

## BARRIERS TO CONDOM USE AMONG THE YOUTH IN A MUNICIPAL TOWN IN GHANA

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### ABSTRACT

Condom-use has been identified as one way to reduce the spread of HIV/AIDS but the prevalence of consistent condom-use remains low, especially in West Africa. An analytical cross-sectional survey was conducted in the Sunyani Municipality in the Brong-Ahafo to identify barriers to condom-use among young people. The association between study variables were tested and quantified. Two hundred and twenty (220) sexually active individuals aged 15-24 years were interviewed using a questionnaire to elicit information on their sexual history and behaviour, condom-use history and the extent to which certain behaviours and experiences impede condom-use in their sexual relationships. Condom-use at last intercourse was reported by only 37.5% of males and 38.9% of females ( $p < 0.832$ ). Age, education and marital status were significantly associated with condom-use ( $p < 0.001$ ,  $p < 0.005$ ,  $p < 0.030$ ). Partner trust, non-availability of condoms, not achieving the desired sexual satisfaction and embarrassment of condom purchase were the main barriers to condom-use. Prevention strategies based on perceived severity or adequate knowledge about HIV/AIDS may not be sufficient to induce condom-use. Reproductive health services to young people should emphasize personal vulnerability to HIV and other sexually transmitted infections to encourage condom-use among sexually active young people.

**Keywords:** HIV/AIDS, Condom-use, Young people, Sexual relationships, Growing urban settings

### INTRODUCTION

The health and social consequences of young people's sexual activities are of global concern mainly because of unwanted pregnancies and sexually transmitted infections (STIs), including the Human Immunodeficiency Virus (HIV). Before the advent of HIV/AIDS, condom-use

was mainly targeted at married couples as a form of family planning. Today, promotions often stress the dual role of condoms for family planning and prevention of sexually transmitted infections (STIs), including HIV/AIDS.

Rates of acquisition of STIs and HIV among young people remain unacceptably high



(UNAIDS, 2004), highlighting the need for continued prevention efforts such as consistent condom-use. A report by UNAIDS (2002) indicated that, throughout the world, almost 6,000 youth aged 15-24 years are infected with HIV each day, accounting for more than half of all new HIV infections. As a result almost 12 million youth are living with HIV/AIDS. In sub-Saharan Africa, most new HIV infections occur among people aged 15-24 years and is mostly sexually acquired. Of the estimated 22 million people who have died of AIDS (UNAIDS, 1999), half became infected as 15-24-year-olds (UNAIDS, 1999).

The early sexual maturation among girls and boys, together with a tendency for sexual activity to begin at younger age than before, have increasingly placed adolescent at risk of STIs including HIV/AIDS. Hence preventing HIV has become more difficult in recent years. The expectation for safer sex seems to be disappearing as people, especially the youth hurry to experiment with sex.

This study was to identify some of the potential barriers to condom-use among sexually active adolescents and young adults (15-24 years) in the Sunyani Municipality of the Brong Ahafo Region, Ghana

#### MATERIALS AND METHODS

Two hundred and twenty (220) individuals were interviewed using a structured questionnaire developed by Sunmola (2001) which is designed to elicit information on respondents' background, sexual history and behaviour, condom-use attitudes, and potential barriers to condom-use. It has 25 items worded in short statements and based on four dimensions; condom sexual satisfaction; condom health hazards; condom sexual interest and self efficacy in condom use.

Three sub-districts (Sunyani, Nsoatre and Chiraa), out of seven in the Municipality were selected using the lottery method. Nine communities, out of a total of 182 in the study area were

randomly chosen. A bottle was spun at the central point in each of the chosen communities to determine direction of interview. Every other household was then selected, starting from the one nearest to the interviewer and all young adults within the specified age groups (15-24) who were sexually active and had ever used condom were interviewed.

The survey questionnaire was pre-tested in Abe-sim, one of the sub-districts in the Municipality, which was not one of the study sub-districts. Data were analyzed using the SPSS version 11 software.

#### RESULTS AND DISCUSSION

There were almost equal proportions of males to females in the sampled population (51% males, 49% females). A little over one-tenth (12.7%) of the participants were in some form of marital union. About two-fifths were educated up to secondary level while 9.1% did not have any formal education. Most respondents (72%) were Christians (Table 1).

