session

INTRODUCTION

Acquired immunodeficiency syndrome (AIDS) is one of the world's serious public health concern, and it poses an enormous challenge to most developing countries. The HIV pandemic is on the increase with young people at a greater risk of infection, due to low risk-perception, hindering their commitment to behavioral change in spite of the fact that knowledge of some aspects of the disease is quite high. Nigerian youths between the age of 15 and 24 years have been found to be the most affected because of their engagement in risky sexual behavior, experimentation with alcohol and drugs, and failure to see that they at the risk of infection (poor risk perception) (1). In many regions of the world, new HIV infections are heavily concentrated among young people (15–24 years of age). In 2006, among adults 15 years and older, young people accounted for 40% of new HIV infections (2).

According to WHO 2005, the term youth is defined as belonging to the age group of 15-24. On the other hand, Sexuality involves the entire thoughts and behavior concerning sexual activity. Nearly half of the global population is less than 25 years old (3). The period of adolescence and youth occupies a unique stage in every person's life. It is a period of transition from childhood to adulthood (4). Youth has also been described as a stage among human beings where a lot of

physiological as well as anatomical changes take place resulting in reproductive maturity in the adolescents (5). Many adolescents manage this transformation successfully while others experience major stress and find themselves engaging in behaviors (e.g. sexual experimentation, exploration and promiscuity etc.) that place their well-being at risk (4)

Sexual behaviour of adolescents is important not only because of the possible reproductive outcomes but also because risky sexual behaviour, such as unprotected sex and low and inconsistent use of condom during sexual intercourse have been associated with HIV infection. Early sexual initiation poses health risks for both young men and women. Most young adults who entered into a sexual relationship for the first time did not use any form of contraception and were ignorant of the consequences of their acts leaving them vulnerable to unintended pregnancies and unplanned parenthood (6)(7)(8). There are a lot of sociodemographic factors that had been seen to have a substantial effect on the sexual behavior of the youth and the people at large. In Kenya like other developing countries, rapid urbanization has presented development challenges leading to deteriorating living conditions and growing urban poverty (9). Young people form a large proportion of those moving from rural to urban areas in search of livelihood opportunities and most find urban slums as the first entry points into the cities. These present enormous challenges as most of these urban slums are underserved by health facilities, and challenged by other socio-economic amenities (3). Because of limited livelihood opportunities and the frustrations of unemployment, many young adults in these settings turn to risky sexual behaviours, they also seek comfort in prostitution and drug abuse which expose them to HIV. Other behavioral factors that increase young urban women's risk for HIV infection include having older sexual partners, inconsistent condom use, forced sex, and transactional sex (10).

Condom use is one of the most effective strategies for combating the spread of HIV. However, opinions on educating young people about condom use are sometimes divergent, with some people believing it promotes early sexual initiation (11). The total number of condoms provided by international donors has been relatively low. Between 2000 and 2005, the average number of condoms distributed in Nigeria by donors was 5.9 per man, per year (12). Restrictions on condom promotion have hampered HIV prevention efforts. In 2001, a radio advertisement was suspended by the Advertising Practitioners Council of Nigeria (APCON) for promoting messages suggesting that it is acceptable to engage in premarital sex as long as a condom is used. In 2006 APCON also started to enforce stricter regulations on condom advertisements that might encourage 'indecency' (UN Integrated Regional Information Networks/All Africa 2006). The number of female condoms sold in Nigeria has significantly increased from 25,000 in 2003 to 375,000 in 2006.(13)

In some African countries, qualitative interviews were carried out about the misconception people have about condom use. Different beliefs appeared to influence some men's behaviour: for example, some men in the study said that they did not use condoms because condoms were infected with 'AIDS worms.' Qualitative interviews in Namibia revealed the key spiritual and genocidal beliefs that HIV is a punishment from God and that condoms cannot be trusted (e.g. manufacturers put holes in condoms; condoms spread disease; government condoms are of low quality) (14).

