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Are we doing enough? Nigerian Female Undergraduates' Knowledge and Use of Female Condom.

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Abstract. Female undergraduates' population in Nigeria though heterogeneous, is dominated by young people who have high sexual mobility and engage in sporadic and unstable sexual intercourse which tends to expose them to health compromising behaviours such as non-usage or inconsistent use of female condom. This study interrogated female undergraduates' knowledge and use of female condom in Nigeria. The descriptive research design was adopted for the study. The study's participants were five hundred and thirty-one female undergraduates drawn from six faculties in a Nigerian university. The Female Condom Knowledge and Use Scale (FCKUS), a 12-item questionnaire developed by the researchers with attendant psychometric properties ensured, was used for data collection. Results indicated that 31.4% of female undergraduates have seen a female condom before while 68.6% have not. The sources of knowledge about female condom were mostly from Peer group/friends (32%) and the least was from parents (4%). There was also a significant difference between New–intakes and Stalites female undergraduates' knowledge and use of female condoms. Also, there was a significant difference in the knowledge and use of female condom by female undergraduates below and those above 20 years old. However, there was no significant difference in the knowledge and use of female condoms of participants in Science faculty and those in Non-science faculties. The study concluded that we are not doing enough advocacy on female condom as a nation. It was recommended that more advocacy is needed, while free distribution of female condoms to female undergraduates periodically by Government Agencies/ Health Institutions and NGOs should be explored just like they do for male condoms.

Keywords: Female Condom; Knowledge; Use; Undergraduates.

1. Introduction

Globally, researchers have consistently interrogated young people's sexuality and sexual behaviours because today's youths will shape the size, health and prosperity of the world's future population (Population Reference Bureau, 2010). Female undergraduate population in Nigeria though heterogeneous, is dominated by young people, chronologically between 16 – 25 years old, and they are quite sexually mobile (Akindele-Oscar, 2009). The high level of sexual mobility, tends to expose these female undergraduates to health compromising behaviours. They engage in sporadic and unstable sexual intercourse.

Studies have suggested that female undergraduates engaged in early sexual debut sooner than previous generations within the formal university setting, away from direct parental control, fewer effective societal structures of traditional values, religious and cultural disapproval, and sometimes sanctions. Low parental income of female undergraduates was correlated with increase sexual intercourse and higher frequency of sexual activity by female youths. In fact, virginity is no longer consider a virtue among female young people (Akindele-Oscar & Ayodele, 2014). Female undergraduates in Nigeria engaged in risky sexual behaviours such as: unprotected sex; multiple sex partners; sexual intercourse under the influence of

substance, and transactional sex (the offering of sex by female undergraduates for financial gains from men popularly called "Sugar Daddies" to pay their school fees, buy gift items/ clothing, etcetera).

The factors that reinforce female undergraduates risky sexual behaviours are: growing poverty and economic insecurity amongst the populace; breakdown in familial values; peer group pressure and inability of most families to meet their female undergraduate's children financial needs (Akindele-Oscar & Adeyemo, 2004; Akindele-Oscar, 2009; Akindele-Oscar, 2014; Ajayi & Somefun, 2019). Research does not support abstinence only approach that sexuality education is effective in delaying young peoples' sexual intercourse, therefore the use of female condom is explored.

The efficacy of female condom as an important public health tool in the fight against HIV infection, cervical cancer, unwanted and unintended pregnancies, abortion complications, complications of pregnancy, infection prevention, prevention of health issues even for unborn babies, Sexually Transmitted Infection (STIs) and other Sexually Transmitted Diseases (STDs) is well documented in literature (Ananga, 2017; Chipfuwa, *et. al*, 2014; Okunlola, *et. al,* 2006; Unchedu, Adeyera & Owoaje, 2019; Tarkang & Bain, 2015). Overall, female undergraduate's new sexual freedom and evolution had led to high incidence of STDs and STI.

In Nigeria as in some countries, condom advocacy by Government agencies targets the male much more than the females. This scenario has resulted in a low level of knowledge of female condom (FC). For example, among Zimbabwean women of reproductive age, the knowledge of FC was low (Chipfuwa, *et. al.*, 2014). In Nigeria, FC use was the least reported contraceptive practice as most women prefer to use unobservable contraceptives (Amu & Nyarko, 2016). Knowledge and use of male condoms are higher than female condoms (Oladeinde, *et. al*, 2011). Low usage of FC was reported in sample South African women over 15years of age (Guerra & Simbayi, 2014). In Colombia, the use of FC is very low (Pablo, *et. al*, 2019).

