

Research article

PREVENTION OF HIV INFECTION AMONG YOUTHS IN THE SUB-SAHARAN AFRICA: THE BANES OF MALE CONDOM USE

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ABSTRACT

This paper examined the banes of male condom use for the prevention of HIV infection among the youths in Sub-Saharan Africa. Africa generally is plagued by poverty, low levels of education, ignorance, and the youths are no exception. Furthermore, in the rural areas of Africa, culture is held highly, and superstition reigns supreme, so discussion of issues bordering on sex and sexual matters, is a taboo. Besides, the efficacy of male condom for preventing HIV infection among youths in Sub-Saharan Africa is in doubt because; the bulk of condom imported into the region may have expired. As a result of societal and religious objections to the use of condom, youths may find it difficult to shop for their right type, size and quality of condom to use, and condom use is more or less shrouded in secrecy, therefore the tendency to fix it haphazardly. Due to ignorance and low levels of education, instructions guiding the fixing, and removal after use may not be complied with, let alone, consistent use of one condom per sex, due to poverty. In addition, availability of male condom seemed to be a license to promiscuity, multiple sexual partners, and high risk sexual activities among the youths. To this end, this paper concludes that the veracity of male condom for preventing HIV infection in Sub-Saharan Africa is doubtful, therefore, among other recommendations, more studies are needed to ascertain the veracity of male condom efficacy for preventing HIV infection.

Key Words: Condom, HIV, Ignorance, Poverty, Superstition, Polyurethane, Latex.

Introduction

Acquired Immunodeficiency Syndrome (AIDS) is a disorder in which the immune system loses its effectiveness against bacterial, viral, fungal, parasitic, cancerous, and other opportunistic diseases. Without the immune system, the body cannot protect itself against the many organisms that can invade it and cause damage. The danger from AIDS comes from the opportunistic infections that start when the immune system no longer functions effectively.

Acquired Immunodeficiency Syndrome (AIDS) is the result of exposure to a contagious virus, the human immunodeficiency virus (HIV). Currently, two variants of the human immunodeficiency virus have been discovered: HIV-1, which causes most AIDS cases in the United States; and HIV-2, which is responsible for most AIDS cases in Africa [1]. HIV infection is a chronic diseases that progressively damages the body's immune system, making an otherwise healthy person less able to resist a variety of infections and disorders.

HIV infection is one of the most serious and challenging problems facing the United States, and the world today. Worldwide, it is estimated that more than 60 million people have been infected since the epidemic began – nearly 1% of the world population – and that more than 20 million have died [4]. about 10 people are infected every minute – 5 million people per year – and half of these new infections are, among youths, in people age 15 – 24 [4].

HIV lives only within cells and body fluids, and not outside the body. It is transmitted by blood and blood products, semen, vagina and cervical secretions, and breast milk. The three main routes of HIV transmission are from specific kinds of sexual contact, from direct exposure to infected blood, and from an HIV – infected woman to her fetus during pregnancy or childbirth or to her infant during breastfeeding. Heterosexual contact is the leading source of HIV infection in Africa[12], and the fastest growing source in the United States [2].

For now, AIDS has no cure, even though scientists are working very hard to get a vaccine. So the only viable option is prevention of HIV infection. The two main preventive measures for HIV infection through heterosexual intercourse are total abstinence from sex, and through the use of condom. While total abstinence provide 100% protection from HIV infection through sexual intercourse, purported protection from infection through the use of condom is doubtful.

Condoms are of many types, such as, latex condom, polyurethane condom, and lambskin condom. The quality, efficacy and the availability of these condoms vary in Sub-Saharan markets. Proper storage is a problem to

contend with in rural areas of Africa, where the temperature poses problems, and yet these commodities are openly harked. Also, Africa is plagued with poverty, ignorance, outdated cultures and tradition, and negative attitudes to sexual matters, particularly, among the youths. Virus, by nature, are so small that they are capable of passing through condoms.

Furthermore, use of wrong size of condom, improper fixing before intercourse, delayed withdrawal of penis from vagina after ejaculation may cause problems. In addition, condom use tend to create false security because of its purported protection among youths, who take the use of condom as a licence to increase their sexual activities, including risky sexual behaviours without caution. This may account for the increasing rates of HIV infection among youths of between 15 – 24 as observed by [4], [1].

These factors, therefore, seriously compromised the efficacy of condom and may cast doubts on the purported veracity of its claim to prevent HIV infection. Consequent upon this, this paper examined the claim that condom may prevent HIV transmission, particularly, among youths in Sub-Saharan Africa.

