

Assessment of Sexual Abstinence and the Use of Condom among Undergraduate Students (Youths) in Nigeria Universities

Idowu, Oluwafemi Amos
Department of Sociology, Nigeria Police Academy, Wudil Kano State

Akinsanya, Jimi Olaiwola
Department of Sociology, Adekunle Ajasin University, Akungba Akoko, Ondo State

Abstract

The epidemic of pre - marital sex, teenage pregnancy, sporadic illegal abortion and widespread of sexually transmittable infections (STIs) can be traced to the out - growing rate of unprotected sex behaviour among the youths in Nigeria. Therefore, this cross cultural study explored and investigated the socio - cultural factors associated with sexual abstinence and the use of condom as control mechanisms of unwanted pregnancy and sexually transmitted infections (STIs) amongst the undergraduate students in some selected universities in Nigeria. It examined the views and beliefs of the youths about sexual abstinence and the use of condom as contraceptives. The study was conducted among the undergraduates in Twelve purposively selected universities, which cuts across the North, East and Southern part of Nigeria. The study period was from April 2015 to December, 2015. A self administered questionnaire (360) was given out and 345 questionnaires were returned among the undergraduate students in the selected universities in Nigeria. The study revealed that, the youths are aware of sexual abstinence and the use of condom as reliable ways to prevent sexually transmitted infections, unwanted pregnancy and many more; yet they do not apply it as a result of socio - cultural factors. The study found out that, sexual abstinence has a lot of implications on the youths' development. At last, the study gave some recommendations on the use of sexual abstinence and condom as measures to prevent unwanted pregnancy, STIs and others.

Keywords: Abortion, Condom, Contraceptive, Infections, Sexual Abstinence, Unwanted pregnancy

BACKGROUND OF THE STUDY

Sex attracts two separate meanings. One, it gives the distinction between male and female anatomy (i.e. gender). The second is about sexual activity (i.e. intercourse). This second aspect is the focus of attraction in this study, which majorly concerns the youths and their sexual behaviour. In Nigeria, and other African cultures the subject of sex is considered sacred and not intended to be loosely discussed especially by the young ones. Oyinloye (2014a) observes that, when a child carelessly talks about sex, the parents could reprimand the child for talking about a subject considered sacred (Oyinloye, 2014b: 1879). According to Nwagbara (2003: 32), "sexual activities begins at early age, the problems of young people are extremely evidence; which include: teenage pregnancy, induce abortion, high rate of maternal and child mortality and high risk of infection of HIV/AIDS and other sexually transmitted infections (STIs)'.

The most effective and reliable way to avoid the transmission of STIs is to abstain from sexual activity, or to be in a long - term mutual monogamous relationship with an uninfected partner. While, if sex is a must, the use of condom is more reliable for 88 - 98% to prevent unwanted pregnancy and STIs. The ignorance of the youths on sexual activities constituted a social problem, which to a greater extent threatens their health and future. The youths are exposed to the stringent health illness, such as: sexual transmitted infections and unwanted pregnancy. Sexually transmitted infections (STIs) are the diseases that spread through sexual contact e.g. HIV (*Human Immunodeficiency Virus*) which is transmitted through intimate body fluid contact such: as blood, semen, and vaginal secretion and so on. Adolescent sexual behaviour has been recognized as an important health, social and demographic concern in the developing world (Mukhopadhyay & Chaudhuri, 2010). Adolescent pregnancy is associated with adverse maternal, fetal and neonatal outcomes (Duvan, et al, 2010; Yadav, et al, 2008). Teenage girls who get pregnancy suffer from social and economic consequence and they are more likely to drop out of school. Furthermore, unwanted pregnancy poses a big problem among young adults in developing countries (Sahin, 2008; Somba, et al, 2014).

Consequently, the youths are prone to diseases; if they get involved in unprotected sex. Orubuloye (2004) assert that, "the young people constituted a high risk group and the number of the young people with HIV/AIDS may have doubled since 1980s". This statement shows the level of vulnerability of youths to sexually transmitted infections which can actually be averted by adopting necessary measures such as the use of condom and/or sexual abstinence. The youth sexual activeness is coupled with problem of unwanted pregnancy. Nowadays, unwanted pregnancy is an important public health concern in both developing and developed countries. This is not unconnected with its adverse demographic, social, and health outcome for the mother,

children and the society at large. Idowu & Omotoso (2015), posit that, “the use of contraceptive is basically for the prevention of unplanned pregnancy, early age pregnancies death from illicit abortion, and sexually transmitted infections (STIs). An increase in availability of contraception will lead to decrease in the number of births by the teenage youths”.

Alo & Adetula (2004) maintain that, the problems associated with the adverse of unwanted pregnancy are uncontrollable population growth, the higher likelihood of unsafe abortion, the late initiation, under -utilization of prenatal care and low birth weight. The vulnerability to sex and health risk is fostered by some misconceptions such as: a girl cannot become pregnant at first sex without the use of condom; STIs can be prevented by good personal hygiene and so on. The youth needs to be acquainted with the options of preventing the outcome of early onset of sexual activity either unwanted pregnancy or sexual transmitted infections (STIs). Sexual abstinence should be the preferred as primary option; while condom use should be the secondary option and must be continuously encouraged among youths who are sexually active. There should be simultaneous promotion of sexual abstinence and the use of condom as the best options for preventing unwanted pregnancy and infections.

The interest of this study is activated on the basis of the wide spread claim that HIV/AIDs and sexual menace spread speedily, particularly amongst the Nigeria undergraduates. The concerned here is the vulnerability of the youths to such sexual menace and to determine the consciousness of youths about such diseases and steps necessary for preventing the spread of the scourge. If the youths are conscious of such danger; are they fighting the spread?; what and what do they do?; and what do they have at their disposal to curb the menace? Nwagbara (2003: 34) maintains that, “study has shown that most adolescent gets information on sex related matters from their peers”. This implies that their parents may be or are timid of discussing or they have nonchalant attitude towards the sexuality of their children or wards. Family has to inculcate the right values and attitudes as it relates to matters that affect their children lives”. Apart from socialization of the young ones, Low utilization of contraception has also been attributed to limited capacity of the health care system and structure within which family planning services are offered (Masoda & Govebder, 2013). Furthermore, individual factors such as risk perception, fear of side effects, opposition from male partners, health service limitations and insufficient knowledge needed to make informed choices have been reported as barriers for utilization of contraception (Abiodun & Balogun, 2009; Haggan, 2012).