A little over two thirds (70%) of respondents reported that their last sexual partner was their boy or girl friend. Only 9.1% and 1.8% of the respondents mentioned casual acquaintance and commercial sex workers respectively as their last sexual partners, (Table 2).

About a third (33.6%) had had more than one sexual partner during the six months prior to the survey. The minimum age at first sex of 12 years, occurred among the females. This was higher than that reported by Nabila *et al.*, (2000). The mean age at initiation of sexual intercourse was 15.4 and 16.5 years for the females and males respectively which did not differ much from that reported by the GDHS, 2003 (17.5 years for the 15-19 age group).

This study shows that, condom-use at first sexual encounter was 16%. However, two of five (38%) respondents reported condom-use at last sexual intercourse (Table 3). Similar findings were reported by Adih *et al.*, (1999) in the study on de-



Table 1: Socio-Demographic Characteristics of Respondents

Background (N=220)	Percentage	
<b>Characteristics</b>		
<b>Sex</b>		
Males	112	50.9
Females	108	49.1
Total	220	100.0
<b>Level of Education</b>		
Tertiary	32	14.5
SSS/Secondary	52	23.6
JSS/Middle School	90	40.9
Primary	26	11.8
None	20	9.1
Total	220	100.0
<b>Religion</b>		
Christianity	158	71.8
Islam	56	25.5
ATR	4	1.8
Missing	2	0.9
Total	220	100.0
<b>Age</b>		
15-19	98	87.3
20-24	122	12.7
Total	220	100.0
<b>Marital Status</b>		
Not Married	192	87.3
Married	28	12.7

Table 2: Sexual History and Behaviour of

Variable	Number	Percent
<b>Current Sexual Partner</b>		
Regular	84	38.2
Occasional	92	41.8
No Sexual Partner	44	20.0
Total	220	100.0
<b>Living with sexual partner</b>		
Yes	36	16.4
No	140	63.6
<b>Last sexual partner</b>		
Boy/Girlfriend	154	70.0
Wife/Husband	22	10.0
<b>Casual acquaintance</b>	20	9.1
<b>Sex worker</b>	4	1.8
<b>Other</b>	20	9.1
Total	220	100.0
<b>Multiple sex partners within the last 6 month</b>		
Had multiple sexual partners	74	33.6
No multiple sexual partners	136	61.8
No response	10	4.5

Table 3: Condom-use History

Characteristics	Number	
<b>Percentage</b>		
<b>Condom use at first sex</b>		
Used	35	15.9
Not used	185	84.1
<b>Condom use during last sex</b>		
Used	84	38.2
Not used	136	61.8
<b>Reason for use at last sex</b>		
To prevent pregnancy	44	52.2
STI/HIV/AIDS protection	28	33.3
Partner wanted it	12	14.3
<b>Reason for non use at last sex</b>		
Not available	52	38.2
Too expensive	2	1.5

terminants of condom-use to prevent HIV infection among the youth in Ghana which revealed that only 37.2% of the sexually active males had used condom at last sexual intercourse.

The most common reason for condom-use at last sexual intercourse was pregnancy prevention/contraception (52.4%), followed by STI/HIV

prevention (33.3%). Where condom-use was for contraception, it did not lead to consistent use.

Partner objection to condom-use was not a major barrier to condom-use, only 8.8% of the respondents cited partner objection as a reason for non-use at last sexual encounter. Among the younger age cohort (15-19years), non availability of con-

Table 4: Barriers Related to Condom Use and Sexual Satisfaction

Characteristics	Condom use at last sex		No.	
	%		% of No.	p-value
<b>Condom does not give desired sexual satisfaction;</b>				
All the time	54	24.5	19	0.000
Often	79	35.5	28	
Occasional	61	27.7	59	
Not at all	26	11.8	62	
<b>Condom-use makes sexual intercourse boring;</b>				
All the time	43	19.5	19	0.000
Often	73	33.2	33	
Occasional	66	30.0	33	
Not at all	38	17.3	79	
<b>Condom-use reduces the sexual urge;</b>				
All the time	39	17.7	15	0.000
Often	66	30.0	36	
Occasional	65	29.5	22	
Not at all	50	22.7	80	
<b>Condom-use causes delay in reaching orgasm;</b>				
All the time	4	1.8	100	0.000
Often	103	46.8	37	
Occasional	59	26.8	13	
Not at all	54	24.9	63	
<b>Condom-use causes one's partner to lack trust;</b>				
All the time	34	15.5	18	0.000
Often	52	23.6		
Occasional	62	28.2		
Not at all	72	32.7		
<b>My partner does not like condom-use</b>				
All the time	37	16.8	22	0.336
Often	34	15.5	23	
Occasional	45	20.5	31	
Not at all	104	47.3	52	
<b>Condom-use makes sexual intercourse messy;</b>				
All the time	8	3.6	50	0.342
Often	28	12.7	50	
Occasional	58	26.4	31	



doms was the most important reason for non-use (60%).