HIV/AIDS:

Acquired Immunodeficiency syndrome (AIDS) occurs when an individual is exposed to a contagious virus, the human immunodeficiency virus (HIV). AIDS is a disorder in which the immune system loses its effectiveness, leaving the body defenceless against bacterial, viral, fungal, parasitic, cancerous, and other opportunistic diseases. without the immune system, the body cannot protect itself against the many organisms that can invade it and cause damage.

AIDS appears to be a relatively new disease, first recognized in 1981 and identified in 1983. The diseases originated in Africa in a virus that affects monkeys [6]. How and when that virus was transmitted to humans remains the subject of controversy. The first confirmed case of AIDS appeared in the Congo in 1959, but the disease was very limited. Both the number of new cases and the number of deaths from AIDS spread during in the 1980s.

AIDS, according to [5], is the deadliest plague in history. About 40 million people were infected by 2001; when those people died, HIV will surpass the number of people killed by the bubonic plague in the 14th century. Almost 5 million people have acquired HIV infection each year since 2001, extending this plague [12]. Despite

intensive efforts to find a vaccine that would prevent the disorder, no successful vaccine yet exist [10]. To this end, prevention of individuals from HIV infection is the solution.

Although HIV is an infectious organism with a high fatality rate, the virus is not easily transmitted from person to person. The main routes of infection are from person to person during sex, from direct contact with blood or blood products, and from mother to child during pregnancy, birth, or breastfeeding [11]. Concentration of HIV are especially high in the semen and blood of infected people. Therefore, contact with infected semen or blood is a risk.

People most at risk for HIV infection are those affected by causes of the four epidemics: Male-male sexual contact, injection drug use, heterosexual contact, and transmission from mother to baby. However, heterosexual contact is the leading source of HIV infection in Africa [12] and the fastest growing source in the United States [2]. Although men are susceptible to HIV through sexual contact with women, their risk is quite small: Male to female transmission is eight times more likely than female to male transmission [9].

Though heterosexual contact is the leading source of infection in Africa, experts claim that male condom, if well used, has a high measure of preventing transmission rate [4], [1]. In view of this, an African leader once said sarcastically that with condom “I dey Kampe”, meaning that with condom, he is safe from HIV infection. This claim may not be correct, particularly, among the Sub-Saharan youths, for a number of reasons; various types of condoms of different qualities, and sizes are imported into the region, though they are cheap, but at the expense of quality. Many of these condoms have expired, and are not properly stored. They are haphazardly fixed on the penis, without following the instructions guiding the correct usage. Even when it should be used one condom per one round of sex, but due to poverty and ignorance, youths use it, clean it, and keep it for the next sexual intercourse. On the other hand, availability of condom encourage the youths to get involved in promiscuity, and multiple sexual intercourse, and risky behaviours.

Problems Associated with Male Condom Use Among Youth in Sub-Saharan Africa:

Male condom use by youths in the Sub-Saharan African have some challenges which seriously compromised its effectiveness in preventing HIV transmission. Some of these challenges are:

1. **Poverty:** Poverty is a major problem in Africa. [13] opined that poverty and low educational level in Africa have health consequences. People with low income, or no income at all, do not have enough money to feed,

and meet the necessities of life, let alone to purchase condom, and comply with its usage, that is one condom per sexual intercourse. They also have higher rates of unhealthy sexual behaviours, such as non-adherence to instructions guiding effective condom use. This assertion was supported by [7], that people with low socioeconomic status are more likely to have risky health habits. Due to poverty, youths use a condom several times. This they do by using one condom, evacuate it, clean it, and keep it for the next sexual intercourse, thus, compromising its effectiveness. On the other hand, poverty is linked to lack of education (information) about safer sex and HIV prevention [7]. On the other hand, a male who is poor is less likely to use condom at all during sexual intercourse, let alone using it properly [3].

2. **Ignorance:** Lack of education, which breeds ignorance and superstitious beliefs, is rampant in Africa. Due to ignorance, youths, generally, engage in risky adventures, in support of this [14] agreed that low educational level elevates risks of many diseases, including HIV/AIDS. Many Sub-Saharan youths who live in the rural areas, far away from urban centers, have no access to health education on safe sex. And because of their superstitious beliefs, many do not believe that unprotected sex can transmit HIV infection, or that proper condom use can prevent it. Neither do these youths know the various types of condom available, the expiration dates, nor proper use. To the youths, the more the number of your sexual partners, the better your ego, and the greater your popularity.

3. **Poor Storage:** Condoms require proper storage before and after purchase by individuals. Ideal temperature is required for condom to prevent them from losing their elasticity. It is also imperative to protect condoms from ants, and other insects which are likely to make holes in them. But because of the tropical heat in the sub-Saharan Africa, lack of ideal storage facilities, and the fact that condoms, along with other drugs and materials are commonly hawked along the streets, in wheel barrows, by drug peddlers, most of these commodities are damaged by the scorching heat, and by poor handling. Also, because of poor storage, moths, ants, and insects of all kinds do have access to condoms where they are kept, besides the development of mould.