Despite increased sexual knowledge, adolescents in Nigeria are poor contraceptive users (15). They are less likely than adults to consistently use condoms or other methods of protection that could reduce their chances of infection (4). Neither specific teaching about contraception nor improving the contraceptive service consistently increases effective contraceptive use by young

teenagers (5). Some other misconceptions harbored by many young people includes, the belief that mosquitoes can transmit HIV infection, false claims that use of contraceptives can cause infertility, and contracting HIV through hugging, holding of hands and sharing of spoon of an infected person(11)

The Nigerian HIV/AIDS Emergency Action Plan (HEAP) brought to light the lack of support for non-schooling (Never been to school and out of school) youth (16). There seems to have been an increase in the exposure to risks of sexually transmitted infections including HIV/AIDS, amongst these young people and this is often based on their risky behaviors and sexual interactions with high-risk groups. (17)(18)(19). These risky sexual behavior of young people includes having multiple sexual partners and unprotected sexual activities (20)(21). Very few percentage of unmarried young people use condom at sexual debut, while those that use it do so inconsistently (22). A study in Republic of Benin have recorded figures of condom use with a recent non- regular partner as low as 20% amongst men with no formal education, 18–19% in those with primary education and 39% in those with secondary education and above (23). This clearly shows that while young people already own their sexual conduct (24) the capacity to take definite decisions to protect themselves from harmful consequences of unprotected sex is still generally lacking.

Therefore, this study is carried out to describe the trend of condom usage among male and female Nigerian youths between 15-24 years age group over the years from 1999 to 2008. The study is carried out to identify some socio-demographic factors that could influence the usage of condom among the youths and to determine the association between socio-demographic variables and condom use among youth aged 15-24 years over the period.

METHOD

The primary survey, a national study (NDHS 2003 and 2008) for Nigeria was used. Nigeria is made up of 36 states and a Federal Capital Territory (FCT), grouped into six geopolitical zones: North Central, North East, North West, South East, South South, and Southwest. There are also 774 constitutionally recognized local government areas (LGAs) in the country. There are about 374 identifiable ethnic groups, with the Igbo, Hausa, and Yoruba as major groups. The population covered by the 2003 and 2008 NDHS is defined as the universe of all men and women age 15-49 in Nigeria. For this study, the study unit of enquiry was the young men and women aged 15-24 years from the study population of the 1999, 2003 and 2008 NDHS. This is a comparative cross-sectional population-based study. It is a secondary data analysis of data from 1999, 2003 and 2008 NDHS. For this study, condom use by young people aged 15-24 years in Nigeria and the outcomes on the burden of the scourge were compared using the 1999, 2003 and 2008 NDHS. The sampling technique used for 1999, 2003 and 2008 NDHS was a stratified two-stage cluster design. The primary sampling unit (PSU) also known as cluster for

the 2003 and 2008 NDHS is defined on the basis of Enumeration Areas, EAs from the 1991 and 2006 EAs census frames.

A total of 7,864 households and 36800 households were recruited in 2003 and 2008 NDHS respectively. The 2008 NDHS sample was selected using a stratified two-stage cluster design consisting of 888 clusters, 286 in the urban and 602 in the rural areas1. A representative sample of 36,800 and 7,864 households was selected for the 2008 and 2003 NDHS survey respectively, with a minimum target of 950 completed interviews per state. In each state, the number of households was distributed proportionately among its urban and rural areas. About 734, 879 and 4910 men of age 15-24 were interviewed in 1999, 2003 and 2008 NDHS respectively. While 2482, 3210 and 12626 women of age 15-24 were interviewed in 1999, 2003 and 2008 NDHS respectively.

