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Gender Differences in Condom Use Behaviour among Students in a Nigerian University

BO Olley¹ and OJ Rotimi¹

ABSTRACT

Within a social cognitive framework, the present study evaluated condom use behaviour in a sample of students at the Faculties of Social Sciences and Arts, University of Ibadan, Nigeria. The study population comprised 262 (62.1%) males and 160 (37.9%) females with a mean age of 24.1 years (SD = 4.5) and mean educational level of 17.36 years (SD = 5.8). Results show that 422 students (representing 55.2%) were sexually active within three months before the study. Seventy seven per cent of students reported ever using a condom, 89% of females reported condom use by a partner, while 70% of males had used condoms during sex with a partner. Regarding the frequency of use, more males (30%) than females (11%) had never used condom. We conclude that the majority of sexually active university students in the study do not use condom. However, the females reported greater consistency of use of condom when compared to the males. Condom use behaviour in this sample did not differ markedly from other college student samples. (*Afr J Reprod Health* 2003; 7[1]: 83-91)

RÉSUMÉ

Les différences sexistes dans l'emploi des préservatifs chez les étudiants d'une université Nigériane. Cette présente étude a évalué l'attitude envers l'emploi des préservatifs à travers un échantillon d'étudiants de la Faculté des Sciences Humaines et de la Faculté des Lettres, à l'Université d'Ibadan, Nigéria. L'étude a été menée dans le cadre cognitif social. La population étudiée était composée de 262 (62,1%) hommes et 160 (37,9%) femmes d'un âge moyen de 24,1 ans (ET = 4,5) et un niveau de scolarité moyen de 17,36 ans (ET = 5,8). Les résultats ont montré que 422 étudiants (55,2%) étaient sexuellement actifs trois mois avant cette étude. Soixante-dix-sept étudiants déclaré qu'ils se sont jamais servis du préservatif, 89% des femmes ont déclaré que leurs partenaires se servaient des préservatifs alors que 70% des hommes se sont servis des préservatifs pour l'acte sexuel avec un partenaire. Pour ce qui est de la fréquence de l'emploi, plus des hommes (30%) que des femmes (11%) ne se sont jamais servis des préservatifs. Pour conclure, nous affirmons que la majorité des étudiants universitaires qui sont sexuellement actifs dans l'étude, ne se servent pas des préservatifs. Toutefois, comparées aux hommes, les femmes ont manifesté une plus grande consistance dans l'emploi des préservatifs. L'attitude envers l'emploi des préservatifs dans cet échantillon ne se distingue pas de manière remarquable des autres échantillons des étudiants. (*Rev Afr Santé Reprod* 2003; 7[1]: 83-91)

KEY WORDS: *Condom use, gender, university students, Nigeria*

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Introduction

The need for condom use, particularly among young adults, is increasing due to the rapid spread of the acquired immune deficiency syndrome (AIDS). The current trend of HIV/AIDS and other sexually transmitted diseases (STDs) suggest an alarming increase in prevalence in Nigeria despite concerted efforts toward eradication.¹

There are between 100 and 500 newly diagnosed cases of HIV infection per day and about 100 newly diagnosed cases of AIDS.² Within the sub-Saharan African region, Nigeria has the second highest number of HIV infected adults.¹ In Ibadan, Nigeria, a mean seropositive rate of 1.02% was found among 43,574 sampled blood donors in a trend survey between 1987 and 1997. A similar mean seropositive rate of 1.4% was reported when blood donors were combined with other haematology cases.²

An estimated 70% of HIV infected adults are believed to be walking the streets of Nigeria without knowing their sero status and might, therefore, be spreading the virus unknowingly.² Nigeria is believed to be in the exponential phase of an HIV/AIDS epidemic. Between 85 and 90% of those infected are in the 20–49 years age group with the greatest method of transmission being heterosexual relationships.² Effective condom use may reduce the risk of transmitting HIV infection by up to 70–100%.³ It may also aid the prevention of gonorrhoea, syphilis, chlamydia, genital ulcers and herpes simplex virus infections at arguably the same rates.⁴ A condom with spermicide is 95% effective in preventing pregnancy while a condom without spermicide is 88% effective.⁵ Consistent and correct use of condom among couples has been found to have an efficacy rate of 98%.^{6–10}

