

Title: Sexual Behaviour, HIV/AIDS Awareness and Condom Use among Young People in the Era of HIV/AIDS Epidemic in Nigeria

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Session: Adolescent Sexual Behavior

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Extended Abstract

Since 1986 when the first AIDS case was detected in Nigeria, the epidemic has rapidly grown. The adult HIV prevalence has increased from 1.8% in 1991 to 4.5% in 1996 and to 5.8% in 2001. Estimates derived from the 2001 HIV/Syphilis sero-prevalence sentinel survey among women attending ante-natal clinics indicate that more than 3.5 million Nigerians may be infected with HIV.

HIV/AIDS has been reported in all communities in Nigeria. Nigeria now has general population epidemics of over 1%, and in some communities HIV prevalence is well over 10.0%. There is a higher HIV prevalence outside major urban areas compared to the major urban areas. Men and women are both **infected** and affected. HIV infects all age groups; but young people between the ages of 15-24 years are more infected and the rate of infection among this group is more than 10%.

Lately an increasing number of children are being either infected with the virus, through mother-to-child-transmission, or are losing one or both parents to the disease. By all indications the HIV/AIDS epidemic has continued to grow largely through heterosexual unprotected sexual intercourse.

The age period between 15 and 24 years constitutes a major transition period in the lives of most persons, during which the knowledge of sex is acquired; attitudes are changing behavior developed, which could affect their risk of contracting HIV. The period therefore provides opportunity to monitor and understand the vulnerability and susceptibility of the young people and the prospects for controlling the spread of the epidemic now and in the future.

Information on previous knowledge and behavioral patterns among young people on a national scale is limited. The most recent available information is the 1999 Nigeria Demographic and Health Survey (NDHS, 1999). As at 1999, awareness on HIV/AIDS was high, 75% of females and 88% of males between the ages 15 and 24 were aware of HIV/AIDS. Many young people knew that persons with HIV/AIDS may look healthy, and 60% of males and 58% of females had the correct knowledge. Persons with major misconceptions of HIV/AIDS were few. While 8% of young males had at least one major misconception of HIV/AIDS, only 5% of their female counterparts had any misconception.

Young males were more knowledgeable of the protective effect of condoms. About 72% of young females compared to 92% of young males knew of the protective effect of condoms. Condom use for young persons 15-24 years also differed with sex; 10% of females claimed use of condoms during last sexual intercourse compared to 34% of the males.

The percentage of young persons who had had sex as at the age of 15 years was 16% for females 15-19 years and 8% for the males, while it was 21% for females and 11% for males between 20 and 24 years. For males 20-24 years the median age of first sexual intercourse was 18.1 years. About 9% of females and 21% of males within the age group 15-24 years reported that they offered sex in exchange for favour gifts or money recently..

In year 2000, a national representation Behavioral Surveillance Survey (BSS) was undertaken by the Nigerian Federal Ministry of Health in collaboration with AIDS Prevention Initiative in Nigeria (APIN), the joint United Nations Programmes on AIDS (UNAIDS) and the World Health Organization (WHO) to assess the factors that continued to drive the HIV/ AIDS epidemic in Nigeria. The sample for the study was drawn from young people between the ages of 15-24 years, both single and married.

Fourteen states including the Federal Capital Territory were selected for the survey among young people. The selection took into consideration the level of HIV prevalence in the states as indicated by the 2001 HIV sero-prevalence sentinel survey. Two sites were selected from each state, one with the highest HIV prevalence and the second with the lowest level of HIV prevalence.

A total of 520 respondents were selected through a probability sampling technique in each state. This selection procedure resulted into a total national sample size of 8,320 male and female respondents, out of which 7960 were included in the final analysis.

The questionnaire used was based on the WHO/UNAIDS guidelines for behavioral surveys intended for use with national programs in the implementation of second-generation surveillance activities. The questionnaire consisted of 60 questions covering background characteristics of the respondent, sexual behaviour, knowledge and use of condom, knowledge, opinions and attitudes about HIV/AIDS, stigma and discrimination, and knowledge of other sexually transmitted diseases.