This study intends to educate those youths who are not aware of the relevance on the use of condom, sexual abstinence as contraceptives to prevent unwanted pregnancy. Those youths who are aware of the importance of contraceptives will be more educated on it. Government and the general populace will be educated on the vulnerability of the youths and problems attached to population and health hazards on unprotected sex behaviour. Therefore, this study aimed to examine sexual abstinence and the use of condom as control mechanisms of unwanted pregnancy and sexual transmitted infections (STIs) among the undergraduates in some purposively selected universities in Nigeria. Also, it explores the factors associated with sex matters and the use of contraception among the undergraduate youths in Nigeria.

STATEMENT OF THE PROBLEM

The youth’s sexual life is worth examining because opinion is quite divergent on the issue of youth sexual lives. One school of thought holds that, youths should not have sex because it is solely meant for married people. Sexual abstinence has to do with “do without sex (i.e. intercourse) till marriage or for the rest of life”. Orubuloye (1981; 55) noted that, “every woman was expected to be a virgin until the bridal night when consummation of marriage was expected to take place. It was a rule that very little exuberant merriment should take place in the house of the bride groom until after the bride has been found *Virgo intact*”. This actually connotes the popular advertisement “*Zip Up... sex is worth waiting for*” some of the claim of this school is based on the benefits as well as the aim to curtail the level of sexual immorality among youths. Such benefits include protection against sexually transmitted infections (STIs) and unwanted pregnancy. This school discourages pre - marital sex. Hence, foster abstinence amongst the youths. The opposing school maintains that sex is an important part of human lives, health, happiness and development. It is a crucial ingredient in individual’s life – (Maslow’s physiological needs) – and intimate relationship; as such youth can as well be sexually active. This therefore brings up the issue of protection of youth’s future. What are the precautionary steps that should be taken to prevent sexually transmitted infections (STIs) and unwanted pregnancy? Thus, this refers to the issue of use of condom as a preventive measure.

The first stance implies that sex is exclusive right of those who are married and therefore youths should refrain from it and wait till they are married. Abstinence as been hailed to attract a lot of benefits such as: no scourge of unwanted pregnancy; sexually transmitted infections and there is no medical, psychological and social effect attached to it, rather it has some claim that, it has some spiritual uplifts.

The use of condom has also been appraised to achieve some benefits with minimal consequences.

Condom is made of latex or polyurethane which comes in different colours and there are male and female condoms (diaphragm). When condom is used properly, it has the merit of high protection against unwanted pregnancy and sexually transmitted infections (STIs). The disadvantages include: tear in process and/or slip off; thus causing unwanted pregnancy or contamination of sexually transmitted infections (STIs), as well as, interfering with sexual pleasure. Are the youths much aware of the use of condom and its advantages? What is their belief or perception of the youths about sexual abstinence and the use of condom? It is in regards of the above stated problems that this study has been generated.

OBJECTIVES OF THE STUDY

The general objective of the study is to assess the sexuality of the youths in relation to the use of condom and sexual abstinence, while the specific objectives are:

- i. To examine the sexual orientation of the youths in relation to the use of condom.
- ii. To assess the view of the youths on sexual abstinence.
- iii. To examine the level of awareness of youths on sexual transmitted infections (STIs).

BRIEF LITERATURE REVIEW

The World Health Organization (WHO) has defined young people as those people between the ages of 10 - 24. The definition of youth is culturally constructed as it differs from one culture to another, but broad consideration review that it is a transition from childhood to adulthood. The youth period is a period of opportunity, as well as, time of vulnerability and risk. It is a time when options and ideals are explored especially those related to sex. Sexual behaviour of youth is associated with risk behaviour such as unwanted pregnancy and sexually transmitted infections. Jessor (1998) maintains that, "controlling child bearing is still a concern of present societies... alongside with the concern added by threat of physical health via sexual transmitted infections (STIs) which have become prevalence among youths in the societies".

In Nigeria for example, sexual activity among adolescents and young adults is quite high, especially amongst those in tertiary institutions. This has become a common but disturbing phenomenon as 'life on campuses' seemingly offers one an opportunity to experiment sexually. Surely, the campus is a community of young people desirous of the university experience, but cohabitation, sex and relationships are now seen as part of that experience. This peculiarity has been explored by various Nigerian studies and the findings indicate that there is an increased level of risky sexual behavior among undergraduates (Orubuloye et al., 1991; Okonofua., 1995). In fact, traditional norms in most Nigeria cultures that demand pre - marital abstinence have almost disappeared (Orubuloye et al., 1991) and this is most evident among Nigeria undergraduates; a supposedly pivotal group for the national growth (Izekor et al., 2014: 12).

The highest rates of STIs are found among young adults within the ages of 20 and 24, followed by adolescents aged 15 - 19 years (Wolfers, Zwart & Kok, 2011) 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 (UNAIDS, 2010). Although the usage of condoms and abstinence have been recommended as a measure for curtailing the spread of STIs among young adults (Family Health International Youth Lens, 2003) their adoption as a preventive measure is found to be low in Nigeria (FMH, 2008). Condoms were found to be difficult to use for the sexually inexperienced, detract from sensual pleasure and also embarrassing to suggest (Kehinde et al. 2014: 53).

Studies in Nigeria further indicate that more than 60% of youths with unplanned pregnancy were not using contraception. The reasons for not using contraception include: lack of awareness, lack of access to contraception, fear of the side effects and objection to its use by partners or family members (Ibrahim & Sadiq, 1998; Adewole, et al. 2002; Mitsunaga, et al., 2005; Abiodun & Balogun, 2009: 146). Sunmola (2005) found that men and women reported that condoms hindered their sexual satisfaction, caused health problems for them and reduced their sexual interest. In Nigeria, sexual activity amongst adolescents and young adults is quite high, the practice is now a common disturbing phenomenon. One way of preventing STI's is by abstaining from sexual relationship. Another approach that is more pragmatic is the use of condom. Contraception is the act of preventing conception; this is made possible with the use of birth control methods (Alarape et al. 2008). Studies have suggested that people engage in unprotected sex with little or no regard for STIs and unwanted pregnancies (Ekanem, et al., 2005). Weiner (2006) reported that young women whose partners use condoms every time they have sex are 70% less likely to contract STI's than women whose partners use condom less than 5% of the time (Alarape, et al. 2008: 237).

In Nigeria, sexual related matters are perceived to be strictly private, therefore public discussion of sexual behaviour is inhibited and open acknowledgement is difficult. The discussion of sexual related matters (considered exclusive to adults) with adolescent is regarded as a taboo (Alarape, et al. 2008: 238). Globally each year, about 340 million new cases of four major curable STIs - gonorrhea, chlamydia, syphilis and

trichomoniasis are reported (WHO, 2001). Nevertheless, the use of condoms during sexual intercourse has been proven to be effective in preventing most STIs including HIV (Gardner, et al., 1999). By implication, cardinal strategy in the prevention of STIs/HIV is the promotion of the use of condoms during sexual intercourse. Condoms most commonly used during sexual intercourse, can serve the dual purpose of contraception and prevention of STI's and HIV/AIDs. Barriers may however be associated with condom use and these barriers include religious beliefs (WHO, 2000) and social and cultural norms, which often discourage people from using condoms, even when at risk of contracting an STI is visible.

