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Perception and Attitudes of Christian Youths towards Condom Use (Implications for HIV/AIDs in Nigeria) (pp. 47-60)

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Abstract

The study examined religiosity, perception and attitude towards condom use among Christian youths in Ile Ife, Nigeria with the aim of examining the implications on HIV/AIDs. A structured questionnaire based on Likert-type scales was employed to rate respondents' attitudes. A total of 260 youths were interviewed, but 210 (80.8%) were found to be sexually active as at the time of the survey. Those who had sexual initiation before the age of 20 years were 42.9%, while less than 5% had ever gone for HIV test. Gender and level of religiosity were not significant predictors of age at first sex ($p>0.05$), but gender was a significant predictor of attitude towards sexual activeness ($p<0.01$). Also, level of religiosity was a significant predictor of attitude towards condom use and knowledge of HIV/AIDs prevention ($p<0.05$). The paper concludes that not all who comply publicly with religious doctrines does so in their private- where many sexual acts are negotiated and executed.

Hence, in focusing resources on popularizing abstinence alone among the young and unmarried individuals, large numbers of those at an elevated risk for HIV/AIDs that fails to adhere to abstinence teachings will be missed out.

Keywords: Christian, sexuality, condom use, religiosity, attitude

Introduction

One in every five people in the world is an adolescent (between the ages of 10 and 19). One third ($\frac{1}{3}$) of Nigeria's total estimated population of 123 million is youth between the ages of 10 and 24 (Population Reference Bureau, 2000). By 2025, the number of Nigerian youths will exceed 57 million (World Population Prospects, 1999). Though, Young people today marry late, but many more of them start sex (their first and continuous sexual experiences) before marriage (Population Reports, 1995); most of them at their tender ages (Manzini, 2001). The involvement of young people in unprotected sexual behaviour has increased their vulnerability to HIV infection. Among 60 million people who have been infected with HIV, half of them became infected between ages 15 and 24. In some Africa nations, more than one young woman in every 5 is living with HIV/AIDs. Despite high awareness of HIV/AIDs' existence and its basic transmission channels, there still exist a high HIV/AIDs risk behaviour and activities among the youths. Some of them do not regard themselves as being seriously at risk of the infection (Anarfi, 1993). A recent global estimate of new infections of HIV indicates that about 60% occur in young people (Da Ros & Schmitt, 2008). Against all efforts by International organizations, the Nigeria government and non-governmental organizations (both local and international) to curb the spread of HIV(which has its first reported case in 1986), there still exist, a high prevalence of the deadly epidemic in Nigeria (1.8% in 1991, 4.5% in 1996 and 5.8% in 2001) (NPC & ORC, 2003). Going by available evidence, it is obvious that sexually transmitted infections are better prevented than treated especially with the advent of HIV (Feldblum & Joanis, 1994).

The effectiveness of preventing STDs over treatment may have influenced the preference for abstinence and contraception. However, the desire to attain absolute prevention has remained a mirage in many cultures as incidence and prevalence of STDs are found at variant degrees. Abstinence from premarital sex enjoys wide social approval in Nigeria; while contraceptives use among young people is largely socially restricted even among married people.

Attitude towards contraceptive methods especially among youths is a principal determinant of general sexuality risk rate and fertility. Due to high proportion of early onset of sexual initiation among the youths (Alan Guttmacher Institute, 2004; Fadeyibi & Adewuyi, 2005), opinions have varied on which strategy to emphasis. Young people are now in a dilemma with choices to either adopt abstinence or be protected. Apostles of protected sex have adjudged the use of contraceptives as a potential strategy to curbing the spread of sexually infections and consequences of unprotected sexual intercourse. Condom, also known as safety-rubbers, sheaths, skins, and prophylactics is one of the contraceptives methods that help prevent STDs ((Holmes, Levine, & Weaver, 2004). However, proper and consistent use of the male and female condoms reduces the risk of STDs (Feldblum & Joanis, 1994).

Many African countries have recognised the relevance of condoms in the crusade against STDs and improved sexual health (Cohen & Farley, 2004). Despite the recognition of condoms relevance in the match against HIV and other sexually transmitted infections, its use or non-use is largely influenced by socio-cultural as well as psychological factors. Studies on young people's reproductive health in Nigeria have shown a high prevalence of risky sexual behaviour and low use of contraceptives (Makinwa-Adebusoye, 1992; Araoye & Fakeye, 1998; Alubo, 2000). Among the factors influencing young peoples' sexual behaviour and attitudes toward contraceptives is religion. Some studies have emphasized the functionality of religion in influencing young people's sexual behaviour (Odimegwu, 2005; O'Toole, McConkey, Casson, Goetz-Goldberg & Yazdani, 2007; Pal, Kasar, Tiwari, & Sharma, 2007; Otolok-Tanga, Atuyambe, Murphy, Ringheim & Woldehanna, 2007; Viana, Faundes, de Mello, & de Sousa, 2007; Warenius, Pettersson, Nissen, Hojer & Chishimba, 2007); with less consideration on the likely effects of doctrinal teachings on unmarried young peoples' sexual behaviour who might publicly comply to abstinence by not using contraceptives, but engage in risky sexual behaviour. The society preaches both abstinence and protected sex. Today's young people are thus saturated with mixed messages without completely identifying with any (Alubo, 2000). Religious teachings clearly support abstinence from premarital sex; so are their followers expected. However, there is difficulty in convincing all youths to privately comply with religious teachings on abstinence. Hence, the fallibility of religious and non-religious youths to sexual sins demands an urgent consideration in the social marketing of contraceptives and condoms use in particular.