Studies evaluating condom use behaviour of Nigerians, especially youth who constitute a major risk group for unwanted pregnancies and STD infections, are replete. Some of these consistently indicate that Nigerian adolescents and young adults have not as yet imbibed a culture of proper condom use. For example, in a study of teenage commercial sex workers in Ilorin, an urban community in Nigeria, 50% did not use the condom.¹¹ Dada, Olaseha & Ajuwon¹² reported that only 20% of their sample used condom to prevent pregnancy. Another 60% of sexually active respondents re-

ported that they did not take any precautions during their last sexual intercourse that would have prevented STDs or pregnancy. Of the 58% who took precautions, 37.9% used condom while the remainder used other means of contraception.

In a more recent national survey on condom use behaviour, 15% of women and 32% of men reported using condom to prevent STDs.¹⁷ Another 20% of women and 38% of men reported ever using condom for either family planning or disease prevention reasons.¹⁷ Seven per cent of women and 15% of men used condom during their last sexual intercourse. From the same survey, it was also documented that condom use peaked at age 20 to 24 years and decreased thereafter, suggesting that use is higher among those who are not yet married.¹⁷

Studies on university populations are few, despite the vulnerability of students to unsafe sexual practices. Iwuagwu, Ajuwon & Olaseha¹³ found in a sample of female university students that 75% of those sexually active had ever used a condom, 16.9% and 39% had used condom during their first and last sexual encounters respectively, while only 34.3% had used it consistently.

Condom use among Nigerians is generally not acceptable because of attributed cultural barriers and societal expectations particularly among youth, despite the fact that it is the most widely used and most readily available contraceptive choice.¹⁴

In an attempt to address the gap in literature concerning current perceptions and behaviours regarding condom use among young adults at a Nigerian university this study makes use of social cognitive theory (SCT) as a conceptual framework to understand patterns of use. Social cognitive theory has been implicated as a construct by past researchers useful in explaining condom use behaviour among adolescents and adults.^{9,15} Social cognitive theory attempts to explain human behaviour in terms of a triadic, dynamic and reciprocal interaction between behaviour, personal factors and environmental influences.³

Two main objectives informed the study. First, we attempted to differentiate current condom use rates between male and female undergraduate students at a Nigerian university. Second, within a social cognitive framework we attempted to examine differences in social support for condom use among friends and sex partners, perceived barriers

to condom use, perceived social norms related to use, perceived outcomes of use and condom use self-efficacy in students who had engaged in intercourse within three months preceding the survey.

Methods

The study was conducted at the University of Ibadan, a university that was founded in 1948 as the premier tertiary institution in Nigeria and is currently one of the largest universities in the country. Participants comprised 422 randomly selected students from the Faculties of Arts and Social Sciences of the university.

Information was elicited using a 41-item, three-scale questionnaire.^{3,16} It included demographic information such as gender, age, marital status, religion, perceived socioeconomic status, and years of education. It also contained questions relating to perceived social support, perceived barriers, perceived outcome and condom use self-efficacy. In addition, the questionnaire sought information on access to condom and frequency of use. All items were measured on a five-point Likert scale. A test-retest reliability ($r = 0.64$) was established.

