T.R.N.C

TURKISH REPUBLIC OF NORTH CYPRUS

NEAR EAST UNIVERSITY

GRADUATE INSTITUTE OF HEALTH SCIENCES

BARRIERS AND FACTORS AFFECTING CONDOM USE AMONG NIGERIAN MALE STUDENTS IN NEAR EAST UNIVERSITY NORTH CYPRUS

JOY JOHNSON AGBO

Master Degree of Nursing (Women's Health Nursing)

NICOSIA, 2019

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Supervisor:

Prof. Dr. GULŞEN VURAL

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THESIS APPROVAL CERTIFICATE

The thesis study of Nursing Department graduate student Joy Johnson Agbo with student number 20175709 titled 'BARRIERS AND FACTORS AFFECTING CONDOM USE AMONG NIGERIAN MALE STUDENTS' has been approved with unanimity / majority of votes by the jury and has been accepted as a Master of Master of Nursing Thesis.

Thesis Defense Date: 11/12/2019,

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Supervisor(s): Prof. Dr. Gulsen VURAL

Year: 2019

I, hereby declare that all information in this study have been obtained and presented in accordance with academic rules and ethical conduct. I, also declare that as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Date:

Signature: _____

DEDICATION

This research work is dedicated to God Almighty for his sufficient grace upon me throughout my program. I will like to also dedicate this work to my wonderful family. My Husband; Mr. Gideon O. Agbo and my Children; Miss Joanna Gideon Agbo and Miss Janelle Gideon Agbo for their un-measurable love and understanding towards to my career.

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ABSTRACT

Aim: To investigate the barriers and affecting factors to condom use among Nigerian Male students' in Near East University.

Methodology: A descriptive study was carried out to analyze this study with a total sample of (n=350) of which 315 questionnaires were filled. Nigerian male students in Near East University were the participants for the study. Power analyzing method was employed for sample size selection. Data collection was done using a questionnaires and a scale on barriers to condom use in Nigeria.The reliability and validity of this scale was done in Nigeria. The data was analyzedusing Statistical package version 21.0. The Kruskal-Wallistest was incorporated to determine the significance difference across the response categories and Mann-Whitney U test was used for the comparisons across between the related barriers.

Results: The results of the study show that**162(51.4%)** students indicated to have regular sexual relationships. **252(80%)** students said that they use condom sometimes.**180(57.1%)** indicated the use of condom in their last occasional sexual relationship. The study also reviews that**260 (82.5%)**students encounter problems with the use of condom. The comparison of condom use score points for students by age, marital status and ethnicity and problem on usage of condoms were found to be statistically significant (**p< 0.05).**

Conclusion: This study results show there is high-risk sexual behaviors among the students, and most of them have had sexual relationship. Only few of them indicated the consistent use of condom as a means of protection against sexually transmitted infection and against unwanted pregnancies. These results show that there is a need for more education for Near East University Nigerian Male Students on the use of condom as people engage in sexual intimacy without proper knowledge of how condoms can be useful in preventing unwanted pregnancies and sexually transmitted infections.

Keywords: Barriers, Factors, Condoms Use, Contraception, Sexually Transmitted Infection, Condom Barrier Scale.

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ABBREVATIONS

STIs	Sexually Transmitted Infection
PID	Pelvic Inflammatory Disorder/ Disease
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
BC	Before Christ
AIDS	Acquired Immune Deficiency Syndrome
TRNC	Turkish Republic of Northern Cyprus
WHO	World Health Organization
HB	HepatitisB
OR	Odss Ratio

1.INTRODUCTION

1.1 Background of the Research

The use of condoms has so much circulated as great amount of condoms are circulated all over the world annually (Htat et al, 2015). Although there are people that still do not believe in condom. Condoms go way back to 1,000 before Christ and this is as far back as anyone can tell because it was then that the first use of condoms was recorded (Khan et al, 2013). The visible evidence of condom use was discovered in the year 200 after the death of Christ (Marfatiaet al.,2015). Today, we have all kinds of condoms in different shapes, sizes and flavors. The use of condoms have been scientifically proven to be very effective in tackling sexually transmitted infections during sexual intercourse especially when the condoms are used correctly and consistently (Yah, et al., 2018). The Turkish Republic of Northern Cyprus (TRNC) is an all-welcoming university as it embraces students from all over the world (Aşut et al., 2018). Students come from all over the world to spend years of studying in North Cyprus and then a significant percentage of people get exposed to infections like STIs when they get intimately involved with people that do not know their sexual health status (Rüütel et al., 2011). There are still cases of STIs and other forms of diseases, which has now ushered strict and policies in the United States. Since 2005, more than 30 new diagnoses were reported annually, and between 2011 and 2013, there were more than 50 new diagnoses annually. Sexually transmitted infections also known as Sexually Transmitted Diseases (STDs) and are caused by bacteria, viruses or parasites that are transmitted through unprotected sex (vaginal, anal, or oral) and skin to skin genital contact (Saini et al.,2010). University students have been proven to have features that are associated with risky sexual behavior. Some of the features related to risky sexual behavior are; having lower religious belief, frequently attending clubs, keeping bad company and frequent alcohol use (Harawa et al., 2008).

One of the most important roles of condom is pregnancy prevention. There are reports of unexpected pregnancies, as condoms are quite expensive in Turkish Republic of Northern Cyprus.According to a study conducted in North Cyprus, the major route for contracting STIs is throughunprotected sexual intercourse.Özlem et al., (2015) conducted a study in North Cyprus and discovered that all students knew about AIDS (Acquired Immune Deficiency Syndrome) and it is transferrable through “sexual relation” and “blood transfusion”. The study showed that

students did not know any other means of transmissions and had little knowledge about the symptoms, treatment and prevention of AIDS among other diseases that are transmitted sexually. The number if students who had been involved in sexual intimacy without the use condoms were more than average.O'Sullivan (2010) discovered that university students participated in risky sexual behaviors, including: having sex with multiple partners, not discussing condom use with their partners and not using condoms regularly when engaging in sexual activity.