SEXUAL ABSTINENCE

The second side of the coin of this study is abstinence. Orubuloye (2004) maintains that, “mothers tend to enforce pre - marital chastity on their daughters... as their moral and social obligation to them; and there are sanctions for failure to do so”. In this sense, ‘*moral*’ implies the protective role the mother and the family play in the life of their children and wards because of the threat to life which is made manifest through sexually transmitted infections (STIs) which constitutes problem in youth’s development. And to the family especially for the mother there is “fear of their daughters becoming pregnant”. For instances great importance was attached to virginity in traditional Yoruba and other societies in Nigeria; and this was observed by everyone. “Every girls was expected to be a virgin until the bridal night when consummation of marriage was expected to take place in the house of the bridegroom. If she was not found to be in such state, the whole festival will quickly wound up... It caused unhappiness to her parents, relatives, loss of status and respect among the husband’s relatives. (Fadipe, 1970; Orubuloye, 1981: 56).

In traditional Africa and particularly to Yoruba communities, sexual abstinence is a wholesome traditional practice for all the youths. The rule of virginity in traditional society in Africa raises sociological imagination as related to the tradition of virginity and the aim which it seeks to achieve. Its aim might also include: prevention of pre – marital sex, illegitimate child and prevention of sexually transmitted infections (STIs). With the upsurge in sexually transmitted infections (STIs), and the scourge of unwanted pregnancy as well as induced abortion among youths in present societies, the practice of sexual abstinence has been proffered as the best option which can reduce these scourges (Nancy 1998: 125). Otolorin & Dare (1997), submitted that, total abstinence for the youths is desirable which protects them against unwanted pregnancy and reproductive tract infections. Sexual abstinence among youths in present days takes three dimensions, as:

- i. Primary Abstinence:* This implies complete refrain from sex until marriage or for life. This is similar to the practice among Yoruba and Shona in Nigeria and Zimbabwe respectively.
- ii. Secondary Abstinence:* This is the abstinence from sex after experiencing it at a time, because of beliefs or experiences associated with it. This simply means the condition of young people who have been sexually active in the past, but who have since stopped having sex in order to recover their secondary virginity. This abstinence is majorly encouraged by NGO’s and religious organizations in present days. Good examples are the Priesthood and Sisters in Catholic Church’s doctoring.
- iii. Partial Abstinence:* This is non - intercourse form of sexual expression which according to Otolorin & Dare (1997: 167) include handholding, sexual touching and kissing.

This third dimension is not of interest in this study. There are many institutions that play dominant role in the campaign and sensitization of youths on sexual abstinence as the best option for protection against sexually transmitted infections and unwanted pregnancy. The following have been listed among the several benefits of abstinence:

- a) It prevents against unwanted pregnancy.
- b) It gives the youths a protected future (i.e. the issue of dropping out of school as a result of pregnancy is avoided; thus provides room for building up themselves for the future challenges.
- c) It eliminates the social, cultural, psychological and financial absurdity with unwanted pregnancy and sexually transmitted infections (STIs).
- d) It aids in seeing young females, not as sex machine, but treasure to be valued in the society.

The rationale for sexual abstinence as well as use of condom aside from sexually transmitted infections (STIs) is unwanted pregnancy. A lot of health risks and problems associated with youth’s unwanted pregnancy have made it to become an important national and global issue. There is an increased risk for complications from the mother to the baby, such as: premature labour, poor ante - natal care, inadequate diet, post - natal depression, risk of foetal development and maturity, high blood pressure, obstructed labour (because the space in the bony birth canal of the mother is either too small or distorted) by disease, such as: Osteomalacia (a deficiency of Vitamin D and Calcium), jaundice and operative delivery, maternal mortality, cervical dysplasia (abnormal precancerous cells) and cervical cancer, risk of cancer and lots more. Furthermore, the young mother might face other risks like: iron deficiency anaemia (a common phenomenon in the first four years after menarche), (Akinsanya, 2005).

The health consequences for the youth mother include: mortality and complication of pregnancy and delivery. The immediate consequence for the child includes prematurely low birth weight; prenatal mortality; congenital malfunction and future consequence for the child ranging from children diseases, cognitive social and emotional development. Severe anaemia in pregnancy can lead to premature delivery and both maternal and foetal death. More so, Cephalopelvic disproportion, which occurs when infant's head is too large to pass easily through the mother's pelvis (birth canal) is another possible hazard. Cephalo pelvic disproportion occurs often in very young mothers because pelvic growth is not usually complete until several years after menarche (Adelana, 2006: 70). On the other side, the baby also faces series of health hazards. Babies born by teenage mother are at higher risk of being born prematurely and of having a low birth weight; thus raising the probability of infant death, blindness, deafness, chronic respiratory problems, mental retardation, mental illness, cerebral palsy, dyslexia, nutritional deficiencies and retardation (Idowu & Omotoso, 2015: 82). Fasoranti (2004) sustained that, young girls are forced out of social and may have difficulty in finding permanent employment; then depending on families who are themselves struggling to make ends meet.

Conclusively, use of condom and sexual abstinence are the panaceas to the scourge associated with sex. To save lives and future, youths must opt for one because either safeguards youths against unwanted visitor (unwanted pregnancy and STIs). Since, it is no longer feasible to stop the youths from having sex by abstaining in order to avoid contacting STIs and having unwanted pregnancy, it is better to preach the use of condom in this modern age. Both sexual abstinence and the use of condom will achieve the same end when properly adopted by the youths.

HISTORICAL USE OF CONDOM

Man's society is full of different rampaging diseases and sexual diseases are not exempted from those things, which threaten human's race. From time immemorial condom use had been a mean of combating the problem of sexual diseases. Around 1,000BC in Ancient Egypt a linear sheath was use as a protection against sexual diseases. Similar scene of painted condom is found in a cave in Camdarellles in France which dated as far back as 100 - 200AD. There were some proofs that some forms of condom were used in Roman Empire around that same period. There was syphilis epidemic across Europe which gave rise to first published account of condom. The "sheath of linear" was to protect men against syphilis. Having been useful for prevention of infections, it was later used for protection against pregnancy. In the 1500s, first improvement was made to condoms when the linear cloth sheath were sometimes soaked in a chemical solution and then allowed to dry prior to use. These were the first spermicidal on condoms.