A total of 765 copies of the questionnaire was administered, out of which 343 (44.8%) were not included because respondents claimed not to have engaged in vaginal intercourse during the three months preceding the study. The remaining 422 students (55.2%) who were sexually active and indicated that they had sex within the period were included in the analysis. Students in all the departments within the Faculties of Arts and Social Sciences except those from the Department of Modern European Languages were approached. Response rate was 100%. To allow for representativeness, all levels within a department constituted a population frame from which through balloting, levels within a department were chosen. The questionnaire was distributed only in a major course being offered at that level, which made it impossible for students from other departments or at other levels to participate. Participation in the study was voluntary. Between forty and fifty copies of the questionnaire were distributed at each level after obtaining informed consent. Questionnaire completion was done anonymously and respondents submitted their copies in a locked box pro-

vided for the purpose at the porter's lodge situated within the faculties. Two research assistants distributed the questionnaire over a two-day period and retrieved completed copies from the box at the end of each day.

Results

Demographic Characteristic

Two hundred and sixty two males (62.1%) and 160 females (37.9%) were involved in the study. They ranged in age from 15 to 45 years with a mean of 24.1 years ($SD = 4.5$). The mean educational level was 17.3 years ($SD = 5.8$). Three hundred and sixty one (90.3%) of the students were single, 36 (8.5%) were married and 5 (1.2%) were either separated or divorced. Two hundred and seventy one (64.2%) of them indicated that they were Christians, 135 (32.2%) Muslims and 3 (0.7%) atheists. In all, 17.1% ($n = 62$) were from a higher socioeconomic background, 67.5% ($n = 285$) from the middle socioeconomic background and 15.4% ($n = 65$) from the lower socioeconomic background.

Frequency of Condom Use

As indicated in Table 1, 39% of females and 26% of males reported using condom occasionally (some of the time). Five per cent of females, compared to 3% of males, used condom most of the time, while 45% of females and about 42% of males used condom all the time. More males (30%) than females (11%) had never used a condom during sexual intercourse.

Social Support for Condom Use from Friends and Sex Partners

Table 2 shows perceived social support for condom use among respondents. Gender differences in social support for condom use among friends and sex partners are evident. Both genders reported relatively high levels of social support as indicated in Table 2, with females reporting more perceived social support on all items except for items on perceived trouble with using condom. In addition, females reported more difficulty with partners refusing to change their sexual practices, indicating that their partners were less likely to use a condom. Both males and females agreed with the statement that most of their friends considered

that wearing a condom could reduce the spread of HIV/AIDS and other sexually transmitted diseases. There were no significant differences, how-

ever, in responses to items on behaviour change, belief in condom effectiveness and necessity of condom use.

Table 1 Description of Condom Use Frequency in the Preceding Three Months (n = 422)

Frequency of use (%)	Female (n = 160)	Male (n = 262)
0 (none of the time)	17 (10.6)	79 (30.2)
1-49 (sometimes)	63 (39.4)	67 (25.6)
51-99 (most of the time)	8 (5.0)	7 (2.6)
100 (all the time)	72 (45)	109 (41.6)

$$\chi^2 = 24.577, df = 3, p < 0.0001$$

Table 2 Social Support for Condom Use from Friends and Sex Partners (n = 422)

Description	Strongly disagree (%)	Disagree (%)	Undecided (%)	Agree (%)	Strongly agree (%)	χ^2
<i>Friends think it is worth the trouble</i>						
Female	11.9	13.1	15.6	26.9	32.5	3.87
Male	7.6	14.9	11.8	29.0	36.6	
<i>Sexual partners refuse to change sexual practice</i>						
Female	7.5	17.5	16.3	38.8	20.0	5.79
Male	11.5	17.9	22.1	29.8	18.7	
<i>Makes it difficult to find a partner</i>						
Female	13.1	35.6	15.6	24.4	11.3	4.71
Male	17.2	29.8	21.4	23.3	8.4	
<i>Friends think condoms reduce HIV and other STDs</i>						
Female	10.6	18.8	9.4	34.4	26.9	9.01
Male	8.0	10.7	13.7	32.8	34.7	
<i>Sex partners do not think it is necessary</i>						
Female	16.3	22.5	20.0	24.4	16.9	3.79
Male	15.3	27.9	14.1	27.5	15.3	