This study focuses on the barriers of Nigerian Students in Near East University of North Cyprus. In Nigeria there have been efforts and commitments to strengthen the response to STIs and HIV by creating more awareness to how safe sex is very essential and advisable between couples. Sex education has been given to adolescents and teenagers on the risks of engaging in unprotected sexual activities (Rashid&Nwale,2016).There are programs like education on the 'ABCs(abstinence, be faithful and condom use) in Nigeria for students. These programs might not extend to the foreign countries that Nigerian students go to for studying. The purpose of this study was to determine the barriers of condom use and the affecting factors among the Nigerian male students in Near East University.

1.2 Statement of the Problem

Nigeria is very populated among other countries and has been recorded with more epidemic problems (Stover et al.,2017). Demographic information over the years has shown that there is gender issue when it comes to condom use(Nigeria Demographic and Health survey, 2013).Number of Nigerian students is increasing recently in North Cyprus. University students become sexually active right before gaining admission into the university (Lechner et al., 2013; Adeniyi& Okewole,2014). The university being a place where they meet lot of the opposite sex and also get urged greatly by peer pressure (Korir&Kipkemboi, 2014). Students who do not have the ability to abstain and have high sexual drives find it difficult to maintain sexual inactivity as propagated in Nigerian culture (Odimegwu & Somefun, 2017). These university students get exposed to risky sexual behaviors such as unprotected sexual just to satisfy their sexual urge, sex under influence, having multiple partners also without adequate protection from sexually transmitted diseases (Zin et al.,2019). Male university students have the tendency to get more aroused by the opposite sex as quick as possible (Bailey et al.,2016). A study showed that the consumption of alcohol, cigarette smoking and the use of illicit drugs by adolescents increase

risks of sexual intercourse, multiple sexual partners and lower rates of condom use for male university students (Sales et al.,2012).In North Cyprus, over the years, there have been cases of STIs and few of HIV (Kaptanoğlu et al., 2013).Female students get exposed to unwanted sexual behaviors (such as inappropriate touching, explicit messages, catcalling, being followed, and being forced into sex or sexual acts) more than male students (Gekoski et al.,2015). Male dissatisfaction with the use of condoms was recorded as they mentioned that condoms do not help them reach their goal of sexual satisfaction (Davis et al.,2014). Female partners are convinced of their clean sexual health status without a medical proof that allows for the contraction of sexually related diseases. (Lowther et al.,2012).The Nigerian male students are been focused on in this study because female students experience more sexual health consequences (because of sexual intimacy) compared to the male students (Odimegwu&Adedini,2013).Nigerians in terms of culture and religion value female virginity knowing well that for a female child to lose her virginity, it requires the male child also (Hron, 2008). Loss of virginity before marriage for the girl child attracts serious consequences such as social rejection, dishonor to the family, failure to secure a husband, low bride wealth, and neglect(Pham, 2011). This research will define the barriers male Nigerian students face in the course of using condoms and also help them understand that they have their own roles to play to minimize unwanted pregnancies and prevent STIs unwanted.

1.3 Aims and Objectives of the Study

The aim of the study was to discover the barriers of the use of condom and the affecting factors among the Nigerian male students in Near East University.

1.4 Significance of the Study

This study gains its significance by looking into why the use of condom is not well embraced by Nigerians. There are issues of factors including gender-biased cultural norms that privilege males over females, unequal sex roles that place more familial responsibilities and burdens on females (Cerrato & Cifre, 2018). There is need for the exploration of the current limitations (barriers) and factors on the use of condom among Nigerian male students (NEU, North Cyprus) as a method of contraception and prevention of Sexually Transmitted Infection. Considering reasons such as people shying away from the use of condoms (societal frown against pre-marital sex), even from

the purchase as they fear discrimination (Ndugbu et al.,2018). This study will also provide possible suggestions to improve the use of condom among sexually active individuals. It also gains its significance, as it will throw light on how the use of condom can be encouraged to as many students that cannot abstain from sexual relations.

1.5 Research Questions

1. Which socio-demographic factors affect Nigerian male students on condom use?
2. What are the perceived barriers of Nigerian's male students on condom use?
3. What is the level of condom sexual satisfaction among Nigerian Students?
4. What kind of health hazards do Nigerian students encounter with condom use?
5. What is the level of condom sexual interest among Nigerian students?

2. GENERAL INFORMATION

2.1. Role of Condoms

Condom is a form of birth control also known as contraception, it forms sheath over the genital area or the reproductive organs (penis, vagina). Condom is of two types; the male condom is worn on the penis and the female condom is worn inside the vagina (Masvawure et al., 2014). Stone et al (2018) also mentioned, "That the use of condoms to prevent HIV/AIDS has over the years become a topical discussed in Africa most especially in Nigeria". The most common way of being infected in Nigeria is through sexual activities like sexual intercourse, which requires body fluids to be transferred from one person to another.

Condom use has increased significantly over the past decade(Ali et al., 2019). There has been a measure to create and promote awareness of the use of condoms to the Nigerian youth in order to help minimize the rate of STIs contraction and transmission. Nigerian youths that have ever had sexual intercourse were discovered to be 74.9%. Of these, 56.5% used no protection while 29.0% used condoms (Adebiyi et al., 2009).

Advantages of Condom

The use of condom does not require advance planning, clinic visits, or a prescription as the other form of contraceptives like morning pills or the intra-uterine devices. Condoms are also mostly inexpensive and readily available, they can be carried easily and discreetly by men and women, they allow men to participate in avoiding situations like unwanted pregnancies and preventing infections so the women do not take steps and make efforts alone. It may help prevent cervical cancer(Bruce,2013). Condom use decrease premature ejaculation and prolong intercourse by catching the semen, so nothing drips from the vagina after intercourse. It has little or no side effects and does not affect the menstrual cycle.

2.2 Barriers of Condoms Use

There are constraints to the use of condoms and reasons why university students do not use condoms(Campbell et al., 2016).The deadly STIs like HIV/AIDS has resulted into life threatening consequences and has also not only affected to masses in terms of population but also hindered economic growth (Rosana, 2011). Globally, there are platforms that are been

developed to reduce the risk groups of STI infected people and to also education the population most especially the youths on the risk factors of STIs of which lack of condom use is one of the biggest factors (Keetile,2014).Nonetheless there are still barriers to the use of condoms and the number of people with sexually transmissible infections is still increasing(Farrington et al,2016). There have several research evidence suggesting looking into the barriers of condom use is important. Efforts are still being made to ensure that positive sexual behaviors of African students studying in foreign countries is promoted and for the extension of HIV/AIDS policy abroad through international collaboration (Farotimi et al., 2015).

