Co-variates and reasons for condom use and non-use among adolescents in Maseru and Mokhotlong, Lesotho.

Context

Condom use is one of the effective ways of reducing HIV transmission yet adolescents continue to engage in unprotected sexual intercourse. Successful interventions in this regard call for more information on the motivations for risky sexual behaviour among adolescents.

Data and methods

The source of data for the paper is the Baseline study on knowledge, attitudes and practices on reproductive health and HIV/AIDS among adolescents (age 10-24) in Maseru and Mokhotlong districts in Lesotho. The study was conducted by the Ministry of Gender Sports and Recreation with financial assistance of UNDP Lesotho. Quantitative data was collected from a total of 2103 respondents, with about two thirds of the study population being from Maseru. The study also included qualitative data collected through use of focus group discussions and individual in-depth interviews among adolescents, teachers and parents. The analysis for the present paper limited to adolescents (age 10-19). The quantitative data collected includes information on the social and demographic characteristics, sexual behaviour, use of contraceptive and knowledge and attitudes towards HIV/AIDS of the respondents. The paper uses bivariate and multivariate regression techniques to analyse the data on the use and non-use of condoms among adolescents (age 10-19) focusing on the effects of background variables on use and non-use of condoms.

Results

Despite the emphasis placed on condom use as one of the approaches to preventing STIs and HIV/AIDS only 36 percent of adolescents who were sexually active reported that they used a condom the first time they had sex. The results showed that while 40 percent of sexually active adolescents in Maseru used a condom the first time they had sex; only 27 percent used it in Mokhotlong. Furthermore girls were more likely than boys to have used a condom during first sexual intercourse, indicating that boys were more likely to engage in risky sexual behaviour than girls. Adolescents in age group 15-19 were more likely than those in age groups 10-14 to have used a condom during the first sexual activity.

The likelihood of using a condom during the first sexual activity increased with the level of education. The data showed that 12 percent of adolescents in Standard 1-4 used a condom during the first sexual activity. Furthermore, adolescents who were out of school were less likely than those in school to have used a condom during the first sexual activity.

A higher proportion of adolescents in the urban areas (46 percent) than those in rural areas (31 percent) reported to have used a condom during the first sexual activity. Regional differential data showed more adolescents in the Lowlands used a condom during first sexual intercourse than in other regions.

Those who used condoms the first time they had sexual intercourse were further asked to indicate why they used them. Those who did not use them were also asked to give the reasons for not having used condoms when they first had sexual intercourse.

Responses to the questions on reasons for use of condom during the first sexual activity revealed that the risk of pregnancy was acknowledged to a greater extent than the risk of

HIV/AIDS. About three quarters of those who used a condom mentioned preventing pregnancy as their reason for using condoms while 57 percent mentioned prevention of HIV/AIDS. Use of condoms to prevent STIs was mentioned by 46 percent of the respondents.

The reasons for use of condoms by district and sex indicate that the risk of pregnancy has more adverse effects for girls than for boys. In both districts, a higher proportion of girls than boys mentioned prevention of pregnancy as one of the reasons for using condoms during the first sexual intercourse. A higher proportion of boys than girls in both districts mentioned prevention of HIV/AIDS as their reason for using condoms.

A number of reasons were put forward for not using condoms at first sexual experience. The data revealed that unavailability of condoms was the most frequently mentioned reason for non-use of condoms, indicating limited access to condoms for adolescents. Some respondents indicated it was because they did not think about them. The proportions that reported that they did not use condoms because they did not like them and those who said condoms were not necessary were almost the same. Less than 10 percent of those who did not use condoms the first time they had sexual intercourse said they did not use them because they did not know them at the time, indicating high levels knowledge on condoms.

The percentage distribution of non-use of condoms by sex and by district shows that, in both districts, about 40 percent of boys indicated that they did not use condoms because they were not available. Over 20 percent of boys in the two districts reported that they did not use condoms because they did not think of them. About 18 percent of girls in Maseru and 12 percent in Mokhotlong mentioned the same reason. This may indicate the difference between boys and girls in terms of likelihood to engage in risky sexual behaviour.

The proportion of those who did not use condoms because they did not like them was highest among female in Mokhotlong (22 percent). The proportion of those who did not use condoms because they thought it was unnecessary was around 10 percent regardless of sex and district. Knowledge of condoms among those who did not use them during first intercourse seemed to be high, except among boys in Mokhotlong. About four and seven percent of girls in Maseru and Mokhotlong respectively, said that they did not know condoms. The corresponding proportions for boys are 6 and 16 percent respectively.

Conclusion

The results show that level of condom use is low among adolescent and that the decision to use or not to use condoms is strongly related to the background characteristics of individuals.