Findings

The survey sought information on the characteristics, sexual behaviour, knowledge and attitude to HIV/AIDS and condom use among young people in Nigeria spread across all the six geopolitical zones and many ethnic groups. The findings indicate that the level of education was high. Less than one percent did not attend any formal school while more

than 57% had attained at least secondary school level of education. Ninety-two percent of young males compared to 74% of females were single.

Fifty-four percent of young females compared to 42% of females reported that they had ever had sexual intercourse. The median age at first sexual experience was 17.3 years for males and 17.0 years for females. However, the median age at which 50% of the respondents had their first sexual intercourse was 19 years.

More young females than males had reported sexual experience in the last 12 months. The most common reason given for the first sexual experience for females was the desire to have children while that for the males it was for fun. About 11% of females 15-19 years had sex with male partners who were 10 or more years older than them.

Among those who had had sexual experience, 54% did so with regular partners, 22% with casual partners and 18% had engaged in commercial sex. Fifty-six percent of young males and 77% of females who were sexually active within the last one month reported that they had one regular sexual partner. Twenty-six percent of males and 28% of females reported that they had sexual intercourse with casual partners, while 22% of males and 27% of females engaged in commercial sex during the last one month. Among males who were sexually active about 3% reported that they had sexual intercourse with males.

Multiple partnership, sexual intercourse with sex workers, casual partners as well as men having sex with men constitutes risky sex behaviour. It can be inferred from these findings that a large proportion of young people was involved in sexual activity involving multiple partners and in relatively risky sexual practice. This risk is greatest when the sexual intercourse is unprotected with a condom.

The age at first sexual intercourse is an important factor in the spread of HIV and sexually transmitted infections. It is also important as a cause of teenage pregnancy. The younger the age the more likely it is that such persons would be unable to have enough information to protect them apart from being subject to exploitation by older persons. Young people are more likely to spend youthful time at school and practice sex outside marriage. They need information to protect them from being infected.

Generally, awareness of HIV/AIDS was high among both rural and urban males and females across the zones and the states. The level of awareness is comparable to that reported in the 1999 Nigerian Demographic and Health Surveys.

Despite the high level of awareness, the knowledge of transmission of HIV was generally lower than the level of awareness across the zones and the states. Two-thirds of both male and female respondents had good knowledge of protection against HIV transmission while the remaining one-third had poor knowledge.

Misconception about modes of HIV transmission was generally high. However, the misconception was higher in the rural areas than the urban areas. In all, about 40% of young people in Nigeria had between one and four misconceptions about HIV/AIDS.

Two-thirds of the respondents across the states were willing to care for infected male and female relatives while about one-half were willing to keep AIDS information in the family secret. Whereas, only one-third were willing to share meals with an AIDS patient and one-fifth willing to buy items from infected shop keepers. Nevertheless, slightly more than one-half of the respondents were willing to attend school with infected students or classes of an infected teacher. In all, the level of stigmatization and discrimination was generally higher against non-family members.

Between 16% and 47% of respondents reported that they used male condoms during the last sexual intercourse. Single males and females were about four times more likely to use male condoms than those who were married. The implication of this is that condoms were more likely used primarily to prevent premarital pregnancy.

More males than females often take the decision to use condom in any type of relationship (regular, casual or commercial). Young males were far more likely to use condoms in sexual relationships every time than young females.

Condom use in casual sex was generally low. In spite of the high level of awareness of condoms the use was low not as a result of non-availability or accessibility but because of the general dislike and because they did not think it was necessary.

The level of accessibility to condom was high. More young females than males reported that they knew a place to obtain condoms. Outlets of condom availability reported by the respondents were the pharmacies, the clinics, the hospitals and the family planning clinics in that order. More than two-thirds of the respondents reported that they could reach a place for obtaining condoms in less than 15 minutes.

The findings raised a number of possible interventions high incidence of early sexual intercourse and early female marriage observed in this study. It is also important for the high level of multiple partnership, casual and commercial sex, poor knowledge of modes of HIV transmission as well as low level of condom use in risky sexual behavior.