A survey done by (Marfatia et al., 2015) indicated that the use of condom reduces sexual enjoyment ,reduced sensitivity and pleasure during sexual intercourse. Another barrier on condom use was found to be the cost and is a very important barrier as condoms are expensive in North Cyprus's shopping outlets. This makes students want to think twice about the use of condom and then they decide to go for the cheaper method which is without protection (Mustanski,et al., 2014).

Another factor affects condom use is religion. In Nigeria, premarital sex is frowned at but it does not stop youths from engaging in sexual relationship. As the world is revolving and sex has become an object required to have a successful relationship with the opposite partner especially the male partners.

- Consistency is another barrier of condom use. Even if condoms are used, they are not used consistently, especially in long-term relationships (D'Anna et al., 2012).People begin to trust each other without under-going tests periodically. There are a number of people having unprotected sexual intercourse without knowing they are infected with HIV (Bom et al., 2019). A study conducted in Brazil on how religious and ethnic doctrines affect the population's decision to use condoms and protect themselves from STIs. Therefore, condoms are not well encouraged and it is believed that with an ordained partner they feel condoms are not necessary.
- Hence, we need to encourage people to know both theirs' and their partners' status and use condoms.

Condom types

Condoms cannot be used with oil-based lubricants, only water-based ones (Geibel, 2013). Oil-based lubricants can cause the latex material of the condoms to disintegrate and the condom may tear during actual intercourse. Excessive friction during intercourse may also cause the condom to tear and may result in an unwanted pregnancy (Sanders et al, 2012). This can be avoided by waiting a while before covering the penis with the condom during sexual intercourse but this need for interruption of the act can be a mood killer.

2.3 Factors influencing condom use

There are factors that have an impact on whether condoms will be used or not. These factors include situational, interpersonal factors, structural factors, cultural and religious and social factors.

2.3.1 Situational Factors

In a study done by (O'Neal et al., 2013) on condom the dangers of unprotected intercourse, including unwanted pregnancy and sexually transmitted infections shows that condom use during sexual assault is a critical factor. Condom use also varies with the duration and type of partnership, as the duration of the relationship increases, the need for condom becomes less important. Identified prerequisite behaviors to condom use include buying condoms, carrying condoms and discussing it with a sexual partner (Kruguetal., 2016).It has been noticed that the main concern in a stable relationship is pregnancy prevention(Doss et al, 2009).

2.3.2 Interpersonal factors

Some studies propose that interpersonal factors that influence condom use include communication and negotiation. Being able to talk about condom and come to an agreement on sexual issues influences an individual or partners' decision to make use of condom. Research proves that interpersonal factors such as anticipated partner's view on the use of condom determine the use of condom during sexual activities (Morokoff et al., 2009). A study on the use of condoms discovered that partners view the use of condoms as a disruption to the act of intimacy, which also shows the lack of belief in a partner, so partners prefer not to talk about it.

Also, if one of the partners has a positive view towards the use of condoms and the other partner is against it, arriving at the decision to use condoms is made much more difficult and which at the long run may lead to no use at all (Kanda & Mash, 2018).

2.3.3 Structural factors

Students tend to feel ashamed purchasing condoms because they feel their privacy is invaded as people will know that they are engaging in pre-marital sex (Akibu et al., 2017). For example, going to a pharmacy with a lot people also purchasing pharmaceutical products or meeting an acquaintance in the place of purchase makes it difficult and therefore discourages the use (Long et al., 2012).

2.3.4 Social factors

There are social factors that influence the use of condom. Research showed that an increasing number of young people have premarital sex (Noroozi et al., 2015). University students, tend to be influenced by their peers and would not do things that their peers would not approve of or what is not in vogue or approved by the society (Boraya et al, 2018). Whena group of friends decides to have sex without condom and then one of them decides not to, the individual would be risking the friendship with the group of people. In educational institutions, friends are very important; no one wants to be a loner.

2.3.5 Religious and cultural factors

A study done by (Lucea et al,2013; Asante et al.,2016) on how religious beliefs and cultural values influences the use of condom among university students shows that male partner takes decision majorly on the sexual affairs. Another study by (Krugu et al., 2016) indicated that over 10% of students or their partners have history of unintended pregnancy, and it was proven that male partners played significant role in reproductive health decision-making(Maziarz.,2018). The effect of culture and religion on condom use includes the following, some cultures encourage the decisions about relationship to be made by both partners while some encourage decisions to be made by one person. These cultural views influence the decision to live a healthy sexual life (Plana., 2017). It was also demonstrated in a study, that the influence of cultural factors and religious factors on sexual behavior is greater associated to less consistent condom

use (Broel et al, 2017). In Africa, it is a belief that men have some superiority to women and it was mentioned in the Holy Bible (McNeill., 2007). This superiority is also enacted into personal relationships and it can be good until women are faced with men who not only enforce their superiority but also want to put fear into the. In this case, these female partners end up succumbing to whatever the male partners want. Women in intimate relationships often lack the courage to be able to speak and make their desire to use condom known. In a case where women end up in a relationship with much older men who entice them with financial and material benefits all in a bid to have unprotected sexual relations with them. It works both ways even for male partners who end up with much older women but it is more common with female youths.

2.4 Benefits of Condoms use

The use of condom has been in existence for a while as it has been of great importance in ways:

- It minimizes the transmission rates of unwanted pregnancy and HIV/AIDS (Bisika, 2009).
- Condom stops youths, students from engaging in sexual activities (Higgins et al, 2014; Ortayli et al, 2014,).
- Condom is highly reversible and highly effective against sexually transmitted infections like HIV, AIDS and gonorrhea, chlamydia, HPV-associated disease and trichomoniasis (Thato et al., 2018).
- Condom use is also associated with a lower rate of cervical cancer (Lin et al., 2016).
- Condoms can even delay ejaculation so sex lasts longer and can be used for oral, anal, and vaginal sex, so they protect partners from STDs. Condoms creates focus on pleasure and couples without worrying about pregnancy or STDs and it embraces the idea of safe sex is better sex(Lucea et al.,2013).
- The condoms can be purchased without a prescription (Kang et al., 2013).
- The condom is easy to use as it can be used with no special skills (Jakes et al, 2018).
- Condoms can be used without physically altering the fertility of the person (Adongo et al, 2014).