In addition, condoms are known to be stored beyond their expiration dates. As a result of ignorance, illiteracy and carelessness, youths may not bother to check their expiring dates before using them. This may account for high failure rates of condom in preventing HIV infection in Africa.

4. **Psychological Effect of Condom Use:** The use of condom for preventing HIV infection has some negative psychological effects. People believe that with condom, they are absolutely safe to engage in sexual

intercourse, and other high risk sexual behaviours. With this belief, the youths engage themselves in indiscriminate sexual activities which culminate in multiple sexual partners and casual sex. This belief of false security further prevent these youths from adhering to even the simple protective measure such as abstinence. The use of condoms, to many youths, is therefore, a license to prostitution and promiscuity. Perhaps, this may be one of the reasons why the Catholic Church worldwide, and some African cultures frown at the use of condom. Condom use promotes false security against HIV infection.

5. **Nature and Characteristic of Virus:** Efficacy of condom in preventing HIV infection is doubtful. Viruses, by their nature and characteristics, are too small, too small to be visible with a light microscope, and too small to be trapped by filters [8]. In addition [4] affirmed that viruses are so small that they are invisible only with an electron (high magnification) microscope. Viruses may be capable of squeezing themselves through some condoms, particularly, those made of natural skins, the caecum, and intestine of animals and, most recently, polyurethane. Viruses may as well, pass through lambskin condoms and latex condoms, to cause infections. Though, more research are needed to ascertain this, and to find out whether condoms merely serve as a differentially permeable membrane or whether it actually traps HIV, and thus prevent HIV infection.

6. **Failure of Condom:** Failure rate of condom varies considerably. First-year rate, according to [4], among typical users average about 15%. At least some pregnancies, and by extension, HIV infections happen because the condom is carelessly removed after ejaculation. Some may also occur because of breakage or slippage, which may happen 1-2 times in every 100 instances of use for latex condom and up to 10 times in every 100 instances for polyurethane condoms [4]. Breakage is more common among inexperienced users, a common feature among youths in the Sub-Saharan Africa. Other contributing factors to breakage include, poor fitting of condoms, insufficient lubrication, excessively vigorous sex during the heat of passion, and improper storage (because heat destroys rubber, latex condoms should not be stored for long periods in a wallet or a car's glove compartment). To ensure quality, condoms should not be used past their expiration date or more than 5 years past their date of manufacture (2 years for those with spermicide). However, the bulk of condoms used in Africa may have expired before they get to the end users, due to the delay from the date of manufacture, long period on the high seas, length of distribution, and long time in patient medicine stores. It is therefore pertinent to note that most condom failures are due to inconsistent or improper use, and also problems with condom quality [4].

7. **Human Error:** Human errors in male condom use may transmit HIV infection. Human error, in this case, include doing what should not be done with male condom, and failing to do what should be done, before and after sexual intercourse. For example, condoms come in a variety of textures, colours, shapes, lubricants, and sizes. Individual should shop around until you find a brand that is right for you. Condom widths and lengths vary, according to [4], by about 10-20%. A condom that is too tight may be uncomfortable, and more likely to break, and the one that is too loose, may slip off. Also, condom should not be removed from individual sealed wrapper until one is ready to use it, and do not use a condom if it is gummy, dried out, or discoloured. Only water-based lubricants should be used. Oil-based lubricants like Vaseline or hand lotion may cause a latex condom to break.

Another human error to be avoided is leaving condoms in extreme heat or cold, as extreme weather destroys condom, therefore they should not be kept in pocket wallet or car's glove compartments. Of equal importance is that condoms should be used correctly. A new condom should be used every time you have intercourse, and it should be carefully fixed and removed after ejaculation. Immediately after ejaculation, the penis should be withdrawn from the vagina, and the condom removed and discarded. Allowing the penis to get cold before withdrawal may cause the condom and semen to spill-over.

Conclusion and Recommendation:

This paper reviewed the banes of male condom use for effective prevention of the transmission of HIV infection among youths in the Sub-Saharan Africa, and concludes that effectiveness of HIV prevention through male condom use was doubtful. Consequent upon this, the following recommendations were made:

1. More emphasis should be placed on total abstinence, as against male condom use, as a method of preventing HIV infection.
2. Health education, targeting the youths on total abstinence, should be vigorously intensified for HIV prevention throughout Sub-Saharan Africa.
3. Further studies should be carried out to ascertain the veracity of male condom as a means of preventing HIV infection among the youths.

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