Religious values are seen as sources of moral interdiction for many individuals and helps in the formation of personal attitudes, values and decisions making. Religion is being explored in the campaign against STDs in Nigeria; recently, some governmental agencies have partnered with religious organisations and leaders in the campaign against premarital sex and the further spread of HIV and other STDs. While there is increasing rate of religious activities in Nigeria, it is not out of place to find some young individuals that would not be in support of religious doctrines especially the abstinence ideology.

However, while studies have been done on exploring the correlates of condom use, less attention has been extended to the influence of religious doctrines on the non use and likelihood of condom use among unmarried young Christians. There are indications that religious doctrines could be dysfunctional and with implications on the social marketing of contraceptives especially among young people. This study investigates the rate of sexual activeness and condom use prevalence among Christian youths, awareness of their HIV status; knowledge of HIV/AIDs prevention mode and finally assess the commitment and adherence to religion teaching among the Christian youths in Ile Ife, Nigeria as its affect their decisions on condom use or not.

Methodology

Recruitment and Procedure

The setting for the study consisted of multiple sites in Ile-Ife, Nigeria where there are three tertiary institutions: Obafemi Awolowo University (Public), University of Technology (Private) and Universal College of Technology (Private) and few corporate organisations. Ile-Ife is an ancient Yoruba Town and widely considered as the cradle of the Yoruba's. The Yoruba's are passionate about traditional Yoruba religion and are also believers in Christianity and Islam (Alo, 2006). Like other religious festivals in Nigeria, traditional Yoruba religious festivals are given wide publicity. There are about four to five days a year that sacrifices are not offered to deities in Ile-Ife (Fabunmi, 1985). Christianity and Islam have gained some level of prominence in Ile-Ife. This is obvious going by the number of physical structures advertising their presence (Agunbiade, 2008). There are orthodox (Pentecostals) and non-orthodox (Catholic and Anglican) churches in the Town. However, the Pentecostal churches in the locality have more youths as worshipers than the non-orthodox ones. Out of the Churches in the locality,

only the popular ones (in terms of population of worshipers and permanent meeting place) were selected. Based on the above backdrop, six churches (three orthodox and three non-orthodox ones) were included.

The target group for the study comprised unmarried males and females (15-30years) Christians presently residing in the town and are sexually active. Six trained research assistants that are not members of the six selected churches approached each Christian youth to determine eligibility. The criteria for eligibility were that they must be unmarried, young (15-30years), are residents of Ile- Ife and are worshipers in any of the purposively selected churches. If the young person approached met the inclusion criteria, the purpose of the project was explained and an oral consent was obtained. To maintain confidentiality, respondents were given small envelopes in which filled questionnaires would be sealed and returned to the research assistants.

Data for the study were generated from a survey conducted among Christian youths in Ile-Ife, Osun State, Nigeria between February and April 2007. Both purposive and stratified simple random sampling techniques were adopted in selecting the respondents. Considering a large number of Churches in Ile Ife and its environs, the six trained research assistants distributed questionnaires to 260 eligible respondents. However, the analysis was based on 210 respondents (103 males and 107 females) who were sexually active and met other inclusion criteria (worshipers in the six purposively selected denominations, unmarried, and were residents in the locality) for the study.

Instrument and Analysis

The study employed a descriptive design. The data collection instrument was a structured self-administered questionnaire, which consisted of four sections (1.the socio-economic (religiosity) background; 2. knowledge, perception and attitudes towards condom or other preventive measures; 3. desired and ideal number of children; and 4. sexual life history). Questions related to knowledge, perception and attitudes towards condom or other preventive measures were classified as poor, fair and good depending on the individual respondent's scores. SPSS for Windows (13 version) was used for the statistical analysis of the quantitative data. Frequency distributions of variables were displayed with corresponding tables, while interval measured variables were changed through recoding into ordinal variables with few categories. Pearson's (χ^2) test and analysis of variance (ANOVA) were

employed to test the significance of the bivariate relationship. Probability (p) value of less than 0.05 was considered in the test of variables association.