2.5 Prevention of Sexually Transmitted Infections

STI is the infection that is transmitted from one sexual partner to the other irrespective gender preferences as we have the opposite and same gender sexual relationships now (straight, gay or lesbian) (Everett,2013). Young people may not seek help for STIs because they do not realize they have an infection or because they are too embarrassed to go to a clinic, or because they may not have access to the necessary treatments. These results in health complications eventually in life because they delayed or left the infection untreated**.** In Nigeria, it has been proven by various researchers, that at the average age of first sexual intercourse is as early as fifteen years in males and most likely lower in females (Folayan et al, 2015). The world health organization (WHO) stated that the outcome of STIs have a major impact on sexual and reproductive health and affects even the unborn babies (WHO,2012). Looking into the cervical cancer disease, HPV infection causes an estimated 530 000 cases of cervical cancer and 275 000 cervical cancer deaths each year. The protective measures for the sexually transmitted infections include adequate check-ups for both partners, contraception's vaccinations, hygiene is also important, getting tested for HIV among other measures (Edition,2013). The sexually transmitted infections are as follows:

2.5.1 Chlamydia

Chlamydia is passed from one person to another from through unprotected sex be it oral, vaginal, or anal for of sex, using unwashed sex toys, from mother to baby during delivery (Gorgos & Marrazzo, 2011). Chlamydia infects the cervix, the urethra and the rectum and sometimes it can cause eye infections (Adongo et al, 2014; Editorial, 2013).

The symptoms of Chlamydia include the following and it is important to know that they appear regardless of gender; there is pain or burning while urinating, pain during sex, lower belly pain, abnormal vaginal discharge (with or without color) among many other symptoms. In some cases, Chlamydia can affect the eyes and throats causing irritations (Marrazzo, 2018).

2.5.2Genital herpes

A person can be infected with the genital herpes without having the symptoms or may have delayed symptoms and in the process, the virus travels to the nerves (Hauer et al, 2019).There is no cure for this genital herpes virus, it can only lessened or managed. This will also minimize the risk of infecting others**.** The outbreak also does not just happen once as people who have an initial outbreak following a genital HSV infection can expect to have four to five outbreaks within a year(Hall et al., 2016; Bradley et al., 2013).

Sign of genital herpes;

- A redspot
- A pimple
- An in-grownhair
- Razorburn
- Hemorrhoids
- Signs and symptoms of genital herpes can be found on the penis and vulva, around the anus, on the thigh, on the buttocks, and virtually anywhere in the genital area (Longo, 2015).

2.5.3 Human Papilloma Virus (Genital warts)

Genital warts are found in the genital area, and they are caused by a virus 'the Human Papilloma Virus (HPV)' (Cubie, 2013).There are various types of HPV, and they are classified into low and high risk HPVs. Example of these includes;

High-risk (HPV strains include HPV 16 and 18, which cause about 70% of cervical cancers) while the low risk types of HPV that cause genital warts do not lead to cervical cancer are HPV 6 and 11 and they cause about 90% of genital warts(Kim,2017).HPV causes cancer of vulva, vagina, penis, or anus and also cause cancer in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancer). Symptoms of HPV, Flat warts(Center for Disease control and Prevention 2016).Genital warts transmit by having vaginal, anal, or oral sex with someone who has the virus. Genital warts go away without treatment, but most people

prefer to get them treated and the treatments may take a few weeks or months to work. Sometimes the warts come back after treatment (Jin et al, 2017, Paxton et al, 2013).

2.5.4 Gonorrhea

Gonorrhea is a curable bacterial infection, which is passed from one person to another through unprotected sex both by oral, vaginal and anal sex, using unwashed sex toys and from mother to baby during delivery. When disease is not cured, it can cause infertility in women and infections in the testicles in men (O'connell et al, 2019; Hill et al,2016).

Signs and symptoms of gonorrhea infection in men include:

- Pain during urination
- Pus-like discharge from the tip of the penis
- Pain or swelling in one testicle (Skerlev et al, 2014).

Signs and symptoms of gonorrhea infection in women include:

- Amount of vaginal discharge increases
- Pain in urination
- Abnormal bleeding
- Painful sexual intercourse
- Pain in Abdomen or pelvic area (Foschi et al, 2017).

2.5.5 Hepatitis B

Hepatitis B isa viral infection of liver (Liang,2009).Most patients do not have symptoms of Hepatitis B virus while some patient may have symptoms. Hepatitis B can be life threatening if the treatment is delayed or nor done and can be also be contacted from contaminated blood, open sores, or body fluids of someone who has the hepatitis B virus (Schillie et al,2018). The body system can fight it off within a month of the immune system is not already down but it is more difficult when infants get it at birth; it rarely goes away then (Lok,2017). It is necessary to be vaccinated against Hepatitis B to avoid being susceptible to it whether being an infant or an

adult. No cure has been discovered yet for the disease (Kim,2018). It is imperative to takeprecautions to prevent the transmission to others. The importance of taking certain precautions can help prevent spreading the virus to others.

Hepatitis B signs and symptoms may include:

- Abdominal pain
- Color of urine changes (dark urine)
- Increase body temperature
- Joint pain
- Loss of appetite
- Nausea and vomiting
- Fatigue and weakness
- Yellow discoloration of the skin and eyes become white (jaundice) (Lok,2017).