While more than three quarters (79%) of those who said condom-use does not make intercourse boring at all used condom at last sex (Table 4), only 19% of those who believed condom-use makes intercourse boring did same. Four out of five (80%) of respondent who felt condom-use does not reduce their sexual urge at all were found to have used condom at last sexual intercourse as against 15% of those who said condom-use reduces their sexual urge at all time. While 63% of the respondents who said condom-use never causes delay in reaching orgasm used condom at last sex, only 37% of those who said condom-use causes delay in reaching or-

gasm often used condom at last sexual intercourse. Only 18% of those who said condom-use causes (connotes) lack of trust all the time were found to have used condom at last sex as against 56% of those who said condom-use does not imply partner distrust. Of the seven (7) characteristics of sexual dissatisfaction examined, five (7) were associated with decreased likelihood of condom-use at last sexual intercourse ( $p=0.00$  to  $p=0.342$ ). Less than one fifth (19%) of the respondents who said condom-use reduces sexual pleasure used condom at their last sexual encounter. This confirms Mehyar *et al.* (1995) and MacDonalds *et al.* (1990) findings that reduction in sexual pleasure is the most important reason why people do not use condoms.

Table 5: Barriers Related to Condom Use and Health Hazards

Characteristics	No.	%	Condom use at last sex % of No.	p-value
Condom causes itching during sexual intercourse:				
All the time	2	0.9	0	0.040
Often	4	1.8	0	
Occasional	58	26.4	41	
Not at all	156	70.9	36	
Condom burst during sexual intercourse				
All the time	2	0.9	0	0.226
Often	16	17.8	50	
Occasional	140	63.6	37	
Not at all	61	27.7	36	
Condom use causes pain during sexual intercourse:				
All the time	8	3.6	0	0.000
Often	10	4.5	40	
Occasional	84	38.2	19	
Not at all	118	53.6	54	
Condom slips into vagina during sexual intercourse:				
All the time	18	7.3	0	0.199
Often	10	4.5	40	
Occasional	30	13.6	19	
Not at all	104	74.5	54	

Three items (3) related to the factor, condom on health hazard were statistically significantly associated with condom-use at last sexual intercourse with  $p < 0.000$  to  $p < 0.04$  (Table 5). The items, condom bursts during intercourse ( $p = 0.226$ ) and condom slips into the sexual organ of the female during sex ( $p = 0.199$ ) were not found to be statistically associated with condom-use at last sex. None of the respondents who said condom-use causes pain during intercourse (3.6%) used condom at last sex. More than half (54%) of those who said condom-use does not cause pain at all in sexual intercourse reported using condom at last sex.

Apart from the item "the smell of condom reduces my interest during sex ( $p = 0.450$ )" all the

other items related to condom sexual interest had a statistically significant association with condom-use at last sexual intercourse with a  $p = 0.000$  to  $p < 0.003$  at 95% confidence level. A little over half (51.8%) of the respondents said they always felt embarrassed to purchase condom. The survey which revealed that 73% of respondents who were not embarrassed at all to buy condoms used it, while only 32% of those who always felt embarrassed to purchase condoms used condom at last sexual encounter (Table 6).

In 2003, Glover *et al* reported that lack of privacy in stores and social stigma were associated with condom-use as the most significant barriers.

