

Chapter 8

Factors Associated with the Adoption of Sexual Abstinence and Contraception Among Moshood Abiola Polytechnic Students in Abeokuta, Nigeria

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Abstract The growing rate of risky sexual behaviour among young adults contributes significantly to the spread of STI epidemic in Nigeria. As a result of this, this study explores the factors associated with the adoption of sexual abstinence and contraception among Moshood Abiola Polytechnic (MAPOLY), Abeokuta, students aged between 18 and 25 years. An in-depth interview was conducted among 28 students. The research reveals that young adults have a good knowledge of contraception and abstinence as a method for the prevention of STIs. However, some of them are still involved in risky sexual behaviour. The study identified some ‘protective’ and ‘risk’ factor behaviours that have the tendency of resulting into positive and negative health outcomes, respectively. A good understanding of the protective factors will avail STI campaign planners on how to develop effective intervention that targets these factors known to promote abstinence and condom usage behaviour and its outcomes. The study concludes that there is a need for the implementation of an all-encompassing integrated multi-sectoral approach which will utilise all the various stakeholders in providing a comprehensive abstinence sexuality education for young adults.

Keywords Abstinence • Contraceptives • STIs • Campaign • Young adults

8.1 Introduction

Sexually transmitted infections (STIs) are a stern health challenge with a worldwide prevalence of 333 million new cases each year [1]. In developing and developed countries, young adults are at huge risks of contracting sexually transmitted infections mainly through sexual intercourse as a result of their physical, psychosomatic,

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social and economic characteristics [2], and they are also vulnerable due to the high levels of risky sexual behaviours and the attitudes, expectations and restrictions of the cultures in which they grow up. Despite the possibility of preventing STIs through abstinence and the usage of condoms [3], the World Health Organization (WHO) estimates that the global incidence of new cases of selected curable STIs, gonorrhoea, syphilis, chlamydia and trichomoniasis, was 340 million in 1999 [4]. Most of the STIs that are prevalent in Nigeria are both ulcerative and non-ulcerative in nature; hence, they constitute one of the public health problems. The situation becomes worrisome in the country because STIs are poorly recognised and inadequately treated [5]. The highest rates of STIs are found among young adults within the ages of 20 and 24, followed by adolescents aged 15–19 years [1], and adults in this age categories comprise about 20 % of the world's population, and they also account for 60 % of the new HIV infections each year [6]. In addition to being a grave infection in all its ramifications, STIs can increase the risk of HIV acquisition and transmission by a factor of up to ten times.

Although the usage of condoms and abstinence have been recommended as a measure for curtailing the spread of STIs among young adults [7], their adoption as a preventive measure is found to be low in Nigeria [8]. A survey conducted by the National HIV/AIDS and Reproductive Health Survey revealed that 47 % of females and 27 % of males adopt abstinence [8]. The traditions in most cultures in Nigeria expect youths to remain a virgin before marital unions. However, such norms have been compromised in almost all ethnic groups in the country due to the increase in the age at marriage [9]. The 2008 Nigeria Demographic Health Survey (NDHS) revealed that only 12 % of women between the ages of 15 and 19 had been married at the age of 15 while 39 % of women between the ages of 20 and 24 exchange marital vows at the age of 18. The risky sexual behaviour of young adults has become a serious cause for government institutions and STI campaign managers because of the serious consequences usually linked with young adults' unprotected sexual exploitation [10]. This concern is replicated in the increasing number of reproductive health interventions aimed at young adults that have been established in different parts of the country in recent times. However, these programmes have had limited impact in changing the knowledge of STIs and preventive methods into the adoption of healthy sexual behaviour [11].

8.2 Literature Review

Some surveys of adolescents have reported that condoms were found to be difficult to use for the sexually inexperienced, detract from sensual pleasure and also embarrassing to suggest [12–14]. Condoms have also been reported to be used primarily as a protection against pregnancy, not STIs, with their use becoming irregular when other contraceptives are used and when they become more familiar with their sexual partners [15]. Furthermore, many adolescents do not perceive themselves to be at risk of contracting STIs [16].