Perceived Barriers Regarding Condom Use

Perceived barriers, i.e., perceptions relating to obtaining and negotiating condom use, failure and cost are presented in Table 3. A uniform distribution of responses across genders was evident with the exception of the item relating to difficulty in obtaining condoms. Males reported less difficulty in buying condoms than females ($\chi^2 = 14.64$, $p < 0.001$). The greatest barrier for both genders was possible condom failure (i.e., breaking or slipping). Fifty per cent of females and 56% of males agreed or strongly agreed with the statement that condoms often break or slip. One interesting pattern observed was that both females and males did not find it embarrassing to talk about condom. This

suggests that condom awareness and acceptability is increasing among youth in Nigeria.

Perceived Social Norms Regarding Condom Use

Perceived social norms regarding condom use was measured using two items as presented in Table 4. Higher scores are more reflective of social norms. Overall, there were no significant differences between the genders on these two items. Thirty six per cent of females and 43% of males agreed or strongly agreed that most of their friends do not use condom. Almost 50% of females and 48% of males agreed or strongly agreed that sex partners often disagree about whether or not to use condom.

Table 3 Perceived Barriers to Condom Use (n = 422)

Item description	Strongly disagree (%)	Disagree (%)	Undecided (%)	Agree (%)	Strongly agree (%)	χ^2
<i>Embarrassing to buy condom</i>						
Female	21.3	26.9	11.9	24.4	15.6	1.73
Male	22.1	30.2	13.7	21.4	12.6	
<i>Embarrassing to talk about condom</i>						
Female	23.8	29.4	14.4	16.9	15.6	5.97
Male	33.2	29.8	11.1	15.3	10.7	
<i>Hard to find a place to buy condom</i>						
Female	13.3	28.8	16.9	11.9	11.3	14.64*
Male	45.0	27.9	12.2	11.1	3.8	
<i>Choosing condom can be confusing</i>						
Female	22.5	26.9	18.1	21.9	10.6	0.29
Male	22.5	28.2	17.9	22.1	9.2	
<i>Condoms often break or slip</i>						
Female	15.6	17.5	16.9	32.5	17.5	1.97
Male	12.2	14.9	16.8	36.3	19.8	
<i>Condoms are expensive</i>						
Female	26.9	23.1	18.1	21.9	10.0	8.72
Male	36.3	27.1	14.1	13.4	9.2	

* $\chi^2 = 14.64$ $df = 4$ $p < 0.00$

Table 4 Response Breakdown of Perceived Social Norm Regarding the Use of Condom (n = 422)

Item description	Strongly disagree (%)	Disagree (%)	Undecided (%)	Agree (%)	Strongly Agree (%)	χ^2
<i>Most of my friends do not use condom</i>						
Female	11.9	24.4	26.9	25.6	11.3	3.75
Male	11.5	20.2	24.4	34.4	9.5	
<i>Sex partner often disagrees about using condom</i>						
Female	13.8	16.3	20.6	36.3	13.1	1.33
Male	11.8	20.2	19.5	36.6	11.8	

Table 5 Perceived Outcomes of Using Condom (n = 422)