For the purpose of this study, the secondary data was managed using SPSS statistical package 15.0 and Epi-info package. Different recording and computation was carried out. Descriptive statistics such as frequencies was used to summarize quantitative variables while qualitative variables were summarized by proportions and cross-tabulations. Chi-square for trend analyses were used to investigate associations between two qualitative variables and all analyses was done at the 5% level of significance and 95% confidence interval. Dependent variables used in the analysis include last intercourse used condom while independent variables include: region, place of residence, wealth index, educational attainment, marital status, literacy and religion.

Ethical approval was collected from an ethical review committee for the research work.

Also, proper approval and consent was officially requested from the National Demographic and

Health Survey (NDHS) for the release of the data regarding knowledge of HIV/AIDS and

condom use among young people. A proper plan for the dissemination of my findings to appropriate quarters to inform policy making and proper implementation was ensured.

RESULTS

Table 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF FEMALE YOUTHS

	1999	2003	2008
Variables	Frequency (%)	Frequency (%)	Frequency (%)
Age group			
15-19 years	1774 (53.7)	1749 (54.4)	6591 (51.9)
20-24 years	1528 (46.3)	1464 (45.6)	6103 (48.1)
Total	3302 (100.0)	3213 (100.0)	12694 (100.0)
Residence			
Urban	1095 (33.2)	1282 (39.9)	4028 (31.7)
Rural	2207 (66.8)	1931 (60.1)	8666 (68.3)
Total	3302 (100.0)	3213 (100.0)	12694 (100.0)
Education			
None	956 (29.0)	901 (28.0)	3831 (30.2)
Primary	691 (20.9)	646 (20.1)	1938 (15.3)
Secondary	1523 (46.1)	1520 (47.3)	6260 (49.3)
Higher	132 (4.0)	146 (4.5)	665 (5.2)
Total	3302 (100.0)	3213 (100.0)	12694 (100.0)
Region			
North-Central	594 (18.0)	521 (16.2)	2484 (19.6)
North East	413 (12.5)	547 (17.0)	2361 (18.6)
North West	717 (21.7)	710 (22.1)	2580 (20.3)
South East	401(12.1)	498 (15.5)	1456 (11.5)
South South	614 (18.6)	433 (13.5)	1832 (14.4)

South West	563 (17.1)	504 (15.7)	1981 (15.6)
Total	3302 (100.0)	3213 (100.0)	12694 (100.0)
Religion			
Christianity	1848 (56.0)	1754 (54.6)	6853 (53.9)
Islam	1409 (42.6)	1432 (44.6)	5618 (44.3)
Others	45 (1.4)	27 (0.8)	223(1.8)
Total	3302 (100.0)	3213 (100.0)	12694 (100.0)
Marital Status			
Never married	1831 (55.5)	1836 (57.1)	6747 (53.2)
Currently married	1418 (42.9)	1310 (40.8)	5773 (45.5)
Formerly married	53 (1.6)	67 (2.1)	173 (1.4)
Total	3302 (100.0)	3213 (100.0)	12693 (100.0)

Table 1 shows the distribution of the socio demographic characteristics of female youths aged 15-24 years. About 53.7%, 54.4% and 51.9% of female youths involved in the study are in the within the age group 15-19 years for 1999, 2003 and 2008 respectively. Young women that lives in the urban residence ranges between 31% to 40% and higher percentage (53.2% to 57.1%) of these young women were never married.

Table 2: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF MALE YOUTHS

	1999	2003	2008
Variables	Frequency (%)	Frequency (%)	Frequency (%)
Age group			
15-19 years	513 (62.0)	453 (50.7)	2571 (51.7)
20-24 years	315 (38.0)	441 (49.3)	2399 (48.3)
Total	828 (100.0)	894 (100.0)	4970 (100.0)
Residence			
Urban	285 (34.4)	408 (10.6)	1671 (33.6)
Rural	543 (65.6)	486 (54.4)	3299 (66.4)
Total	828 (100.0)	894 (100.0)	4970 (100.0)
Education			
None	106 (12.8)	95 (10.6)	732 (14.7)
Primary	184 (22.2)	200 (22.4)	723 (14.5)
Secondary	504 (60.9)	544 (60.9)	3194 (64.3)
Higher	34 (4.1)	55 (6.2)	321 (6.5)
Total	828 (100.0)	894 (100.0)	4970 (100.0)
Region			
North-Central	164 (19.8)	166 (18.6)	1077 (21.7)
North East	103 (12.4)	124 (13.9)	821 (16.5)
North West	112 (13.5)	205 (22.9)	945 (19.0)
South East	94 (11.4)	114 (12.8)	502 (10.1)
South South	183 (22.1)	129 (14.4)	856 (17.2)