A number of studies have postulated that individual behavioural change, particularly positive sexual behavioural change, is the best way of preventing further spread of sexually transmitted infections and that perceived susceptibility must be coupled with accurate knowledge in order to bring about behavioural change [17, 18]. The consequences of these infections cause a considerable morbidity, mortality, stigma and socio-economic damage [19, 20]. Therefore, it is important that young adults protect themselves from risky sexual behaviour by abstaining or through the usage of condoms. Several studies conducted on sexuality among adolescents show that adults in Nigeria become sexually active at a very early age and this mostly result into negative health outcome such as HIV and other STIs, adolescent pregnancy, premature marriage and other consequences associated with these problems [21–23]. According to the 2003 Nigeria Demographic and Health Survey (NDHS), 75.5 % of women between the ages of 25 and 49 had sexual intercourse by the age of 20, and 39.3 % of men aged 25–59 had sexual intercourse by the age of 20. Similarly, a study conducted by NDHS in 1999 showed that 31.5 % of spinsters between the ages of 15 and 24 years were sexually experienced and the median age of sexual initiation was 16.6 years [21]. Only one-fifth of these sexually active young spinsters have used condom at the last sexual intercourse, therefore making them to be prone to early pregnancy and contraction of STIs.

Similarly in another part of the world, the findings of a study on young adults' sexuality in Peru showed that 38 % of male youths adhered to condom usage the first time that they had intercourse [24]. In Uganda, the prevalence of condom usage at the first sexual intercourse among young adults who are unmarried is reported to be 37 % for female and 59 % for males [25].

Therefore, designing an effective programme to promote responsible reproductive health behaviour among adults in Nigeria requires a better understanding of the factors that influence their adoption of sexual abstinence and contraception. Such information can help improve the design of a prevention programme for young adults which can be used to reduce their vulnerability to sexually transmitted infections (STIs) and HIV/AIDS transmission. Although scholars have documented factors associated with reproductive health behaviour among young adults in Nigeria [26, 27], a few studies have used a one-on-one unstructured interview to investigate the factors that might instigate young adults to abstain from sexual intercourse or to make use of contraceptive measures. In view of this unfolding reality which forms the basis for this paper, this paper seeks to understand the factors that affect the adoption of condom or abstinence by Nigerian young adults in Moshood Abiola Polytechnic (MAPOLY), Abeokuta.

8.3 Methodology

The study was carried out among young adults between the ages of 18 and 25 years attending Moshood Abiola Polytechnic in Abeokuta. An unstructured personal interview was conducted for 38 students. Sampling of the students was based on

a convenience sample. The level advisers informed the students about the study, and they were asked to report to the research assistant if they are willing to participate. In total, 17 females and 21 males participated in the interview session. Before each interview was conducted, the researcher explained in details to each respondent the purpose of the interview, and the students were given the opportunity to turn down the offer of being interviewed if they so wish. The students that were interviewed gave verbal consent before the commencement of the interview. The interview sessions centred on knowing if and why young adults use condom. Also, the interview questions also seek to understand what can make them abstain from sexual activities. Upon completion of data collection, all data were compiled from audio tapes, recording notes and the primary researcher's observation notebook. Creswell recommended that in transcribing the data, an attempt must be made to transcribe the discussions verbatim, outlining emphasised words, pauses and other such vocal activities [28]. After transcription and an overall reading and surface analysis of the transcript were completed, the data were then organised by question and response set. The content analysis was further used to uncover the themes and trends.

The study categorised responses based on similar ideas and concepts which formed the main themes for the study. In all, ten themes were extracted which represent an average of 78 % agreement in coding by a second reviewer.