2.5.6 Human Immunodeficiency Virus (HIV)

Human Immunodeficiency Virus (HIV) is a virus that attacks the human immune system and weakens its ability to fight infection and disease. While AIDS (Acquired Immunodeficiency Syndrome) is the final stage of HIV infection, when the immune system is severely damaged opportunistic infections have stepped in (Yazie et al, 2019). When a person is first diagnosed with HIV, there are feelings such as denial and trauma which indicates that a lot is about to change in the person's life. The patient does not reveal their diagnosis at all or only reveals it to a limited number of people because of the stigma and the feeling of pity that comes with revealing this status. A study carried out in Turkey to determine how to create awareness on how HIV transmission especially through sexual encounters and the factors that make people engage in risky sexual behaviors. The knowledge on the causes and prevention of AIDS was also tested in order to create a solution and make people develop interest in their health and sexual lives (Tully, et al, 2015). The symptoms of HIV and AIDS vary, depending on the phase of infection.

Primary infection (Acute HIV)

Majority of people infected by HIV develop the flu within a month or two after the virus enters the body. This illness, known as primary or acute HIV infection, may last for a few weeks. Possible signs and symptoms include:

- Fever
- Headache
- Muscle pain
- Joint aches
- Skin rashes
- Sore throat and painful mouth sores
- Swollen lymph glands, mainly on the neck (Bartlett et al,2017).

These symptoms can be so mild that they might not even be noticeable. However, the amount of virus in bloodstream (viral load) is quite high at this time. As a result, the infection spreads more easily during primary infection than during the next stage.

In some people, persistent swelling of lymph nodes occurs during this stage. In some cases, there are no specific signs and symptoms. HIV remains in the body and may infected white blood cells(Sax et al, 2017).This stage of HIV infection generally lasts around 10 years if patients are not receiving antiretroviral therapy. However, even with this treatment, it lasts for decades. Some people develop more severe disease much sooner (Rizza et al, 2018).

Symptomatic HIV infection

As the virus continues to multiply and destroy immune cells — the cells in body that help fight off germs patient may develop mild infections or chronic signs and symptoms such as:

- Fever
- Fatigue

- Swollen lymph nodes — often one of the first signs of HIV infection
- Diarrhea
- Weight loss
- Oral yeast infection (thrush)
- Shingles (herpes zoster) (Ferri, 2018).

2.5.7 Pelvic Inflammatory Disorder

Pelvic Inflammatory Disease (PID)affects the female reproductive organ and can lead to infertility, ectopic pregnancy (pregnancy outside the uterus) also chronic pelvic pain when delayed or left untreated (Revzin et al,2016). PID can develop after the onset of STIs such as chlamydia or gonorrhea (Brun et al,2017; (Davies et al, 2018).

Signs and symptoms of pelvic inflammatory disease might include:

- Pain in lower abdomen and pelvis
- Heavy vaginal discharge with an unpleasant odor
- Abnormal uterine bleeding, especially during or after intercourse, or between menstrual cycles
- Pain or bleeding during intercourse
- Fever, sometimes with chills
- Painful or difficult urination (Matsuoka et al,2019).

PID might cause only mild signs and symptoms or none at all. When severe, PID might cause fever, chills, severe lower abdominal or pelvic pain especially during a pelvic exam and bowel discomfort (Ferri, 2017).

2.5.8 Syphilis

Syphilis is a very common sexually transmitted infection(STI) caused by bacteria called Treponema pallidum. Syphilis can be transmitted via skin to skin contact, oral, vaginal and anal sex, mother to child during pregnancy and delivery which is known as congenital syphilis and a blood transfusion which is rare because blood donors are tested(Smith et al,2016).It is a disease that affects the body system and is caused spirochete Treponema pallidum (De Santis et al.,2012).

Symptoms

Primary syphilis

Syphilis develops in stages, and symptoms vary with each stage. However, the stages may overlap, and symptoms do not always occur in the same order. Patient may be infected with syphilis and not notice any symptoms for years (Carlson, 2011).

The first sign of syphilis is a small sore, called a chancre (SHANG-kur). The sore appears at the spot where the bacteria entered the body. While most people infected with syphilis develop only one chancre, some people develop several of them (Nevin & Hedley, 2019; Edition, 2013).

Secondary syphilis

Within a few weeks of the original chancre healing, patient may experience a rash that begins on trunk but eventually covers entire body even the palms of hands and the soles of feet. This rash is usually not itchy but may be accompanied by wart-like sores in the mouth or genital area. Some people also experience hair loss, muscle aches, a fever, sore throat and swollen lymph nodes. These signs and symptoms may disappear within a few weeks or repeatedly come and go for as long as a year (Edition et al, 2013).

Latent syphilis

If patients are not treated for syphilis, the disease moves from the secondary to the latent (hidden) stage, when a person has no symptoms. The latent stage can last for years. Signs and symptoms may never return, or the disease may progress to the tertiary (third) stage (Kingston et al, 2016; Ficarra et al, 2009).

Tertiary (Late) syphilis

About 15 to 30 percent of people infected with syphilis who do not get treatment will develop complications known as tertiary (late) syphilis. In the late stages, the disease may damage the brain, nerves, eyes, heart, blood vessels, liver, bones and joints (Longo et al, 2015).

2.6 Role of nurses towards condom use

Nurses play an important role to ensure that protection before sex is done to prevent unwanted pregnancies, unplanned abortion and loss of life because of unsafe abortion procedure. A nurse is an educator (Munakampe et al,2018). Nurses set up platforms to give awareness to university students, on importance of protection not only to themselves but also to their partners, the future and the society. Nurses convince male students to make more use of condoms and other forms of protection such as use of contraceptives, as well as family planning, which are available for the female students too (Jain et al,2011).Nurses' advice for university students is to go for regular sexual check up to know their health status. Nurses have the role of educating female students should also make use of female condoms as protection is needed for both sides (Phiri et al, 2015). The Nurses and Midwives Council (NMC) in 2015 mentioned that nurses are required to perform evidence-based practice/ research that is particular about delivering modern and up- to-date therapeutic care to the community. Nurses carry out scientific research to establish facts and gain knowledge. Nurses conduct researches on the use of condoms and the challenges that are been faced when using condoms (Corbett et al., 2009). Carrying out research also enables nurses to obtain feedback from the study participants and work on proffering appropriate solutions to the problems faced (Sodeify et al., 2013). According to a research done on university male students make use of condoms more than female students but the statistics of use is still low (Mehra et al,2014). Nurses for the use of condom act as agents of change to prevent sexually transmitted Infections (diseases) and to promote optimal sexual health. A previous study mentioned the importance for nurses and other healthcare providers to examine the barriers of condom use among university students especially the male students (Mehra et al,2014). Sexual health is now a part of providing holistic patient care. Another study showed that to eliminate the barriers on condom use, nurses take on can risk screenings (contraceptive history screening, counseling, and referrals for all adolescent patients) for university students yearly (Pollard,2013).