South West	172 (20.8)	156 (17.4)	769 (15.5)
Total	828 (100.0)	894 (100.0)	4970 (100.0)
Religion			
Christianity	506 (61.2)	493 (55.1)	2739 (55.1)
Islam	310 (37.4)	394 (44.1)	2165 (43.6)
Others	12 (1.4)	7 (0.8)	66 (1.3)
Total	828 (100.0)	894 (100.0)	4970 (100.0)
Marital Status			
Never married	759 (91.7)	827 (92.5)	4537 (91.3)
Currently married	57 (6.9)	59 (6.6)	414 (8.3)
Formerly married	12 (1.4)	8 (0.9)	19 (0.4)
Total	828 (100.0)	894 (100.0)	4970 (100.0)

A higher percentage (51.7% to 62%) of male youths enrolled in 1999, 2003 and 2008 in the study are within the age group 15-19 years and about 54.4% to 66.4% of them live in the rural residence. About 61.2%, 55.1% and 55.2% of the male youths in 1999, 2003 and 2008 studies respectively are Christians and over 90% of them are never married.

Table 3: CONDOM USE AMONG FEMALE YOUTHS

		1999	2003	2008
Variables	4	Frequency (%)	Frequency (%)	Frequency (%)
Last intercourse	Yes	146 (8.2)	169 (9.3)	796 (10.5)
Used condom	No	1626 (91.8)	1640 (90.7)	6780 (89.5)
(FEMALE)	Total	1772 (100.0)	1809 (100.0)	7576 (100.0)
Last intercourse	Yes	104(31.1)	126(38.7)	623 (36.8)
Used condom	No	230 (68.9)	200(61.3)	1072 (63.2)
(MALE)	Total	334(100.0)	326(100.0)	1695 (100.0)

Table 3 above shows that among the female youths, there was a significant increase in the usage of condom from 8.2% in 1999 to 9.3% in 2008 to 10.5% in 2008, though the percentages are still

very low. There was an insignificant increase in condom usage among the male youths from 31.1% in 1999 to 38.7% in 2003 and then a decrease to 36.8% in 2008.

Table 4: ASSOCIATION BETWEEN SOCIODEMOGRAPHIC FACTORS AND CONDOM USE AMONG FEMALE YOUTHS

-	1999	2003	2008		
	Yes (%)	Yes (%)	Yes (%)	Chi square	P value
Age group					
15-19	53(8.3)	69(9.5)	246(8.7)	0.006	.94
20-24	93(8.2)	100(9.2)	550(11.6)	13.25	.00027*
Total	146(8.2)	169(9.3)	796(10.5)	9.15	.0025*
Residence					
Urban	67(12.5)	105(16.1)	410(20.3)	19.85	0.00001*
Rural	79(6.4)	64(5.5)	386(6.9)	1.36	0.24
Total	146(8.2)	169(9.3)	796(10.5)	9.15	0.0025*
Education					
None	6(0.9)	2(0.3)	23 (0.7)	0.007	0.96
Primary	24(6.5)	17 (5.0)	47 (4.0)	3.94	0.047*
Secondary	89(13.3)	118(18.4)	560(20.4)	16.75	0.00004*
Higher	27(30.7)	32(43.8)	166(40.6)	1.99	0.16
Total	146(8.2)	169(9.3)	796(10.5)	9.15	0.0025*
Region					
North Central	35(11.3)	29(10.8)	128(10.3)	0.27	0.60
North East	7(2.9)	3(0.8)	45(2.7)	0.58	0.45
North West	4(0.8)	4(0.7)	11(0.5)	0.69	0.40
South East	29(22.1)	30(17.1)	141(26.3)	2.87	0.090
South South	43(12.6)	42(16.7)	207(24.5)	23.08	0.000001*