The word 'condom' was published in a poem in 1906. It was suggested that condom was a doctor in time of Charles II. It is believed that he invented the condom to help the King to prevent the birth of more illegitimate children. Condoms were made out of animal intestine and quite expensive and can be re - used. This type of condom was described at that time as "an armour against Pleasure and a guide against Infection". The use of condom was affected by technological, economic and social development in Europe and United States in 1800's. Condom manufacturing was revolutionized by the discovery of rubber vulcanization by Goodyear – founder of Tyre Company and Hancock. It made it possible to mass - produce condom quickly and cheaply. Vulcanization is a process of turning rubber into a strong elastic material.

In 1861, the first condom advertisement was published in an American Newspaper – 'The New York Times' for Dr. Power French Preventives. But in 1873 Comstock law was passed, named after Anthony Comstock, which made illegal the advertising of all sort of birth control and allowed the postal services to confiscate condoms sold through mail. In 1919, Fredrick Killian initiated hand - dipping condom from natural rubber latex in Ohio. Prior to his invention, condoms were made by hand dipping from rubber cement. These kinds of condoms aged quickly and the quality was doubtful. Frederick invention had the following edges: It age - less; it is thinner and odourless (Akinsanya, 2005).

Durex launched the first lubricant condom in 1957. By 1960 the use of condom declined because of availability of other contraceptives such as: sterilization and so on. After the recognition of HIV/AIDs in 1980s, the use of condom increased and it was widely available in Chemists, Grocery Store and Supermarkets. And by 1992, the female condom (diaphragm) was made available in Europe and in 1994, the world first polyurethane condom for men was launched. Condoms are made up of latex and polyurethane condoms are effective method of prevention against sexually transmitted infections (STIs) and unwanted pregnancy. Condom serves as a secondary protective device for the youths who are sexually active. Ignoring the option of use of condom by sexually active youths predisposed them to sexually transmitted infections (STIs) and unwanted pregnancies.

Otolorin & Dare (1997) asserted that, this exposes youths to the risk of childbearing before full maturity is achieved. The consequence of which was eminent in the 1990 Nigeria Demographic and Health Survey as at the time 18 percent of all teenage age 15 – 19 years were pregnant with their first child. The vulnerability of the youths cannot be under - estimated when they are having unprotected sex. They are exposed to sexually

transmitted infections such as: gonorrhoea, chlamydeous, hepatitis B virus, syphilis, bubos, sores on the genital, genital warts, genital herpes, chancroid, HIV/AIDs and so on. The reality of these infections draw on Nigerian when the first case of Acquired Immune Deficiency Syndrome (AIDs) was officially reported to be found in a girl of thirteen years of age in 1986.

The use of condom reduces the risk of infection, because the virus/infections cannot pass through the latex wall. The effectiveness of condom is only depending on the consistent use. Nancy (1998) maintains that, this is because most youths use condom intermittently. Their beliefs play an important role in determining condom usage. This implies that the youths who believe condoms are effective are more likely to use them. Similarly; those who believe that they are exposed to greater risk are more likely to use condom. Condom use is associated with some defect, such as: breakage which might likely be caused by not leaving space at the tip of the weakened latex, seepage of semen around the opening of the condom or the condom slipping off into vaginal after coitus (Olso & Defrain, 1999). Yet, condoms are still used because of the following benefits:

1. Condom prevents the spread of sexually transmitted infections (STIs) including HIV/AIDs when used consistently and perfectly. It is simple and effective. Thus, at least 85% secured;
2. Condom is one of the most reliable method of birth control (i.e. pregnancy) when used properly. Thus, condom can be used as a temporary or backup method to space children.
3. Condom has no medical side - effect like other birth control methods;
4. Condom increases the fun of intercourse, because it is available in various shapes, colours, flavours, texture and sizes;
5. Condom makes sex less messy;
6. Condom is only needed when having sex, while other contraceptives require use before, during and after sex;
7. Condom is friendly with little practice users can add confidence to enjoyment of sex;
8. Condom is widely available in pharmacies, supermarkets and convenience store.
9. It does not require any prescription to buy them from any health care provider. Thus, there is no need for doctor's prescription and so on.
10. Condom use prevents cancer of the cervix and it does not cause illness in either male or female.
11. It is suitable for everybody, it is (very) cheap and it depends on the quality.
12. It is easily available and accessible around – At any chemist or supermarket.
13. It does not have much hormonal side effect, except if one is allergic to latex rubber/lubricants.
14. There is no legal age limitation.
15. Condom use does not make man sterile, impotent/weak and it does not decrease man's sex drive.

Disadvantages of the Use Condom

- ❖ It may interfere with the pleasure of intercourse by reducing feeling during transmission/passage.
- ❖ Accidental pregnancy may occur, if the condom tears or if some semen spill during sexual intercourse.
- ❖ Accidentally, it could enter the female uterus, if it is used with several sexes, after release.
- ❖ When using a male condom, the man has to pull out after he has ejaculated, and before the penis goes soft, holding the condom firmly in place.
- ❖ When using a female condom, you need to make sure the penis is in the condom and not between the condom and vagina and that the open end of the condom stays outside the vagina.
- ❖ Female condoms can slip out or get pushed into the vagina.
- ❖ Men who do not always keep their erection during sex may find it difficult to use a male condom.
- ❖ Female condoms may not be suitable for women who do not feel comfortable touching their genital area.
- ❖ Condom is perishable as it has expiry date. Therefore, it has to be kept in a cool place and used before the expiry date; otherwise, it can break during sex. In addition, condom breaks, if not properly inserted, torn by fingernails, jewelry/teeth, not properly lubricated (dried), or using wrong lubricant, prolonged or very rigorous sexual intercourse, if the penis goes soft before withdrawal, or condom slips off during withdrawal. However, if one observes that the condom has been broken before ejaculation (coming), stop the sex and put on a new condom.
- ❖ One has to use a new condom each time he/she wants to have sex.
- ❖ Sperm can get into the vagina during sex, even if you use a condom. This may happen if: the penis touches the area around the vagina before a condom is put on (pre - ejaculation fluid, which leaks out of the penis before ejaculation, may contain sperm); one uses the wrong type or size of condom; One does not use the condom correctly, the male condom slips off; the female condom gets pushed into the vagina; the penis enters the vagina outside the female condom by mistake; the condom gets damaged, for example by sharp fingernails or jewellery; when one uses too much or too little lubricant; One uses

oil - based products (such as body lotions) with latex condoms. These damage the condom.

If any of these above demerits happens, or if one has had sex without using contraception, he/she can get advice about “emergency contraception”).

METHODS OF PREVENTING UNWANTED PREGNANCY AND STIs

There are several methods that can be used for birth/fertility (unwanted pregnancy) control generally, such as:

A. TRADITIONAL FORM OF PREVENTING UNWANTED PREGNANCY

In Africa, family planning is taken much more seriously than birth control. Also, family planning is not a recent phenomenon among Africans. Long before modern methods of birth control it became known, a variety of measures were employed/used in our society. These methods include: Coitus interrupts (withdrawal or pulling out of penis), Post partum, *sexual abstinence*, prolonged breastfeeding, Amulets (Ifunpa), Ring (Iroka), Concoction (Aseje) and so on.