3. METHODOLOGY

3.1 Study Design

This is a descriptive research.

3.2 Study Setting

This study was carried out at Near East University, located in Lefkoşa North Cyprus. The University has nineteen (19) faculties which are Faculties of Sports sciences, Theology, Tourism, Veterinary medicine, Nursing, Open and distance education, Pharmacy, Performing arts, Medicine, Law, Health sciences, Fine arts and design, Engineering, Dentistry, Economics and Administrative sciences, Communication, Arts and sciences, Architecture, Atatürk faculty of education, Civil and environmental engineering.

Before the application of study tools to students, the researcher got permission from the president of Nigerian Students Association in Near East University as a sign of respect of authority, to meet and apply tools to Nigerian Students. Nigerians were chosen for this research because of the large population both in Nigeria and in North Cyprus of which Near East University alone is accommodating up to 4,000 students. The Nigerian male students were chosen because culturally and religion-wise male partners have more say over condom use in sexual encounters as they are portrayed in Nigeria to be the superior in a relationship. Considering that and looking at how low the use of condoms are among men generally; the Nigerian Male university students were chosen for the study.

3.3 Sample Selection

Theparticipantsforthestudywereselectedthroughconveniencesampling.Poweranalysingmethodwas usedtodeterminethesample size.The main reason for using power analyzing method is to help the researcher to determine the small sample size that is suitable to detect the effect of a given test at the desired level of significance.For a population of 1648, given a 95% confidence level, where the margin of error is 5%, the ideal sample size should not be lessthan 312.TheNigerianfemalepopulationbeing 1871 at Near East University. Because of virginity being an important issue for girls in Nigeria, only Male students were taken in this study.

3.4 Study Instrument

3.4.1 Student Assessment Forms

The student Assessment Form is in the Appendix as part of the questionnaire which was created by the researcher to determine the Socio=demographic data and students sexual life. The first 1-7 questions are regarding to the student's socio-economic characteristics. Questions numbered 8-17 are on student's sexual life and condom use.

3.4.2 Barriers to Condom Use Scale

Prof. Adegbenga Sunmola in 2001 developed the Barrier to condom use scale in Nigeria, the scale is divided into three factors. Factor 1: Condom sexual satisfaction, Factor 2: Condom health hazard, Factor 3: Condom sexual interest. Each of the factor has questions related to condom use. Each anchored by a 4-pointLikert -type scale, on a 4-point scale to what extent they thought each experience impended condom use in sexual relationships. In the measuring instrument, each of the above items can be answered from 0= strongly disagree to 4= strongly agree. 0 (zero) being the minimum point and 4 (four) being maximum point on the scale.The total score is the sum of the points for the items in each of thethreedimension of the scale. Consequently, an individual respondent obtains a composite score for each of the three dimensions of the scale of measurement. The higher the score, the greater the reported barriers with condom use.The scale has 22questions; out of which 0 is the overall minimum score and 88 is the overall maximum score. Student's are required to mark any response that describes their sexual experience during last two month period.

3.5 Cronbach Value

The reliability and validity test was done in Nigeria. For this study, the Cronbach Alpha value was found to be 0.90.

3.6 Data Collection

Data was collected using questionnaire (Students Assessment form and Barriers to condom use Scale). These tools were administered to the students by the researcher after taking their informed consent with self-completion method, Nigerian students Association of Near East

University and filling out of the questionnaire took about 15 minutes. Due to the structure of the question 350 Questionnaires were administer in order to get the required sample size of 315.

Tools were administered to the students on the 19th and 24th of April 2019 during the manifestoes and general election of the Nigerian Students Association of Near East University. After taking their informed consent tools were applied to the students. These days were chosen because of how events attract people and the sufficient number of participants for the student were present on those days.

3.7 Inclusion Criteria

According to inclusion criteria 315 students were taken in the study. Inclusion criteria is given below.

- Students that are Nigerians by nationality,
- Students from all faculties,
- Male students,
- Sexually active students.

3.8 Analysis of data/results

Statistical Package of Social Sciences (SPSS) software version 20.0 was used to analyze the collected data. The data was analyzed using correlation coefficient to study the reliability of the data. After then, factor analysis was carried out to study which of the factors from the hypothesis matters towards the effects of condom use. Sample adequacy was also measured in relation to the population variance. The Kruska-Wallistest was incorporated to determine the significance difference across the response categories and Mann-Whitney U test was used for the comparisons across between the related barriers.

3.9 Ethics Committee Approval

Permission was obtained from Professor Sunmola A. who developed the scale Barriers to condom use see in APPENDIX D, In addition Ethical approval was taken from the Near East University Institutional Reviews Board (IRB)with ten (10) members see in APPENDİX E. Furthermore, permission was taken from the president of Nigerian Students' Association of Near

East University see in APPENDIX F. Informed consent was also obtained from the students to be participants for the study

FINDINGS

This chapter presents the result of the study. It considers some characteristics of the respondents, testing of research questions, and comparison with the scale.

Table4. 1: Demographic characteristics of the respondents (n = 315)

Age	Freguency	Percentage %
19 yrs below	31	9.8
20-24	121	38.4
25-29	121	38.4
30 yrs&above	42	13.4
Marital status		
Single	245	77.8
Married	65	20.6
Divorced	5	1.6
Faculty		
Arts&Sciences	63	20.0
Communication	47	14.9
Engineering	86	27.3
Economics&Administrative Science	38	12.1
Health Sciences	32	10.2
Others	49	15.5
Religion		
Christianity	246	78.1
Muslim	69	21.9
Ethnicity		
Yoruba	61	19.4
Igbo	202	64.1
Hausa	37	11.7
Others**	15	4.8
Economic Status		
Low	47	14.9
Middle	232	73.7
High	36	11.4
Total	315	100

Demographical characteristics of participants are given in Table 4.1 above shows that, 38.40% of student's age were ranged between 21-24 and 25-29 yrs respectively, 77.8% of students were single. Majority of the students are Christians with a percentage of 78.1, more so majority of the students are Igbo by ethnicity with apercentage of 64.1%, majority of the students belongs to middle socio economic status with a percentage of 73.7% and majority of the students are from Engineering faculty with 27.3%.