8.4 Ethical Consideration

Ethical approval for the study was accorded by the Health Review Board at the Federal Medical Centre, Abeokuta. The management of the MAPOLY also gave a written consent for the participation of students. At the beginning of each interview, verbal consent and written consent were obtained from each student, allowing the students the opportunity to withdraw at any time from the study. The students were assured that in the final report, all comments would remain anonymous and that their participation would not be divulged to others outside the discussion room.

8.5 Findings

8.5.1 Knowledge and Usage of Condom

The results of the interviews revealed that majority of the informants were sexually active. While the sexually active males explained that they use condoms, the female interviewees revealed that they have not seen a female condom before nor have used it. The in-depth interviews revealed that the personal experiences of young adults, peer pressure, self-conviction, economic status, availability of condoms,

sexual pleasure, religion and several other myths determined their adoption of sexual abstinence, habitual condom usage and risky sexual behaviours.

Some of the informants explained that their past ill-health experience made them make a final resolution about adopting condom usage at every point in time. According to one of the informants, he had a protracted sickness while he was still a virgin, and the medical doctor explained to him that an HIV/AIDS test was the only test left to be conducted on him. The male informant explained: 'I was so scared when I went to collect my HIV test; I was just imagining how my family will be disappointed if they realised I was HIV positive. This experience has actually shaped my sexual orientation; it has made me realise that HIV is real and it is very important for me to protect myself always.'

8.5.2 Cultural Norms and Abstinence

Another factor that was identified by few of the informants was the cultural norms that guide sexual issues from their ancestral homes. They explained that the cultural norms prevent them from involving in risky sexual behaviour. For example, one said: 'there are some cultural obligations from his town in Osun Ekiti, Nigeria, which an individual must fulfil before involving himself or herself in sexual intercourse. The truth is that sexual intercourse is strictly reserved for people who are married.' Another said, '...In my town if a female is not a virgin before she gets married, the marriage will be terminated if they discover. This is what prompts me not to involve in sexual practice till this now.' This finding corroborates the result of Gao et al. in which the respondents with more traditional views were less likely to engage in sexual activity [29].

8.5.3 Inner Conviction or Self-Efficacy

The young people mentioned personal conviction as another criterion that discouraged them from involving in risky sexual behaviour. Some of the informants believe that inner conviction or self-efficacy is a good rationale for individuals to stop involving themselves in risky sexual behaviour. According to one informant, 'At a particular period in life, you will be prompt within yourself or you ask yourself certain questions: this act that I am involving myself in, is it having any positive impact on my life or am I gaining anything from it?' Another said, '...I know the consequences and I also want to be somebody in life. I see myself as someone with a very bright future and I will like to protect that dream.' Still another commented, 'In the process of asking myself certain questions, I was prompt to think deep and look for a way forward to live a positive life'. This finding corroborates the results of Oladepo and Fayemi that sexual abstinence is significantly associated with perceived self-efficacy to refuse sex [27].

8.5.4 *Trust in Relationship*

The in-depth interview revealed that some of the young people disregard the use of condom when they are involved in a long relationship in which both parties have mutual trust for themselves. According to one of the respondents, ‘...If I have the intention of marrying a girl, I wouldn’t use a condom with her’. Another said, ‘We use condom once in a while and the main reason for using condom is to prevent pregnancy’. While other informants expressed that while trust is important in a relationship, it is still very important for young people to use condom during sexual intercourse with their lovers. ‘...I can’t trust anyone not even my boyfriend; therefore, we must always use a condom at all times.’ Still another commented, ‘I always insist on condom usage by my boyfriend because I don’t know what he is doing behind my back’. Another female explained: ‘Sometimes, he told me he does not want to use condom, but I refused because I want to protect myself from not just STI but also pregnancy’. This finding is consistent with the study conducted by Temin et al. among Nigerian students [23].