The low knowledge and use of female condoms in Nigeria are due to females not adequately prepared to know how to use female condom. This is not in conformity with best global practice where sexual health interventions for young people targets equally male and female gender, with focus on education and prevention (Rietmeijer, 2013). Other documented reasons for low knowledge and use of female condom are: Gendered inequalities such as male partner's refusal (they view such usage as a sign of mistrust in one's partners); unfamiliarity, unavailability or unaffordability; finding FC uncomfortable; and lack of sexual satisfaction (Okunola, *et. al*, 2006; Chipfuwa, *et. al*, 2014).

Low use of female condom has also been attributed to: its being less well known unlike the male condom; not readily available and accessible from vendors in most rural or semi-urban areas; male documented cultural norms; use of hormonal pills to prevent pregnancy; insertion difficulties, and stigma/shame associated with purchase of FC from vendors (Oladeinde, *et. al*, 2011; Caliskan, 2012; Tarkang & Bain, 2015). Other documented reasons for female condom use are: their perception of increased exposure to STI; inability to communicate their sexual and reproductive health needs to their partners; experiencing negative reactions after expressing their desire to uptake condom to prevent STI or pregnancy; and restrained decision making concerning SRH needs (Macaluso, *et. al*, 2000; Uchendu, *et. al*, 2019).

Undergraduates female in Nigeria, many of whom now engage in pre-marital sex, transactional sex, and multiple – partnered sex need to use female condoms because of inconsistent condom use by males (Ajayi, Ismail & Akpan, 2019). Also, the uses of female condom will prevent STDs, STIs, and unwanted pregnancies. Since female undergraduates are sexually active, the female condom would assist them take safer sex decisions.

To the knowledge of the present authors, there are limited researches/ literature on female undergraduate's condom knowledge and use in Nigeria. Most researches available have focused on male condom availability, awareness, knowledge and use. Accordingly, there is need for researchers to continue to interrogate what is predisposing and sustaining female undergraduates' poor knowledge and inconsistent or non-use of female condoms despite the danger their sexual mobility poses to their health and well-being. This study therefore interrogated Nigerian female undergraduates' knowledge and use of female condom, and x-rayed if we are doing enough as a nation to improving the status quo.

1.1` Research Questions

- What are the sources of knowledge about female condom available to female undergraduates?

- What is the level of female undergraduates' knowledge about female condom?

1.3 Hypotheses

- There is no significant difference in the knowledge and use of female condom by Stalites and New-intakes female undergraduates.
- There is no significant difference in the knowledge and use of female condom by female undergraduates below 20years and those above 20 years.
- There is no significant difference in the knowledge and use of female condom by female undergraduates in the faculty of science and those in non-science faculties.

2. Methodology

2.1 Design and Participants

The descriptive research design was adopted in this study. The participants were drawn from female undergraduates in a state-owned university in South-West, Nigeria. A total of 600 female undergraduates across six faculties: Science, Education, Arts, Law, Social Sciences, Administration & Management Sciences constituted the sample of the study. A combination of cluster, stratified and random sampling techniques was employed in choosing 100 female undergraduates from 100 – 400 levels in each faculty. Of the 600 questionnaires returned by participants, only 531 were deemed properly filled and considered for analysis. The platform of the university Directorate of Counseling was used to administer the instrument, this made the participants to be relaxed and cooperated to fill the scale.

2.2 Instrument

Female Condom Knowledge and Use Scale (FCKUS), a 12-item questionnaire developed by the researchers was used for data collection. It has 3 sections: A, B and C. Section A measures demographic variables: Faculty, Department, Level, Religion, and Age. Section B has 2 items that measures sources and levels of knowledge about female condoms. Section C has 10 items that measures participants' use of the female condom. A typical item on the scale reads. "I use the female condom because it is cheaper than other family planning methods". The response format for the items ranges from "Strongly Agree" (4) to "Strongly Disagree: (1). The content validity of the scale was done by making sure the items in the scale covered the domain of condom awareness and usage. This is appropriate and sufficient to elicit the required response from the respondents. Test retest reliability index of 0.87 was also obtained.

The instrument was administered personally by the researchers. The eligibility criteria to participate in the study was that the undergraduate must be a female and a full-time student, and must be willing to participate voluntarily. Those who dissent were excused without any reprimand. The administration was done just before the commencement of faculty-based lectures with the understanding of colleagues. This ensured that all the participants cut across departments in each faculty. The instrument took about 5 to 10 minutes to fill, and it was retrieved immediately. Only 531 of the 600 scales were deemed properly filled, and these were the one scored, collated and analyzed using simple percentage and t-test statistics.