Table 4.2 Students' Characteristics of Sexual Life and Condom Use (n=315)

Having Regular Sexual Partner	Frequency	Percentages
Yes	162	51.4
No	153	48.6
Frequency of condom usage		
Always	63	20.0
Sometimes	252	80.0
Condom use during the last intercourse		
Yes	180	57.1
No	135	42.9
Total	315	100

Table 4.2 shows majority of the students had regular sexual partners with 51.4% while a little above average number of the students did not have regular sexual partners 48.6%, the table also shows that 80% Majority of the students use condom only sometimes and 57.1% indicate that they use condom in the last sexual intercourse.

Table: 4 .3 Students' Characteristics of Problem Faced with Condom Use (n=315)

Students' encountering any problem using condoms'	Frequency	Percentage
Yes	260	82.5
No	55	17.5
Total	315	100.0
Types of problems encountered	Frequency	Percentage (%)
Less Lubricated	62	24.0
Less Pleasure	143	54.6
Break easily	21	8.2
Orgasm	34	13.2
Total	260	100

Table 4.3 illustrates that majority 82.5% of the students' encounter problems when using condoms. The table also shows the description of the problems encountered by the students with condom usage. In this study 45.4% of students said less pleasure and 19.7% said less lubricated as the problem encountered.

Table 4.4 Students having risky sexual relationship* (n=315)

Having sexual relationship after alcohol intake	Frequency	Percentage (%)
Yes	86	27.3
No	229	72.7
Total	315	100
Having sexual relationship after drug intake		
Yes	65	20.6
No	250	79.4
Total	315	100

*****Risky sexual relationship is accepted having sexual relationship after taking drug and alcohol.

Table 4.4 shows the percentage of the respondents that engage in sexual relationship after taking alcohol with majority of them (72.7%) saying that they do not engage in sexual relationships after alcohol intake. Table 4.4 also shows the percentage of respondents that have sexual relationships after the intake of drugs with 79.4%saying they do not engage in sexual relationships with the influence of drugs.

Table 4.5: Distribution of Scale and Sub-scale Score for all Students' (n = 315)

Scale and Sub-Scales	M	SD	Median	Min-Max
Scale Total	73.05	17.39	78	26 – 98
Condom Sexual Satisfaction	34.97	9.19	38	10 – 50
Condom Health Hazard	21.49	5.72	22	7 – 33
Condom Sexual Interest	16.59	4.41	18	5- 23

Table 4.5 shows the mean, standard deviation, median, minimum and maximum values for the mean scores for the distribution of Scale and Sub-scale Score for all students. Scale total median score for student's was 78, Condom Sexual Satisfaction38, Condom Health Hazard 22, Condom Sexual Interest was 18.

Table 4.6: The Comparison of Students' Score Points of Scale by Age Category (n=315)

Ages	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
19 yrs&Below (n=31)	85.90±7.66	85(66-97)	40.05±3.56	41(30-43)	26.09±3.49	27(21-32)	19.76±2.33	20(14-23)
20-24 yrs (n=121)	73.68±17.08	78(26-98)	35.13±9.27	37(10-49)	21.43±5.77	22(7-33)	17.12±4.31	19(7-23)
25-29 yrs (n=121)	73.38±17.42	79(31-98)	35.11±9.32	39(14-50)	21.81±5.64	22(9-23)	16.40±4.30	17(5-22)
30 yrs&Above (n=42)	62.76±16.99	64(32-90)	31.03±9.69	34(14-42)	18.00±4.74	17(10-29)	13.74±4.37	13(7-23)
Xkw* **P**	**28.360** **0.0001**		**15.305** **0.002**		**27.465** **0.0001**		**31.542** **0.0001**	

***Kruskallwallis test was applied.**

The total median score for the age category for 19years & below,20-24 yrs, 25-29years and 30 years and above are; 85,78,79 and 64 respectively. For condom sexual satisfaction, the median

value were 41, 37, 39 and 34 respectively. For condom health hazards, 27, 22, 22 and 17 were the median scores for the age categories respectively. For condom sexual interest, 20, 19, 17 and 13 were the median scores for the age categories of 19years & below, 20-24 yrs, 25-29years and 30 years and above. Since the p-value < 0.05 in the scale total, condom sexual satisfaction, condom health hazard and condom sexual Interest sub-scales respectively, it can be concluded that there is a statistical significant difference relative to the age categories in each of the scales.

Following a post-hoc analysis using a pair-wise comparison between each age category, we found out that on the total scale the age 19 and below have the highest barriers to condom use followed by 20-29 years and 30years and above has the lowest barriers.

Table 4.7: The Comparison of Students' Score Points of Scale by Marital Category (n=315)

Marital status	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Single (n=245)	74.69±16.76	79(26-98)	35.81±8.90	39(10-50)	21.81±5.67	22(7-33)	17.07±4.28	18(5-23)
Married (n=65)	68.33±18.41	72(32-96)	32.43±9.66	36(13-45)	20.73±5.72	21(10-31)	15.16±4.48	16(7-23)
Divorced (n=5)	52.33±14.01	53(38-66)	26.00±9.64	30(15-33)	14.67±4.62	12(12-20)	11.67±4.04	11(8-16)
Xkw* **P**	**9.698** **0.008**		**9.322** **0.009**		**11.572** **0.003**		**15.765** **0.0001**	

***Kruskallwallis test was applied.**

For the marital category, the total scale score for the marital categories of single, married and divorced are 79,72 and 53 respectively. For condom sexual satisfaction, the median values were found to be 39, 36 and 30 respectively. For condom health hazards, 22, 21 and 12 were found to be the median scores. For condom sexual interest, the median values for the marital category were 18, 16 and 11 accordingly. Since,

the p-value < 0.05 in the scale total, condom sexual satisfaction, condom health hazard and condom sexual Interest sub-scales respectively, it can be concluded that there is a statistical significant difference relative to the marital categories in each of the scales.