8.5.5 *Availability of Condoms*

The in-depth interview shows that young people might not use condoms because of its unavailability at the point of having sex. Overall, the sexually active males explained that some sexual pleasures are not planned for; hence, condoms might not be available for them to use at that point in time. They explained that the searching for condoms might cut off their pleasure or chance of having sex with their girlfriends. They explained that the use of condoms slows down or reduces the pleasure that is derived from sex; hence, some of them prefer to have sex without condoms when the opportunity presents itself. A male informant explained: ‘Talking about sex, it is like a swift force and when it comes to you, you can’t think straight. I felt let us just do this and satisfy ourselves and go so; at some point the pleasure just will not give me the time for protection.’ Another informant explained that his mood determines whether he uses condoms or not: ‘Sometimes, I use protection and sometimes I don’t depending on my mood. Sometimes, I find it hard to control myself.’

8.5.6 *Peer Pressure*

Peer pressure was also explained as another rationale for involvement in risky sexual behaviour. The informants explained that peer pressure is part of human nature because it plays a big role in the social and emotional development of adolescents. Some of the informants explained that they feel pressured to involve

in risky sexual behaviour because they want to live to the expectations of their peers. One of the informants mentioned that some of them want to be seen as being in vogue or living up to societal standards. Another informant stated: 'Sometimes my friends tell me "Franklin, you dey dull yourself" (you are not man enough). Whenever they see a girl passing by, they try to persuade me to go and woo the girl, but I tell them that it is not my style.' Another echoed, 'Some female friends too tell me that I am too cold'.

8.5.7 *Myths on Virginity*

The in-depth interview sessions revealed that there are several myths that make females to be apprehensive about keeping their virginity. These myths stated that delaying sexual debut can result into complications at child birth and painful sexual intercourse in marriage. One of the informants explained more about the myths on virginity: 'one said if you are having sex, you will be looking younger, and if you are not, you will be looking older'. Another female informant said, 'My friends told me that it is not good for a lady to be a virgin at the age of 23'. This is in line with a study conducted by Oladepo and Fayemi which shows that these myths have a great influence on their decision to abstain from premarital sex [27].

8.5.8 *Economic Status*

Economic status of young adults was also identified as a major factor influencing their sexual exploits. Majority of the informants unanimously agreed that being economically dependent on a lover make him/her to be susceptible to premarital sex. Some male informants also agreed that their poor economic status determines whether they will be involved in a relationship or not. Opinions were split on the influence of poverty and the desire to get rich as the motivation why some females start a relationship. While some participants believe that monetary gain should not be the priority in any relationship, the viewpoint of others was that the family backgrounds of different individuals affect their materialistic attitude in a relationship. One of the male informants explained: 'I don't have anything to offer a lady. I can't feed myself two times in a day and I am still living under my parents.' Another female informant gave other reasons: 'Imagine if my friend is using a very powerful mobile phone, I might also want to use such phone. Such thoughts may make me involve myself in a risky sexual behaviour.' Another female informant mentioned an additional concern: '...maybe the individual has no money for condom or has no money to treat him/her after contracting; hence, he passes the infection to others...' This finding corroborates the findings of Oladepo and Fayemi; Temin et al.; and Obidoa, M'Lan and Schensul that monetary values restrain or encourage sexual relationship [27, 23, 26].

8.5.9 Religion

All the informants agreed that all the religions support the adoption of abstinence. According to them, Islam and Christianity in particular support abstinence; however, abstinence is something that is very difficult to achieve. There was a general consensus on the fact that religion can have a great influence in curbing risky sexual behaviour. A female informant stated: ‘...but anytime the feelings come up, I just pick up my bible and go to church’. This is in line with Oladepo and Fayemi whose findings show that religion has a resounding impact in curbing the risky sexual behaviour of young adults [27].

8.5.10 Mass Media

The in-depth interview also showcased the opinion that young adults have on the roles played by the media. They expressed that some television and radio programmes promote abstinence; on the other hand, some promote premarital sex. However, there is a general opinion that the mass media messages that young adults are exposed to have a great influence in shaping their risky sexual behaviour.