3. Results

Research Question 1: Levels of Female Undergraduates' Knowledge about Female Condom.
Those who have seen a Female Condom before: 31.4%
Those who have not seen a Female condom before: 68.6%

Research Question 2: Sources of Knowledge about Female Condoms available to Female Undergraduates.

(a) Government Advocacy on Media: 18%
(b) Health Institutions: 11%
(c) Peer Group/ Friends: 32%
(d) Partner: 4%
(e) Media: 10%
Others: -
(f) Parents: 4%
(h) Siblings: 6.2%
(i) Textbooks/ Journals: 9.8%
(j) University Counselling Centre: 5%

4. Data Analysis and Results

Table 1: Stalites and New-Intakes Females Undergraduates' knowledge and Use of Female Condom

Group	N	$\bar{X}$	SD	df	t – cal	t - tab	P
New – Intake	285	17.11	8.61	529	6.83	1.96	* S
Stalites Undergraduates	246	10.81	6.35				

P < 0.05

The result presented in table 1 shows that the t-calculated is more than the t-table. Therefore, there is a significant difference in the knowledge and use of female condoms by Stalites undergraduates and New-intakes female undergraduates. The hypothesis is therefore rejected.

Table 2: Female Undergraduates' below 20 years and those above 20 years knowledge and use of Female Condoms

Group	N	$\bar{X}$	SD	df	t – cal	t - tab	P
Female Undergraduates below 20 years	377	18.08	9.32	529	2.74	1.96	* S
Female Undergraduates above 20 years	154	7.16	5.61				

P< 0.05

The result in table 2 reveals that there is significant difference in the knowledge and use of female condom by undergraduates below 20 years and those above 20 years. The hypothesis is therefore rejected.

Table 3: Female Undergraduates in Faculty of Science and those in Non-Science Faculties knowledge and use of Female Condom

Group	N	$\bar{X}$	SD	df	t – cal	t - tab	P
Female Undergraduates in Science Faculty	447	21.83	3.11	529	1.73	1.96	NS
Female Undergraduates above 20 years	84	52.75	1.84				

P>0.05

The table 3 shows that there is no significant difference in the knowledge and use of female condom by females in Science and Non-science faculties. The hypothesis was therefore accepted.

5. Discussion

In respect to research question 1, of the total respondents, only about 31.4% have seen a female condom before. 68.6% have not seen a female condom before. It showed that their knowledge about female condom is poor. This is not good enough, considering they are a sexually active and mobile population. For research question 2, the respondents' answer is instructive but not surprising. The sources of information about female condom from analysis reveals the following: Government Advocacy (18%); Health Institutions (11%); Peer Group/ Friends – 32%; Partner (4%); Media (10%); Parents (4%); Siblings (6.2%); Textbooks/ Journals (9.8%); and University Counselling Directorate/ Aids Friendly Support Centre (5%). Obviously, the Government (Federal and State) are not doing enough advocacy on female condom, more effort needs to be channel in this direction.

Hypothesis one was rejected. The findings showed a significant difference between New – intakes and Stalites undergraduates' knowledge and use of female condoms. This contradicted Uwakwe (1999) findings that all undergraduates are susceptible to peer group pressure because they are all away from direct parental monitoring. However, the significant difference noted could be as a result of the Stalites being more emotionally matured having stayed on campus for more than one year. Hypothesis two was rejected. There was a significant difference in the knowledge and use of female condom between female undergraduates who are below 20 years and those above 20 years. This means age is not necessarily a potent factor in determining female undergraduates' knowledge and use of female condom. Hypothesis three was accepted. In other words, there is no significant difference in female undergraduates in Science and those in Non- Science faculties knowledge and use of female condoms. This finding is surprising because one will expect those in

the science disciplines to have more understanding of sexual-anatomical issues, and be disposed to knowing and making use of female condom than those in non-science faculties. This result reveals that both of these group need more advocacy on female condoms.

6. Implication of the Study

The Government have to change direction in terms of advocacy and making female condom available to the end users. More enlightenment that target the female gender and showcase the benefits accruable when female condom is correctly and consistently used by young people who cannot abstain from sex, need to be more aggressively pursued. Furthermore, University Counselling clinic and Health institutions should be reinvigorated to provide enlightenment/seminars on female condoms. Free female condoms should also be given out periodically as they do with male condoms by Government and other stakeholders. Parents should also make mentioning and showing female condom a priority when discussing sexuality education with their children (male and female).

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