Item description	Strongly disagree (%)	Disagree (%)	Undecided (%)	Agree (%)	Strongly agree (%)	χ^2
<i>Sex does not feel as good when a condom is used</i>						
Female	10.6	14.4	21.9	37.5	15.6	6.57
Male	11.1	13.4	15.3	35.5	24.8	
<i>Stopping sex to put on a condom takes the fun out of it</i>						
Female	12.5	16.3	23.8	28.8	18.8	0.83
Male	11.8	15.4	24.0	30.5	20.2	
<i>Condoms are physically uncomfortable</i>						
Female	12.5	16.9	25.6	35.0	10.0	7.45
Male	11.5	23.7	18.7	30.5	15.6	
<i>Sex feels good when a condom is used</i>						
Female	11.3	22.5	30.0	23.8	12.5	5.17
Male	16.8	27.5	23.7	20.2	11.8	
<i>Condom use does not ruin mood</i>						
Female	15.6	15.0	30.6	28.8	10.6	3.71
Male	14.5	18.3	25.2	34.4	7.6	
<i>Using a condom makes me feel emotionally good</i>						
Female	20.0	24.4	18.1	26.3	11.3	3.62
Male	17.2	24.8	15.2	24.4	8.4	
<i>Sex is natural when a condom is used</i>						
Female	14.4	27.5	21.9	21.3	15.0	6.01
Male	22.5	29.8	19.8	16.4	11.5	
<i>Condom can prevent pregnancy</i>						
Female	13.8	16.3	11.9	29.4	28.8	9.24*
Male	6.9	11.1	13.0	37.4	31.7	
<i>Condom can prevent STDs</i>						
Female	9.4	10.6	15.0	30.6	34.4	0.21
Male	5.0	8.4	12.2	38.5	35.9	
<i>Condom can prevent HIV</i>						
Female	6.9	11.3	17.5	29.4	35.0	8.14
Male	6.1	5.3	16.4	40.1	32.1	

* $\chi^2 = 9.24$ $df = 4$ $p < 0.05$

Table 6 Condom Use Self-Efficacy (n = 422)

Item description	Strongly disagree (%)	Disagree (%)	Undecided (%)	Agree (%)	Strongly agree (%)	χ^2
<i>Put on condom anytime to have sex</i>						
Female	8.1	15.6	23.1	30.6	22.5	1.18
Male	9.9	17.2	24.4	29.4	19.1	
<i>Use condom correctly at the time of sexual contact</i>						
Female	10.0	16.3	29.4	29.4	15.0	6.34
Male	9.2	16.8	19.5	36.6	17.9	
<i>I put on condom quickly whenever I am having sex</i>						
Female	8.1	21.3	23.1	30.0	17.5	6.12
Male	15.6	17.2	24.8	27.9	14.5	
<i>I will suggest the use of a condom</i>						
Female	5.6	16.3	15.6	40.0	22.5	1.94
Male	6.1	11.8	18.3	40.1	23.7	
<i>I will suggest the use of condom if unsure</i>						
Female	8.8	10.6	19.4	36.3	25.0	2.17
Male	6.1	8.8	17.9	41.6	25.6	
<i>I will suggest the use of condom without fear</i>						
Female	11.9	11.3	23.1	30.6	23.1	2.55
Male	8.8	12.6	22.5	36.3	19.8	
<i>I will suggest using condom without fear that my partner will think I have STD</i>						
Female	8.1	15.0	18.1	36.9	21.9	5.20
Male	6.9	8.8	20.2	43.9	20.2	
<i>Suggest without fear of partner thinking that I thought s/he has STD</i>						
Female	8.1	15.0	18.1	36.9	20.2	5.20
Male	6.9	8.8	20.2	43.9	21.9	
<i>Not embarrassed to use a condom</i>						
Female	5.0	12.5	15.6	39.4	27.5	3.78
Male	5.3	7.6	19.1	43.1	24.8	
<i>Discuss condom use with partner</i>						
Female	6.3	11.3	15.6	35.6	31.3	3.87
Male	8.4	8.4	11.5	42.0	29.8	
<i>Suggest condom use with new partner</i>						
Female	6.3	11.3	15.0	39.4	28.1	4.73
Male	6.1	6.1	15.6	37.4	34.7	
<i>Suggest condom use without feeling diseased</i>						
Female	10.0	6.9	22.5	34.4	26.3	4.03
Male	8.8	8.0	15.3	38.5	29.4	

Perceived Outcomes of Using a Condom

Perceived outcomes of using a condom were evaluated using 10 items (relating to physical and emotional expectations and prevention related outcomes) (Table 5). Once again, higher scores reflect more positive perceived outcomes. Females and males did not differ significantly in overall perceived outcomes except on whether condom can prevent pregnancy, where 58.2% of females and 69.1% of males agreed or strongly agreed ($\chi^2 = 9.24, p < 0.05$). Both males (60.3%) and females (43.1%) agreed or strongly agreed that sex does not feel as good when using a condom. The majority of males (74.4%) and females (65%) strongly agreed or agreed that condom can prevent STDs. Overall, although there were no clear-cut gender differences, physical and emotional outcomes of using condom were not entirely positive.