Results

It was revealed in Table 1 that more than half of the respondents (51.4%) were less than 25 years (within 19–24 years) followed by 96 respondents (45.7%) who were within age range 25-30 years. The number of male (52.2%) outweighs the female (47.8%) by 10 respondents. While majority (97.6%) of the respondents had secondary school or more, the remaining 5 respondents (2.4%) reported primary school as highest educational level.

The investigation of sources of monthly income showed that majority of the respondents (84.7%) were dependants, while only 21 (10.2%) earn salary. Questions relating to church attendance, belonging to church sub-groups, partaking in church activities and others were rated and scored to arrive at respondents' level of religiosity, the distribution was fairly even, 30.4%, 37% and 32.6% of the respondents were not committed, fairly committed and very committed respectively (Table 1). About Forty-three percent of the respondents had had sex debut by age 19 years, while the remaining 120 (57.1%) had it later (Table 1). It was dishearten to note in Table 1 that less than 5% of the respondents had ever gone for HIV test, while the great majority (95.1%) declared that they did not know their HIV/AIDs status. Gender and level of religiosity were not significant predictors of age at first sex, likewise condom use at first sex (Table 2).

Gender was not a significant factor to attitude towards condom use at first sex among the Christian youths (Table 2), however, it was discovered to be a significant predictor of attitude towards sexual activeness ($p < 0.01$) (Table 3). On the whole out of a total of 59 respondents that had sex within the last 30 days of the survey, 85.7% and 14.3% were male and female respectively. Equal percent (50%) of the 20 respondents within both genders claimed that they were forced to have their first sex. Among the 92 respondents who indicated ever been pressed to have sex, 66.7% were males, while the remaining 33.3% were females.

In terms of attitude towards condom, gender was found to be a significant predictor in the study, with more male (62.5%) rated as having good attitude towards condom compared with female (37.5%), ($p=0.001$) (Table 3). Table 4 indicated that all respondents knew at least a way of avoiding contracting HIV/AIDs. It was observed that the level of religiosity was a significant

predictor of having knowledge of HIV/AIDS prevention ($p < 0.05$) and attitude towards condom use ($p < 0.01$).

Discussion

The results confirmed early sexual debut among the youths as earlier reported by previous studies (Odimegwu, 2005; O'Toole et. al., 2007; Pal et. al. 2007; Otolok-Tanga et. al., 2007; Viana et al., 2007; Warenius et. al., 2007). Regardless of the level of religiosity of the respondents, almost 43% of the studied Christian youths have had first sex before age 20 years. Religion commitment was discovered to be fairly distributed among the respondents. Current level of religiosity and gender were not significant predictors of age at first sex likewise condom use at first sex; the reported sexual initiation and attitude towards condom could be before their present religious commitment or even now. It appears there is a high degree of apprehensiveness towards knowing one's HIV status among the study population; yet the high sexual activeness found in the study population demands urgent attention. However, similar to Odimegwu, (2005), there are indications that young people with high level of religiosity may likely abstain from premarital sex even if such have lost their 'primary virginity'. It is not surprising to also note a low level of condom use among the population since Christianity preaches against premarital sex. The study also showed a somewhat similar picture to the Meekers, Klein, and Foyet, 2001; Meeker et.al. (2003); and Teixeira et. al (2006) studies with respect to differences in perception on condom use among male and female. Male youths were found to be using condom than their female counterparts in their first sexual experiences (26.7% and 0.0% respectively). Likewise, the study showed that the male youths with 20 years as median age at first sex were found to be more sexually active than their female counterparts of 22 years as median age at first sex. When sex within the last 30 days was investigated, more male (85.7%) were also found to be sexually active than their female counterparts (14.3%).

Attitude towards contraceptive methods among the youths is a principal determinant of general sexuality risk rate and fertility regulation in a country. In terms of attitude towards condom, gender was found to be a significant predictor, with more male (62.5%) rated as having good attitude towards condom compared with female (37.5%). A likely factor responsible for the gender variation in attitudes towards condom use may not be far from socio-cultural values regulating the negotiation of sexual intercourse between genders. This influence is also conspicuous even in non-sexual interactions between both genders such as dating. Again, in all other variables compared

together in the study, level of religiosity was found to be a significant predictor of knowledge of HIV/AIDs and attitude towards condom. The very committed group was found to be showing highest poor attitude towards condom (46.7%); while majority (62.5%) of those with good attitude were not in the committed category. This was in tandem with other previous studies.

Generalizing the results from the present study to other parts of Nigeria may be difficult as there is cultural variation as well diverse religious dominance in the six geo-political zones in Nigeria. The study is also limited by its focus on Christianity without consideration for other religions (Islam and Traditional Religion) in the locality.