South West	28(10.4)	61(32.4)	264(21.4)	7.70	0.0055*
Total	146(8.2)	169(9.3)	796(10.5)	9.15	0.0025*
Marital Status					
Never Married	122(22.1)	143(28.1)	655(32.4)	22.28	0.000001*
Currently Married	21(1.8)	22(1.8)	129(2.4)	2.33	0.13
Formerly Married	3(6.1)	4(8.0)	12(10.9)	1.02	0.31
Total	146(8.2)	169(9.3)	796(10.5)	9.15	0.0025*
Religion					
Christians	122(14.0)	139(18.0)	675(20.2)	17.47	0.00003*
Islam	23(2.6)	29 (2.8)	110(2.7)	0.000	0.99
Others	1 (5.3)	1 (10.0)	8(7.4)	0.054	0.82
Total	146(8.3)	169(9.3)	793(10.5)	9.15	0.0025*
Literacy					
Illiterate	10(1.3)	12 (1.3)	44(1.1)	52.89	0.000001*
Partly literate	15(7.9)	5 (5.7)	14(4.5)	2.39	0.12
Literate	120(14.8)	152(19.5)	733(22.4)	32.604	0.000001*
Total	145(8.2)	169(9.5)	791(10.5)	9.17	0.0025*

^{*=} Significance at P<0.05

There was a statistically significant increase at $P<0.05(X^2=19.85, P=0.00001)$ of condom use during last intercourse among the youths that reside in the urban areas. There was a slight reduction in the proportion of female youth that used condom during last intercourse from 1999 to 2003 and increase from 2003 to 2008 though not statistically significant at $P<0.05(X^2=1.36, P=0.244)$.

There was significant increase($X^2=16.75$, P=0.00004) in the use of condom among respondent at the secondary level from 1999 to 2008 but there was statistical decline($X^2=3.94$, P=0.04715) from 1999 to 2008 for respondent at the primary level of education. There was no significant increase in the usage of condom among those that had no formal education and higher education.

All geo-political zones in Nigeria showed an insignificant increase in condom use except the youth in the South South region that had significant increase at $P<0.05(X^2=23.08,$

p=0.00000) in the proportion of youth that used condom in their last intercourse from 1999 to 2008. There was a statistical and steady increase at p<0.05(X^2 =32.60, p=0.00000) of condom usage of among the literate female youths from 1999 to 2008.

Table 5: ASSOCIATION BETWEEN DEMOGRHAPHIC CHARACTERISTICS AND CONDOM USE AMONG MALE YOUTH

	1999	2003	2008		
Variables	Yes (%)	Yes (%)	Yes (%)	Chi square	P value
Age group					
15-19	34(25.4)	28(31.1)	141(31.8)	1.83	0.18
20-24	70(35.0)	98(41.5)	482(38.5)	0.25	0.62
Total	104(31.1)	126(38.7)	623(36.8)	2.36	0.12
Residence					
Urban	50(45.9)	74(51.4)	291(53.8)	2.23	0.14
Rural	54(24.0)	52(28.6)	332(28.8)	41.65	0.000001*
Total	104(31.1)	126(38.7)	623(36.8)	2.36	0.12
Education					
None	1(2.4)	0(0.0)	6(2.8)	0.145	0.70
Primary	14(17.1)	10(14.3)	32(16.8)	0.001	0.97
Secondary	74(39.4)	97(47.3)	466(41.8)	0.001	0.97
Higher	15(68.2)	19(79.2)	119(68.8)	0.116	0.73
Total	104(31.1)	126(38.7)	623(36.8)	2.36	0.12
Region					
North Central	17(24.3)	29(42.0)	128(32.5)	0.47	0.50
North East	7(17.5)	8(17.0)	32(12.7)	0.99	0.32
North West	4(13.8)	4(8.5)	12(8.7)	0.50	0.48
South East	16(40.0)	20(51.3)	92(58.6)	0.54	0.033*
South South	22(27.5)	23(41.8)	162(39.2)	2.95	0.086
South West	38(50.7)	42(60.9)	197(57.6)	0.70	0.40