B. MODERN MEASURES OF PREVENTING UNWANTED PREGNANCY

In modern measure of preventing unwanted pregnancy, we have two methods, which are: Temporary and Permanent Methods.

(1). **TEMPORARY METHOD:** Under the temporary method of contraceptive, we have the followings: *The Pill (Oral Contraception)*, *male condom or female condom (diaphragm)*, *Vaginal foaming spermicidal tablets, creams and jellies, Injectables and/or implants, Intra - Uterine Devices (IUDs), Emergency contraceptive pill (ECP), Rhythm/menstrual calculation method, Natural method, Breast feeding.*

(2). **PERMANENT METHOD/STERILISATION:** Under the permanent method, we have the followings: *Vasectomy and Tubal - ligation.*

THE USE OF CONDOM AND ITS TYPES

Condoms are self - lubricated, but additional water - based lubricant can be used on the outside of the condom. The recommended water - based lubricants or silicone - based, are: KY jelly, Sylk, wet stuff, Glyde, Top gel and so on; and not oil based lubricants like: baby oil, cooking oil, petroleum jelly (Vaseline) and so on. However, spit (Saliva) may be of help as lubricant, if there is no alternative. Condoms are more effective when it is used by couples who agree, and it has to be used correctly and regularly for every act of intercourse. Condom can be combined with other methods of contraception. The use of condom has no side effects, except that, if one is allergic to latex rubber or to its lubricant. In that case, one can use the non - latex polyurethane condoms as an alternative. Condom can be used for vaginal sex, anal sex and oral sex. Flavoured condom is good for oral sex. As said earlier, the uses of condom for prevention are majorly of two types, as follow (male and female):

(a). **THE MALE CONDOM (LATEX/NON - LATEX):** This has several names like: “rubber”, “raincoat”, “umbrella”, “skin” and so on. It is a thin rubber placed over the man’s erected penis before intercourse. The condom is also called prophylactic, rubber or sheath. It is narrow or latex bag that the man wear on his/her penis while having sex. Condom serves as a barrier to stop sperm and infection passing between sexual partners. Usually, it works well to prevent pregnancy and it is still the only effective method of preventing AIDs and other sexually transmitted infections, but is not complete safeguard. It collects the semen (sperm) and prevents its entry into the woman’s uterus. Thus, it protects the contact of the spermatozoa to the woman’s uterus. It is effective to the level of 85% - 97%. The most common type of male condom is a fine latex rubber sheath, which is worn on an erect (stiff) penis. Non - latex condom made from polyurethane are also available. There are many different types of male condoms which include: regular, larger, trim, stimulating, strong, fun, made to measure, ejaculation delayer, thin and vegan condom.

(b). **THE FEMALE CONDOM (PLASTIC DIAPHRAGM):** *Diaphragm* is also made of soft rubber shaped like a shallow cup which when inserted into the vagina before sex; it covers the mouths of the uterus (womb) completely. It is used with contraceptive cream or jelly. It is used by a person who does not want to get pregnancy soon, but want sex. A woman wears it in her vagina when there is the need to have sex. It should be left in it for at least 6 hours afterward. It is a fairly sure methods, worker or mid - wife should help fit the diaphragm, as different women for holes and cracks by holding it up to the highest, and get a new one each year. Even, if there is a tiny hole, get a new one. After use, it should be washed in warm soapy water, rinsed properly, well dried and kept it in a clean dry place.

One can buy condoms in most pharmacies; some are cheaper than the others; and sometimes given away free at health clinics. It is best to use a condom only once, but a re - used may leak and dangerous. Condoms are of different sizes, shapes, thickness, flavours, textures and colours. Generally, they are barrier methods of contraception. They stop sperm meeting an egg. The failure of condom to prevent against unwanted pregnancies and STIs usually results from inconsistency or incorrect use with every act of sex for greatest effect varies.

SEXUALLY TRANSMITTED DISEASES (STD)

These are diseases that are usually transferred from one person to another as a result of sexual contact or skin contact, and these are usually severe on human's health. Although, there are several kinds of it, but few of it will be briefly discussed here:

1. **GONORRHEA AND CHLAMYDIA:** These diseases are usually spread by sexual contact, and have the same early symptoms. Often a person has both gonorrhoea and Chlamydia at the same time, so usually both diseases should be treated.
2. **SYPHILIS:** This is a common and dangerous disease that is spread quickly from person to person through sexual contact. The first sign is usually a sore, called chancre. It appears 2 to 5 weeks after sexual contact with a person who has syphilis. The chancre may look like a pimple, a blister or an open sore. It usually appears in the genital area of the man or woman (or less commonly on the lips, fingers, anus or mouth). This sore is full of germs which are easily passed on to another person. The sore is usually painless, and if it is inside the vagina, a woman may not know she has it, but she can easily infect other persons. The sore only lasts a few days and then goes away by itself without treatment, but the disease continues spreading through the body. Weeks or months later, there may be sore throat, mild fever, mouth sores or swollen joints or any of these signs may appear on the skin.
3. **BUBOS (Lymphogranuloma Venereum):** This is another sexual transmitted disease that affects both the man and woman with reference to the symptoms, in man there are usually large, dark lumps in the groin that open to drain pus, scar up and open again. While in woman, there are lymph nodes similar to those in the man or painful, oozing sores in the anus. Most of time, Bubos in the groin can also be a sign of chancroid.
4. **SORES ON THE GENITALS:** Usually, a single and painless sore on the genital may be a sign of syphilis, but several sores are likely to be a sign of the other sexually transmitted diseases like:
 - (a) **Genital Warts (Venereal Warts, Condylomata Acumata):** These warts are caused by a virus (called Human Papilloma Virus - HPV) that is spread by sexual contact. It is usually transmitted through skin – to – skin contact. They look like warts (In Yorubaland, it is called “Alefo”) on other parts of the body, but there are usually more of them on genital. The signs could be small, hard, whitish or brownish skin growth that has a rough surface. In men, they usually grow on the penis, but can also grow on the scrotum or anus (asshole). In women, they grow on the lips of the vagina, inside the vagina or around the anus.
 - (b) **Genital Herpes:** This is painful skin infection caused by a virus small blisters appear on the sex parts. Genital herpes is spread from person during sex. It occasionally appears on the mouth from oral sex; but it is different from the kind of herpes that commonly occurs on the mouth, which is not spread by sex.
 - (c) **Chancroid:** This is another disease that is easily spread by sexual contact. This could be known with: soft painful sores on the genitals or aims; enlarged lymph nodes (Bubos) may develop in the groin.
 - (d) **Others include:** Trichomoniasis, Cervical cancer, Cervical dysplasia and so on.
5. **ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS/HIV):** The name of this sexually transmitted disease is called AID, and the virus that spreads it is called HIV. It is now found in most countries around the world, and in many is becoming more and more common. AIDs reduces the body's ability to fight disease. A person with AIDs reduces the very easily and often – from many different illnesses such as: diarrhea, Puenomonias, tuberculosis, or a serious type of skin cancer. Most persons with AIDs die from diseases their body cannot fight. AIDs is spread when blood, semen (sperm), or vaginal juice of someone with the AIDs virus enters the body of another person. It can be spread through:
 - i. Having sex with someone who has the AIDs virus. A person who has sex with more than one person has a higher risk of AIDs.
 - ii. Using the same needle or syringe/ any instrument that cuts the skins without sterilizing it. Thus, drug users who share the same needle have a very high risk.
 - iii. An infected mother could transfer it to their unborn child. About 1/3 of babies of mothers with the AIDs virus get AIDs.