Despite these limitations, the study findings have both policy and programme implications on the social marketing of condom and other contraceptives especially among young people. There is an urgent need to integrate critical messages—including condom promotion and distribution—across different social categories especially among young people. In the final analysis, the social and cultural implications on young people's sexual behaviour as shown in the relationship between respondents' level of religiosity and attitude towards condom and knowledge of HIV status and prevention call for multidimensional approach in programme design and contraceptives delivery especially among unmarried young people. We support the assumption that since not all who comply publicly with religious doctrines does so in their private- where many sexual acts are negotiated and executed. Hence, in focusing resources on popularizing abstinence alone among the young and unmarried individuals, large numbers of those at an elevated risk for HIV/AIDs that fails to adhere to abstinence teachings will be missed out. The strong relationships between religiosity and sexual behaviour seem to be a factor to be considered in the social marketing and the development of future HIV/AIDs related health interventions. On the other hand, Christian leaders need to emphasis protected sex further especially among married adults if the same cannot be preached to the unmarried ones; as some studies have confirmed the role of religious leaders and organizations in some countries to the stabilization of HIV/AIDs prevalence rate in those countries (Green, 2001; Odimegwu, 2005).

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Table 1: Respondents' Socio-economic and demographic background

Variables (categories)	Frequencies (n = 210)	Percentage (%)
Age (years)		
15 – 19	6	2.7
20 – 24	108	51.4
25 – 30	96	45.9
Gender		
Male	110	52.2
Female	100	47.8
Highest Educational level		
Primary	5	2.4
Secondary	32	15.2
Post secondary	173	82.4
Source of monthly income		
Salary	21	10.2
Family support	178	84.7
Self	6	2.8
Others	5	2.3
Is regular monthly income enough?		
Yes	60	28.6
No	150	71.4
Level of religiosity		
Not committed	64	30.4
Fairly committed	78	37.0
Very committed	68	32.6
Age at first sex		
≤19	90	42.9
≥20	120	57.1
Know HIV/AIDs status		
Yes	10	4.9
No	200	95.1

Table 2: Percentage Distributions of Respondents by sex initiation, condom use at first sex and level of religiosity and gender

Variables	Age at first sex		p value	Use condom at first sex		p value	Total
	≤19	≥20		Yes	No		
Gender							
Male	52(47.1)	58(52.9)	NS	29(26.7)	81(73.3)	NS	110(52.2)
Female	25(25.0)	75(75.0)		0(0.0)	100(100.0)		100(47.8)
Level of religiosity							
Not committed	32(50.0)	32(50.0)	NS	32(50.0)	32(50.0)	NS	64(30.5)
Fairly committed	47(60.0)	31(40.0)		20(25.0)	58(75.0)		78(37.1)
Very committed	15(22.2)	53(77.8)		8(11.1)	60(88.9)		68(32.4)

Table 3: Percentage distribution of respondents by sexual activeness and attitudinal rating towards condom use

Variables	Gender		Total	Significance test
	Male	Female		
Sex within last 30 days				
Yes	51(85.7)	8(14.3)	59(28.0)	$\chi^2=0.907; p=0.341$
No	101(66.7)	50(33.3)	151(72.0)	
Were you forced to have the first sex?				
Yes	10(50.0)	10(50.0)	20(9.5)	$\chi^2=1.373; p=0.241$
No	160(84.2)	30(15.8)	190(90.5)	
Have you ever been pressed Under nature to have sex?				
Yes	61(66.7)	31(33.3)	92(43.2)	$\chi^2=1.45 =0.228$
No	56(47.8)	62(52.2)	118(56.1)	
Have more than one sex Partner the last 12 months				
Yes	23(66.7)	11(33.3)	34(16.2)	$\chi^2=0.062; p=0.804$
No	108(61.3)	68(38.7)	176(83.8)	

Attitudinal rating

towards Condom use

Good	46(62.5)	28(37.5)	74(35.2)	$\chi^2=13.731; p=0.001$
Poor	39(28.9)	97(71.1)	136(64.8)	

Table 4: Relationship between respondents' level of religiosity by attitude towards condom use and what to do to avoid HIV/AIDS

Variables	Level of Religiosity			Sig. Test
	Not committed	Fairly committed	Very committed	
To avoid contact HIV/AIDS				
Avoid contact with Infected blood	30(0.0)	21(100.0)	0(0.0)	$\chi^2=17.939; p=0.022$
Abstain from premarital Sex	21(19.0)	31(28.6)	58(52.4)	
Protection during sex	6(55.0)	5(45.0)	0(0.0)	
Avoid multiple sex Partners	0(0.0)	16(60.0)	10(40.0)	
Using condom and faithfulness to one partner	26(62.5)	11(25.0)	5(12.5)	
Attitudinal rating towards Condom				
Poor	18(13.3)	55(40.0)	64(46.7)	$\chi^2=13.731; p=0.001$
Good	46(62.5)	23(31.3)	5(6.3)	