Total	104(31.1)	126(38.7)	623(36.8)	2.36	0.12
Marital Status					
Single	97(36.5)	122(46.7)	592(46.4)	6.85	0.009*
Married	2(3.6)	3(5.2)	27(6.7)	0.93	0.33
Separated	5(41.7)	1(14.3)	4(28.6)	0.46	0.50
Total	104(31.1)	126(38.7)	623(36.8)	2.36	0.12
Religion					
Christians	80(37.7)	89(45.6)	160(24.8)	21.03	0.000001*
Islam	23(19.7)	37(28.9)	12(8.7)	5.75	0.016*
Others	1(20.0)	0(0.0)	92(58.6)	5.22	0.022*
Total	104(31.1)	126(38.7)	264(28.1)	3.29	0.070
Literacy					
Illiterate	3(3.9)	4(8.7)	15(5.5)	3.01	0.083
Partly literate	6(13.3)	3(14.3)	13(14.9)	0.062	0.80
Literate	95(40.6)	119(46.8)	590(44.5)	19.15	0.00001*
Total	104(31.1)	126(38.7)	623(36.8)	2.36	0.12

*= Significance at P<0.05

Note: The total number of young women that used condom during their last intercourse increased from 1999 to 2003 but decline in 2008. This trend is statistically insignificant($X^2=2.36$, p=0.124)

There was a steady increase in the usage of condom among male youths both in the urban and rural residences from 1999 to 2008 though there was only significant increase at $p<0.05(X^2=41.65, p=0.00000)$ among the respondents in the rural areas from 1999 to 2008. There was no significant increase in the proportion of young male youths that used condom during their last intercourse for the three years.

There was a significant increase(X^2 =0.54, p=0.03310) in the proportion of male youths in the south east region from 1999 to 2008. There is no significant increase in proportion among those in the other region. The proportion of young male respondents that used condom during the last intercourse significantly increased (X^2 19.15, p=0.00001) from 1999 to 2003 but slightly declined in 2008. The proportion of young men that are literate is highest in the three years.

DISCUSSION

Over 10% of the world population is affected by the scourge of HIV/AIDS. In 2006, UNAIDS stated that that young people of age 15 and above account for about 40% of new HIV infections. The future course of the national response to the HIV and AIDS epidemic in Nigeria had shown to greatly depend on a number of factors including levels of HIV and AIDS-related knowledge among the general_population; social stigmatization; risk behavior modification; risk perception; access to quality services for sexually transmitted infections (STI); Correct and consistent use of condom; provision and uptake of HIV counseling and testing; and access to care and anti-retroviral therapy (ART)(11). United Nations General Assembly Special Session (UNGASS) issued out a target in 2001 of ensuring 90% of young people aged 15-24 worldwide have comprehensive knowledge HIV and AIDS. Key findings in this study include trends in the use of condom during last sexual intercourse.

This study reported a pattern with about 8.2% to 10.5% of female youths and 31.1% to 38.7% of male youths used condom during their last sexual intercourse which is also supported by common finding in some of the studies in which condom use was low and inconsistent among young people. This low proportion might be due to the belief that educating young people on condom use may lead to early initiation into sex. Also in this study, it was observed that there was an overall improvement in condom use among male youths through the years from 1999 to 2008. The increase appears to be accounted for by the early adults aged 20-24 years living in the urban residence and those that were Christians, never married and at their secondary level of education.