In a study of Canadian college students, MacDonalds *et al.*, (1990) reported embarrassment about

Table 6: Barriers Related to Condom Use and Sexual Interest

Characteristics	No.	%	Condom use at last sex
	% of No.	p-value	
It is embarrassing buying condoms			
All the time	114	51.8	32
	0.003		
Often	62	28.2	35
Occasional	22	10.0	45
Not at all	22	10.0	73
Religious belief makes me feel guilty using condom			
All the time	54	24.5	26
	0.450		
Often	66	30.0	24
Occasional	32	14.5	56
Not at all	68	30.9	53
The smell of reduces my interest during sex:			
All the time	16	7.3	37
	0.000		
Often	20	9.1	20
Occasional	58	26.4	52
Not at all	122	55.5	34
It is difficult to discuss condom use with my partner:			
All the time	16	7.3	37
	0.000		
Often	70	31.8	26
Occasional	56	25.5	32
Not at all	66	30.0	64



condom purchase as one of the major factors associated with non-use of condoms in sexual relations. This embarrassment can result in reluctance to be seen buying condoms and is a roadblock to safe sex.

The study revealed that while 47% of those who agreed they will suggest condom-use without fear that their sexual partner will think they have STD used condom at last intercourse, only 29% and 20% of those who disagreed or were undecided respectively used condom at last intercourse (Table 7).

All the five items related to self-efficacy in condom-use were statistically significantly associated with condom-use at last sex, with  $p < 0.000$  to  $p < 0.041$ . More than three out of four ((80%)

respondents who agreed that they will suggest condom-use with a new partner reported condom-use at last sexual encounter, as against 44% and only 4% of those who said they disagreed and those who were undecided, respectively.

Among those who agreed they will refuse to have sex if a partner will not use condom, 48% reported using condom at last sexual encounter as against 35% and 27% among those who disagreed and those who said they were undecided, respectively.

The results showed that respondents who have the confidence to suggest condom-use with their sexual partners were more likely to use condoms. Adih *et al.*, (1999) also identified perceived self-efficacy in condom-use as an important predictor of condom-use. Similarly, young people who

Table 7: Barriers Related to Self-efficacy in condom-use

Characteristics	No.	%	Condom use at last sex	
	% of No.	p-value		
I will suggest using condom without fear of my partner thinking I have STD:				
Agree	118	53.6	47	0.012
Disagree	68	30.9	29	
Undecided	30	13.3	20	
I will suggest using condom without fear of my partner thinking I thought s/he has STD:				
Agree	112	50.9	46	0.013
Disagree	70	31.8	29	
Undecided	36	16.4	28	
I will insist on condom-use with a new partner:				
Agree	146	66.4	80	0.000
Disagree	20	9.1	44	
Undecided	52	23.6	4	
I will insist on condom-use even against the will of my sexual partner:				
Agree	88	40.0	52	0.000
Disagree	94	42.7	49	
Undecided	37	16.8	21	
I will insist on condom-use even against the will of my sexual partner:				
Agree	78	35.5	48	0.041



perceived a high level of self-efficacy to use condoms and a low level of barriers to condom-use were nearly three times more likely to have used condoms at last intercourse when compared to others.

#### CONCLUSION AND RECOMMENDATIONS

A good number of the youth (33.6%) had multiple sexual partners which was more common among the males (43%) than females (26%). Young people initiate sexual activity early (minimum of 12 years). Mean age at initiation of sexual intercourse was 15.4 and 16.6 years for the males and females respectively. Low prevalence of condom-use was both at first sex (16%) and at last sexual encounter (38.2%).

The study revealed that perceived condom attributes such as: condom-use does not give the desired sexual satisfaction; condom reduces the sexual urge and makes sex boring were important barriers to consistent and regular use. Majority (81%) of those who believe that, condom-use decreases sexual pleasure all the time did not use condom often.

Perceived health implications related to condom-use such as: condom bursting and slipping into the vagina during sexual intercourse were not potential barriers to condom-use.

The feeling of embarrassment to the purchase of condoms was a major obstacle to condom use (68%).

The Municipal Health Administration should adopt innovative approaches in the delivery of reproductive health services to young adults and emphasize the dual protection condoms offer; (HIV/AIDS/STIs and unplanned pregnancy) to encourage consistent condom-use among sexually active people. Programmes to promote condom-use among young people should also provide skills such as self-esteem, assertiveness and self-confidence that would enable young people to effectively negotiate condom-use.

Other stakeholders should take up the issue of behavior change and condom social marketing

campaigns that emphasize the positive attributes of condom. They should also encourage personal risk assessment for sexual and reproductive health consequences, in the event of risky sexual behaviour.

Buying condoms in public venues, such as pharmacies, remains stigmatized and embarrassing, even for experienced users. Condom dispensers should be available at alternative outlets, such as night clubs, workplaces, educational institutions and fast food joints.

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