METHODOLOGY

The study was carried out amongst the students of some selected public universities in Nigeria. The study involves under – graduates who were presumed to be between the ages of 15 to 30 years old, from cross cultural students of the following universities in Nigeria:

1. Adekunle Ajasin University, Akungba - Akoko Ondo State.

2. Amodu Bello University, Zaria, Kaduna State.
3. Bayero University Kano, Kano State.
4. Ekiti State University, Ado Ekiti State.
5. Federal University, Dutse, Gigawa State.
6. Imo State University, Owerri, Imo State.
7. Nigeria Police Academy, Wudil Kano State.
8. Nnamdi Azikwe University, Akwa, Anambra State.
9. Obafemi Awolowo University, Ile – Ife, Osun State.
10. University of Benin, Benin – city, Edo State.
11. University of Calaba, Calaba, Cross River State.
12. University of Ibadan, Ibadan, Oyo State.

The sampled universities were all public institutions own by either federal or the state government of Nigeria and the sample cuts across the Yorubaland, Hausaland and the Igbo communities. Twelve (12) universities were selected. Thus, Four (4) universities were selected from the three (3) major ethnic tribes in Nigeria. The sampling size is Three Hundred and Sixty (360). Thirty representatives were selected from each university and it involved various departments and levels in the universities. The sampling technique employed were purposive and Quota sampling technique. And to avoid undue biases, the quota is sub - divided into various categories e.g. Male and female, departments, and levels in each school. This provides an opportunity to select respondents from various geo – political and ethnic grouping from different departments, level and gender. The final selection in each department and level is base on purposive sampling technique. Respondents were purposely selected from different departments in each university.

The instrument of data collection was self – administered questionnaire. The administration of questionnaire was done with the aid of research assistants. This is because the study seeks to generate up to date information on youths’ sexuality. The questionnaire is divided into sections with both open and closed ended questions: Section A involves the bio - socio data. Section B comprises questions on sexual abstinence and use of condom. Before the questionnaire was administered, the researcher (or its assistants) explained in details to each respondent the purpose of the study in detail to the students and the students were given the opportunity to turn down the offer of being given the questionnaire, if they so wish. Thus, the respondent’s consent was sought for and confidentiality was guaranteed by the researcher; and that all information would remain anonymous and that their participation would not be divulged to others.

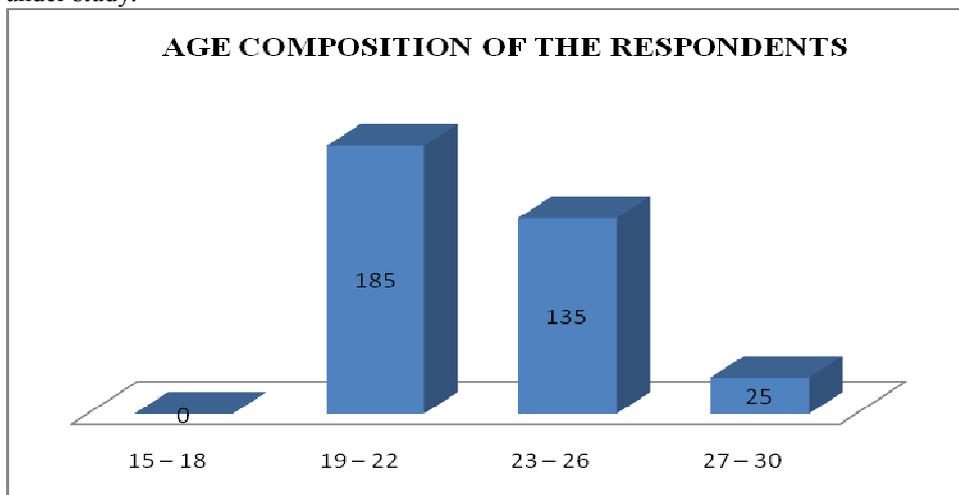
The analysis of data was done using descriptive and inferential statistics. The descriptive statistics include the use of table, multiple bar chart and pie chart with overall aim of depicting pictorially the features inherent in the study. The inferential statistics include relation value, *Yule Q* and Chi - square.

FINDINGS AND ITS ANALYSIS

The analysis of data collected from the field work, as well as the findings were presented based on variable distribution in figures, graphs, pictographs and tables, as follow:

Figure 1: Age composition of the respondents

The table aim to display the age composition of the respondents to show how the survey covers the population under study.



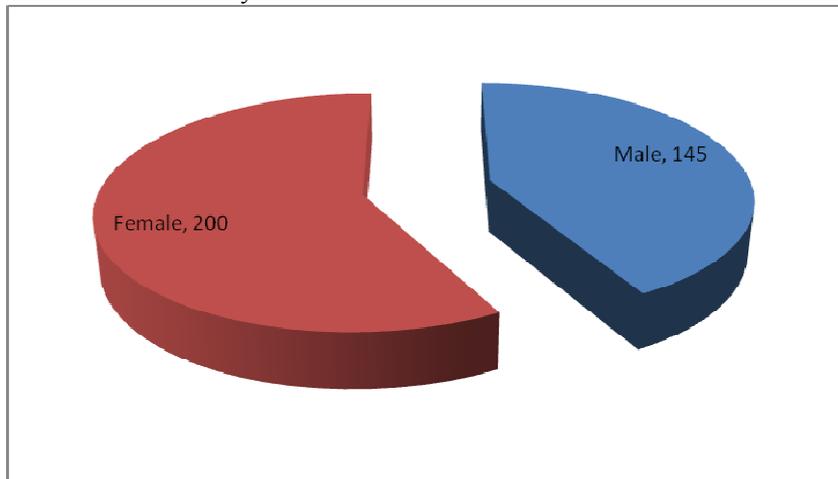
Source: Field study, 2015.