Conversely among the female youths, the pattern appears different as female youth in the rural area shows significant increase in condom use during their last intercourse while those in the urban shows an increase over the years but was not significant. The proportion of young women that use condom was considerably low compared to their male counterpart. Even though there was an increase in the proportion over the years but the increase were marginal. In a related study carried out among out of school youths in a local government area in Nigeria (25), higher proportion of male youths (44.7%) uses condom during sexual intercourse compared to female youths (29.7%). Comparatively, in a study carried out in 2012 (26), the proportion of urban youths that used condom during sexual intercourse was higher than those that reside in the rural area. Also in the study done in south Africa (27), 8% and 11% of men and women respectively living in rural residence and less educated used condom during their last intercourse compared to 29% and 34% of men and women living in urban and more educated. Some of the observed facts show the success of some of the programs and intervention targeted towards enlightening young

people about condom use. Effort is expected to be geared towards increasing condom use among early teenagers (aged 15-19 years) and young people living in the rural area.

Also from this study, about 2.4-2.8% of young men that have no formal education, 14.3-17.1% of those with primary education and about 39.4 % of those with secondary education used condom during their last sexual intercourse. This is in accordance with a study in Benin republic in 2000 (23), the study showed that 20% of men with formal education, 18-19% of those at primary school, about 39% of those in secondary school and above of non regular young used condom during sexual intercourse. This observed fact was further buttressed by the study carried (25), higher proportion of respondent that are at the secondary level (53.4%) of education used condom compared to those with no form of education (15.4%), thereby showing that education to be an important differential with respect to condom use. The percentage of respondents in this study at the secondary and higher level of education increased from 1999-2003 but declined in 2008. This could be because of the programs geared towards educating young people at this level of education seem to be failing in recent times.

This study also shows higher proportion of young men and women between age 15-24 years that have never married used condom during their last sexual intercourse compared to those that are married or divorced. The study may not be entirely different from what is known in liberation, a study carried out in South Africa (27) shows that 15% and 18% of women consistently and occasionally used condom

The total number of young female respondent that used condom during their last sexual intercourse significantly increase from 8.2% in 1999 to 9.3% in 2003 and 10.5% in 2008 whereas

among male respondent, there was an insignificant increase from 31.1% in 1999 to 38.7% in 2003 and slightly declined to 36.8% in 2008.

CONCLUSION

Young people between the ages 15 to 24 years have accounted for about 40% of new HIV infection and the positive response to this scourge can only be successful if they adopt behaviours that will protect against the infection and increase their comprehensive knowledge about the mode of transmission, use of condom, means of contracting the infection etc. Low proportion of young men and women used condom in their last sexually intercourse. Condom usage by women significantly increase from 8.2% in 1999 to 10.5% in 2008, this little change over 10 year period is not enough to effectively reduce the prevalence of HIV/AIDS. Likewise, religion, marital status, age group and education are variables that influence the use of condom by young people. Higher percentage of Christians uses condom compared to the Muslims. Also higher percentage of respondent that are never married and that are within age group 20 to 24 uses condom during sexual intercourse.

RECOMMENDATIONS

Effort should be made towards increasing condom usage among young people which have always been very low. Campaign on the usage of condom during sexual intercourse among young people at every level of education in urban or rural residence should be intensified. Emphasis should be on the benefit of its usage and implication of its non usage during sexual intercourse. Use of condom should not only be positioned in contraception during family planning but also in preventing the contraction of HIV/AIDS which is important in the reduction of the prevalence of the disease.

Conclusively, more work should be done on examining the trend of condom usage beyond 2008 in other to monitor the effectiveness of programs and campaign that had been targeted towards increasing the knowledge over time and possibly change their strategies if need be. Also, it will add to knowledge and help our policy making if a work is done on comparing the trend of comprehensive HIV/AIDS knowledge and condom use among young men and women.

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