8.6 Discussion

This study investigates what determines the adoption of sexual abstinence and condom usage among young adults in MAPOLY. Our qualitative analysis shows that young adults have a good knowledge on contraception and abstinence as a means for the prevention of STIs and this is in consonance to several studies [30, 31]. This implies that intervention designed to increase prevention against STIs and related issues have had a positive impact. Our findings demonstrate that there is a need for STI intervention programmes to concentrate on enhancing motivation and behavioural skills related to condom use and abstinence. This could be observed in the response of some of the informants that believe that the future ahead of them must not be jeopardised by momentary pleasure. The informants’ attribution in this study lend further support to the notion that campaign planners must strive to play on the self-efficacy of young adults towards controlling their sexual appetite.

The perceived factors obstructing the adoption of abstinence especially in terms of relationship that is based on monetary gains and peer pressure are in consonance with the findings from another study [23, 27]. These findings further emphasise the need to design intervention programmes that build life skills for young adults on poverty eradication, individual empowerment, resisting peer pressure,

assertiveness, goal setting and interpersonal skills that are necessary for negotiating a safer sexual behaviour.

This study identified that factors that are referred to as 'protective' are regarded to as behaviours that have the tendency of resulting into positive health outcomes. Similarly, factors that are labelled as 'risk factors' are behaviours that have the probability of leading to negative health factors or discourage behaviours that might prevent them. In this study, religion, being culturally inclined, self-efficacy towards abstinence and past health experiences have been identified as a protective factor that can be used to encourage the young adult to abstain from risky sexual behaviour. These findings are consistent with other researchers that examined factors that influence premarital sex [23, 26, 27]. A good understanding of these protective factors will avail campaign planners on how to develop effective intervention that targets these factors known to promote abstinence and condom usage behaviours and its outcomes. It is also worthy to note that young adults held a wide array of misinformation about the repercussion of delaying sexual intercourse. While some misinformation might be considered relatively harmless, it is important to note that some misinformation reflects the individual's concept of reality. Some of the misinformation held by students might have long standing negative consequences on them. This finding is consistent with other studies on misconceptions that young adults have about risky sexual behaviour [23, 27]. It is important for campaign planners to enlighten young adults on the myths that give them a negative impression about delaying sexual initiation.

The finding that young adults involve in risky sexual behaviour because of the unavailability of condoms and the pleasure that they derive from it seems to mirror the findings of Temin et al. [23]. This finding suggests that young adults involve in risky sexual behaviour because of unavailability of condoms at the point of having sex and the pleasure that they stand to gain is hardly surprising given that majority of the male informants have the perception of sexual intercourse being a normal practice which few young adults can do without. In the light of the findings above, it is hereby recommended that an all-encompassing sexuality education programme which cajoles young adults to inculcate the habit of abstinence and the usage of other preventive strategies should be initiated, developed and sustained in tertiary institutions. This is of paramount importance based on the evidences that show that sexual abstinence is impracticable for all young adults. Therefore, there is a need to employ other complementary interventions such as peer education and role modelling to address these factors.

8.7 Conclusion

The surest way to avoid sexually transmitted infection is to abstain from sexual contact through the use of condoms. However, the reluctance of adolescents to use condom or to abstain from sex is a possible explanation for the increase in STIs. For the sexually active individuals, the condom is the single most efficient, available

method to reduce sexual transmission of HIV and other sexually transmitted infections (STIs). Although the search for new preventive methods such as HIV vaccines continues to make progress, condoms will remain the key preventive tool for many years to come [32, 33]. Furthermore, it is recommended that an appropriate implementation of an all-encompassing integrated multi-sectoral approach which will utilise all the various stakeholders in providing a comprehensive abstinence sexuality education to young adults is established.

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