The largest proportion of the respondents fall within age group 19 - 22 with 185 (53.6%) and followed

by age group 23 – 26 with 135 (39.1%). The least respondents in the study is people with age 27 – 30 with 25 (7.3%) respondents respectively. This age group depicts the population of interest, which is the youth population.

Figure 2: Sex composition of the respondents

The figure seeks to display sexes (i.e. gender) component of the respondents to depict that the survey is not central on one sex only.



Source: Field Study, 2015.

The male respondents in this study are 145 (42.0%), with the 200 female respondents accounting for the rest of 58.0%. It simply shows that female participated more in the study than their male counterpart.

In addition, the study revealed that, 305 (88.4%) of the total respondents are single, 20 (5.8%) are married before their 30th birthday; while 20 (5.8%) respondents are already a single mother/father parents. Also, the study cuts across every religion, as: 205 (59.4%) respondents account for Christianity; Islamic religion shared 135 (39.1%) and other religion practices covers only 5 (1.5%) among the total respondents. In terms of ethnic relations, Yoruba carries the highest proportion of participants in the study with 115 (33.3%), followed by Ibo with 95 (27.5%), Hausa respondents are 60 (17.4%) and other ethnic regions in Nigeria account for 75 (21.7%) respectively.

Furthermore, the study shows that, majority of the Nigerian youths had their first intercourse before the age of 22. Almost half of the respondents 155 (44.9%) had engaged in sex frequently before 18 years of age. This was confirmed in the study as 295 (85.5%) undergraduate students in Nigeria universities had been deflowered on or/ before 22 years of age. While others 50 (14.5%) respondents could scaled beyond 22 years before being deflowered. And once they had taken the forbidden fruit, it is always difficult for them to throw it away. Therefore, they hardly abstained from sex in that situation.

Table 1: Implication of sexual abstinence on youth development

QUESTION	YES		NO	
Does sexual abstinence have any severe implication on the youth's development?	160	46.4 %	185	53.6%

Source: Field Study, 2015.

The respondents argued on the implications of sexual abstinence on the youth's development. 160 (46.4%) respondents agreed that it has adverse implication on the youths development, while 185 (53.6%) disagreed that, sexual abstinence has any serious implication on the youth's development. The reasons for their response according to findings in the field are:

- YES**, sexual abstinence has severe implications (having sex) on the youth's development, because?
- Some youths of today cannot do without having sex.
 - The sexuality can disturb the education of the youths, and lead to poverty.
 - Sex boosts the man and a woman's moral and relieves them when body demands.
 - Sexual abstinence is almost impossible among the youths of today, because it is always hard to find a lover that want to abstain from sex while dating. The sexual involvement by the youths confirms their maturity and can destroy their future.
 - Religiously, sex before marriage is wrong, and there are other implications.
 - It distracts the visions of the youths and at times denies them the productive opportunities due to unplanned pregnancy and STIs.

- It affects the mental state of mind of the youths psychologically and socially.
- Sex is an exercise that reduces the rate of sperm accumulation and it controls the high rate of libido.
- Sex helps the youths' reasoning faculty to be accurate, mental alertness and stress free.
- **NO**, sexual abstinence (not having sex) does not have severe implications on the youth's development, because?
 - Sex is not a priority in youths' development; rather, sexual abstinence keeps the youths from unwanted and untimely pregnancy at the youthful age.
 - Sexual abstinence prevents the youths from contacting sexual transmitted infections (STIs).
 - Sex needs moderation, one does not need to be cheaper and it has good health effects.
 - Once the youth taste sex, they always demand for more. Therefore, it is better to abstain.
 - Sexual abstinence helps the youths to sustain morals, values and be focused in life career and maintain one's self esteem.
 - Sexual abstinence gives a deep insight on relationship and it helps one to know his/her partner better.
 - Sexual abstinence leads to better future for the youths and it prevents the problem of abortion of unwanted pregnancy and STIs.
 - Sexual abstinence does not kill; also sex does not have any severe effect, if condom is used.

Table 2: The Use of Condom

QUESTION	FREQUENCIES		FREQUENCIES	
	YES	%	NO	%
Are you aware of the necessity of sexual precautions?	320	92.8	25	7.2
Do you or your partner make use of condom during sex?	245	71.0	100	29.0
Will you react negatively, if you find condom in the possession of your partner?	115	33.3	230	66.7
Did you make use of condom during your first intercourse?	150	43.5	195	56.5
In order to prevent unplanned child – bearing, have you ever done abortion before or aided by your boyfriend?	90	26.1	255	73.9
If condom is not available at the moment, do you discontinue sexual activity in order to obtain a condom?	185	53.6	160	46.4

Source: Field Study, 2015.

From the table 3 above, the majority of youths of nowadays is aware of the necessity of the use of condom, makes use of the male condom than the female condom, if the occasion allows and; will not react negatively, if they find condom in the possession of their partner. Many did not make use of condom during their first intercourse and many have engaged in at least one abortion one way or the other. And if condom is not available at the moment, many of the youths will not discontinue sexual activity in order to obtain a condom; despite the fact that, they know the implications.

This was confirmed in this study as 320 (92.8%) of the total respondents claims to be aware of the necessity of sexual precautions and only 25 (7.2%) are not aware of it; and 245 (71.0%) of the respondents agreed that they make use of condom during sex; while 100 (29.0%) respondents did not make use of condom during sex. 230 (66.7%) respondents claims that they will not react negatively if they find condom in the possession on their partner and 115 (33.3%) respondents will react aggressively if condom is found in the possession of their partner. 195 (56.5%) of the total respondents reveal that, they did not make use of condom during their first intercourse and the remaining 150 (43.5%) did use condom even during their first time of having sex. Also, 185 (53.6%) of the total respondents agree that, if condom is not available at the moment of having sex, they will discontinue sexual activity in order to obtain a condom; and the remaining 160 (46.4%) respondents will continue on the sexual activity like that. The implication here is that, despite that the youths know the dangers in nicked sex, yet many still have sex without condom.

Furthermore, as a result of power imbalances, female decides on the use of condom before sex. In this study, 260 (75.4%) of the respondents support that female decides on the use of condom before sex; while only 85 (24.6%) respondents did not support this, but claims that, male decides in many occasions. And if either of the partners insists of not using condom he/she will react in the following ways, according to the excerpts from the field work:

- I will use petting in order to control unwanted pregnancy and STIs.
- I will have the sex and take anti – biotic drugs for prevention.
- I will not allow him to do anything at the moment, but I will advise him to look for someone else to satisfy him or he should look for alternative.
- I will plead to her or leave her for some other time.