Condom Use Self-Efficacy

Condom use self-efficacy was measured on 15 items relating to mechanics, partner disapproval/embarrassment, assertiveness and intoxicants as presented in Table 6.³ Higher scores indicate greater perceived self-efficacy. Overall, high levels of self-efficacy were reported by both genders. On comparing individual items, males (55%) reported higher levels of self-efficacy in the use of condoms than females (45%).

Discussion

Within a social cognitive theory (SCT) framework, the present study examined gender differences in condom use behaviour. It is the first of its kind among youth in Nigeria. Condom use behaviour did not differ markedly from what has been described in other populations. A core finding was that difficulties in changing sexual practices were experienced by both males and females. This is consistent with what Schuster³ reported among US college students, and what Iwuagwu et al¹³ described among female university students in the same setting as the present study. A study by McCusker et al¹⁶ among homosexual men in the US using the same instrument showed a very similar pattern, except that the sample reported higher levels of social support than that documented by this study and that of Schuster.³

Regarding perceived barriers to condom use, there were no significant differences between males and females. A significant finding was that the males found it easier to obtain condoms than females, a finding that contradicts earlier findings by Schuster³, who found no differences between men and women. In that sample, the most reported powerful barrier for men and women was embarrassment associated with the purchase of condom. Previous studies^{7,9,14} have also found embarrassment to be an important barrier to condom use.

Another notable finding from this study was the high frequency of condom failure. Both males and females seemed to have experienced more condom failure than what was reported in Schuster's sample.³ In Schuster's study, 75% of women and 72% of men expressed disagreement with the statement that condoms often break or slip.

A similar pattern of perceived social norms relating to condom use was reported in this and earlier studies, although we found lower rates in our study. The significant gender difference regarding the perception that condoms may prevent pregnancy is well supported and comparable to what has been documented.³ Both males and females also agreed that sex does not feel as good when using a condom. This again supports the findings of Schuster.³

Both males and females in the present study had positive prevention related expectations regarding condom use, thus conforming to previously documented patterns.^{3,8}

The core finding regarding condom use self-efficacy in this study was a relatively high overall self-efficacy for both genders. This contradicts Brien et al¹⁰, who documented lower levels of self-efficacy related to the mechanics of condom use among their sample of college students, but supports Schuster³, who reported a fairly high level of confidence in the mechanics of condom use in her sample. The pattern of frequency of use in our sample fits with greater perceived self-efficacy. The level of condom use for both sexes was higher than what Schuster³ documented.

A limitation worth noting is the lack of representativeness of students in the sample. Respondent selection procedure was not systematic and was limited to the humanities faculty of the university. Therefore, until further research is conducted

on random representative populations of university students, the results of the present study cannot be generalised. Keeping this in mind, these findings nevertheless suggest that perhaps more impact by university student management organisations may enhance the frequency of condom use and condom self-efficacy. Various NGOs may have an increasing impact on campuses. Both NGOs and university managers can institute programmes to increase sexual communication between partners. This could be done during the social weeks of organisations or social clubs on the campuses. Psychologists can assist in designing many of these programmes to incorporate behaviour modification techniques. Furthermore, students could be encouraged not to engage in sexual activities when they have been drinking or using drugs. In small group settings, students can be encouraged to reflect on past times when they or their friends have mixed sex and drugs. This may assist them to realise the dangers associated with such practices.

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