- We shall definitely continue the sexual activities at all cost, by coercion.
- I will use flesh to flesh, but also apply withdrawal method to avoid unwanted pregnancy.
- It is over and no sex then. As a guy, I will just stop having sex with her to protect myself.
- Once she is not in her menstrual period, no problem and I will do it like that.
- I will let him understand that, if you do not trust me, however, the use of condom is the major way we can be sure that we are both safe.
- Sex without condom is more interesting and sweet.
- I will stand on my point and unshakable that, I cannot have sex with unless you use condom.
- I will say, if you think condom makes sex boring, I will make sure that I will make it fun with you.
- As a girl, I will disallow him with all possibilities and withdraw myself and it will be better for me to quit the relationship.
- It depends on the way she wants it and I will do it the way she wants it.
- I will allow, only if I am sure that he is free of any STI after test.
- The use of condom depends on the type of partner he/she is and the level of trust between them.
- I will explain the implication of not using condom to her, but I can still do withdrawal method.
- I will appeal that many people in the community have HIV infection, so we need to be careful.
- I will suggest the use of female condom for her.

This study further finds out that, majority of the undergraduate youths of nowadays are aware of the use of condom as prevention mechanism, and the sources of their information are through:

- i. Doctors (medical practitioners) – Family planning, clinics, sexual health clinics, pharmacies.
- ii. Public announcements, like: ODSACA, National Orientation Agency (NOA), National Agency for the Control of Aids (NACA), World Health Organization (WHO), Posters (play safe), HIV/AIDs awareness program, youths Corpers’ anchored program.
- iii. Mass Media, like: Television, Radio, Internet, newspaper, magazine, Novels and books
- iv. Schools, via: Teachers, sex education seminar/workshop,
- v. Parents and relatives (Father, mother, sisters, brothers, guardians and neighbours).
- vi. Peer groups (friends/mates/age grade) and lot more.

Table 3: The use of condom effectively does the following for the youths

S/N	VARIABLES	FREQUENCIES			
		YES	%	NO	%
i.	Condom prevents unwanted/unplanned pregnancy	315	91.3	30	8.7
ii.	Condom prevents Sexual Transmitted Infections (STIs)	320	92.8	25	7.2
iii.	Condom denies the youths adequate sex fun/enjoyment	210	60.9	135	39.1
iv.	It allows long last duration on sex and delays discharging of semen	245	71.0	100	29.0
v.	Condom denies youths’ sexual gratification	200	58.0	145	42.0
vi	Condom makes intercourse less messy and less difficult	205	59.4	140	40.6
vii.	Condom use is a mechanism for population (birth) control	320	92.8	25	7.2

Source: Field Study, 2015.

The findings further revealed in the table 3 as shown above that, condom prevents unwanted or unplanned pregnancy; it prevents sexual transmitted infections (STIs); it denies the youths adequate sex fun/enjoyment (sensation of sex); it allows long last duration on sex and delays discharging of semen; it is a mechanism for population (birth) control. These were confirmed as almost two - third of the total respondents support all these propositions; except that, little above average claim that, the use of condom denies youths’ sexual gratification; and it makes intercourse less messy and less difficult. Also, the study found out that, some factors enhance the use of condom for sexual intercourse in Nigeria, such as: religious belief, educational level, availability of the condom (or circumstances at hand), economic status (class) of sexual participants, lack of trust in the partner, fear of the unknown - “unwanted pregnancy”, fear of contacting sexual transmitted infections (STIs), and so on. However, the female can persuade and orientate the male counterpart to use condom, but it all depends on the circumstances at hand.

Table 4: Frequency of sex and use of condom among university graduates in Nigeria

S/N	QUESTION	Rarely	%	Not often	%	Regularly	%
a.	How frequently do you have sex?	170	49.3	145	42.0	30	8.7
b.	How frequently do you use condom?	129	37.4	131	38.0	85	24.6

Source: Field Study, 2015.

Findings from table 4 above shows that, 170 (49.3%) of the total respondents do rarely have sex, while 145 (42.0%) respondents do have sex, but not often; and only 30 (8.7%) among the respondents do regularly

have sex. Thus, all of them do have sex, but about half of them rarely do. Not that alone, only 85 (24.6%) of the total respondents make use of condom regularly during sex. The remaining 129 (37.4%) and 131 (38.0%) respondents do have sex and rarely and not often use condom respectively. 260 (75.4%) respondents are not constantly using condom during sex. Thus, the implication here is that, despite the huge amount of money spent on advertisement and public campaigns on the awareness, zip – up, sexually transmitted infections and the use of condom during sex, a large proportion of the youths who are not ready to raise a family still have nicked sex without the use of condom nowadays.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

The study was primarily designed to decipher the sexuality of Nigeria undergraduate youths as it relates to use of condom and abstinence in the light of increasing sexually transmitted infections (STIs) and unwanted pregnancy. The study draws attention to the values of undergraduate youths on condom and abstinence. The history of condom use; in combating the problem of unwanted pregnancy and diseases, was considered and its relevance in the present age and time to reduce the same scourge. Abstinence was also considered from historical evaluation; and its relevance in the present age and role of mother; home, religious organizations and non - governmental organizations in fostering abstinence or the use of condom.

Different relevant literature reviews from different contents were considered. The study employed sampling rather than to considered the entire population. Quota sampling technique and purposive sampling were used to administer Three hundred and sixty questionnaires to the Undergraduate students in some selected Universities in Nigeria. But only Three Hundred and Forty – Five questionnaires were successfully retrieved. The information collected from the exercise was collated, codified, analyzed and interpreted into tables and furthers analysis were carried out through the use of percentage, Pie Chart, and multiple Bar Charts.

The finding revealed that sex is normative for the youth though some of them abstain from sex. Those who are sexually active takes care of problem of sexually transmitted infections and unwanted pregnancy by using condom especially male condom and most of them got their information from advertisement. In their evaluation of condom in combating the scourges, their evaluation shows that condom is effective in preventing unwanted pregnancy and sexually transmitted infections (STIs). Despite respondents attitude towards use of condom; most of them position that; they will feel bad or negative once they find condom in possession of their partners. In summary those who are use condom and those who abstaining from sex do so, in order to protect their future because of the scourge of unwanted pregnancy and sexually transmitted infection e.g. AIDs/HIV.

RECOMMENDATION

In this empirical work, a number of insightful recommendations would be offered based on the relative experience acquired in the course of this study. Based on the findings following recommendations are made:

- i. There should be abundance of female condom in the market; the same way male condom is available at low price;
- ii. There should be proper education on condom, so as to ginger positive feeling among youths; when they find condom in possession of their partner;
- iii. Conclusively, all medium of information on abstinence and use of condom should intensify their efforts in their campaigns against sexually transmitted infections and unwanted pregnancy. This will aid the youths to have more secured future and consequently a safe world.

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