Following a post-hoc analysis using a pair-wise comparison for marital status, there is a significant relationship between single and married (p-< 0.05) there is no further significance in other group categories. Overall population that are single has the highest barriers.

Table 4.8:The Comparison of Students' Score Points of Scale by Faculty Category (n=315)

Faculties	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Arts&Sci (n=63)	72.52±20.51	76.50(26-98)	33.96±10.22	36.00(10-50)	22.13±6.93	23.50(7-32)	16.43±4.68	18.00(7-22)
Communications (n=47)	78.10±14.06	81.00(43-98)	36.34±8.57	40.00(10-45)	23.52±4.65	24.00(16-31)	18.24±3.25	19.00(10-22)
Engineering (n=86)	71.17±18.91	77.00(32-96)	34.58±9.89	39.50(14-47)	20.29±5.72	21.00(9-31)	16.30±4.92	18.00(5-23)
Economics&Admin(n=38)	75.11±17.32	80.50(32-96)	35.26±8.65	36.00(14-49)	23.09±5.97	24.00(10-33)	16.76±4.52	18.00(7-23)
Health Sci(n=32)	66.88±15.99	67.50(32-94)	32.42±9.27	35.00(13-45)	19.71±5.29	19.50(9-28)	14.75±4.13	15.00(7-23)
Others (n=49)	75.56±11.09	76.00(33-92)	37.56±6.72	40.00(14-50)	20.89±3.60	21.00(12-28)	17.16±3.48	18.00(7-22)
Xkw P	8.331 0.139		10.382 0.065		**21.971** **0.0001**		**12.135** **0.033**	

Kruskallwallis test was applied.

The total score for the Faculty category for Art & Science, Communications, Engineering, Economics & Administrative science, Health science and others were found to be 76.50,81.00,77.00,80.50,67.50 ad 76.00 accordingly. Condom sexual satisfaction related to category was found to be of values of 36.00,40.00,39.50,36.00,35.00 and 40.00 respectively. For condom health hazards, 23.50, 24.00, 21.00, 24.00, 19.00 and 21.00 respectively. For condom sexual interest,18.00,19.00,18.00,18.00,15.00 and 19.00. For the scale total, condom sexual satisfaction and condom sexual interest, no significant was found statistically as the p-value>0.05 while for condom health hazards, the p-value was found to be statistically significant in relation to faculty.

Following a post-hoc analysis we found that there is a significant pair-wise comparison (p-v< 0.05) between Art & science verses Engineering; Art & science verses Health sciences, Communication/Administrative sciences verses Engineering; Communication/Administrative sciences verses Health sciences; Engineering verses Economics and Economics verses Health sciences.

Overall; students in the Communication/Administrative sciences has the highest score followed by those from the Economics; Communication/Administrative sciences then Art & science; the least score was from students in Health sciences.

Table 4.9: The Comparison of Students' Score Points of Scale by Religion Category (n=315)

Religion	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Christian (n=246)	71.26±18.57	76(26-98)	33.91±9.84	37.00(10-50)	20.97±5.93	21.00(7-33)	16.37±4.61	18.00(5-23)
Muslim (n=69)	79.23±10.47	81(47-96)	33.59±5.14	40.00(26-50)	23.25±4.57	24.00(9-31)	17.38±3.59	18.00(8-23)
U	**3618**		**4817**		**5052.5**		5295	
P	**0.015**		**0.003**		**0.0001**		0.107	

Mann-Whitney U test was applied.

For Christian students, scale total median value was found to be 76. Condom Sexual Satisfaction median value score 37.00 and Condom Health Hazard 21.00, condom sexual interest 18.00 while for Muslim students, the scale total median value was found to be 81, condom sexual satisfaction median value was 40.00, the condom health hazard was found to be 24.00 and the condom sexual interest was found to be 18.00. Since the p-value < 0.05 in the scale total, Condom sexual interest and condom health hazard and sub-scales respectively, it can be concluded that there is a statistical significant difference relative to religion practice.

Table 4.10: The Comparison of Students' Score Points of Scale by Ethnicity Category (n=315)

Ethnic Groups	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Yoruba (n=61)	79.78±11.22	82.00(55-98)	38.16±5.29	40.00(26-50)	23.98±4.76	24.00(16-33)	17.64±3.81	19.00(8-23)
Igbo (n=202)	69.52±19.08	75.00(26-98)	33.05±10.18	36.00(10-50)	20.04±5.92	21.00(7-32)	16.03±4.76	17.00(5-23)
Hausa (n=37)	81.63±9.48	82.00(67-97)	40.25±4.90	40.50(28-47)	23.00±4.69	22.50(14-32)	18.42±2.72	19.00(13-23)
Others (n=15)	76.44±9.991	76.00(57-89)	37.44±4.44	40.00(29-42)	22.78±4.84	21.00(16-30)	16.22±2.39	17.00(12-19)
Xkw	**14.160**		**30.617**		**16.805**		7.077	
P	**0.003**		**0.001**		**0.001**		0.069	

Kruskallwallis test was applied.

The total median score for the ethnicity category for Yoruba, Igbo, Hausa and others are Yoruba 82.00(Min:55-Max:98), Igbo 75.00(Min:26-Max:98), Hausa 82.00(Min:67-Max:97) and others 76.00(Min:57-89),respectively. For the Yoruba tribe, the condom sexual satisfaction, condom health hazards and condom sexual interest were found to be 40.00, 36.00, 40.50 and 40.00. The igbo tribe was found to have median values of 36.00, 21.00 and 17.00 for condo sexual satisfaction, condom health hazards and condom sexual interest respectively.

Since the p-value < 0.05 in the scale total, condom sexual satisfaction, condom health hazard, it can be concluded that there is a statistical significant difference relative to Ethnicity in each of the scales. However, since p-value> 0.05 in the condom sexual interest sub-scale, there is no statistical significant difference.

Conducting a post-hoc analysis for the total scale, we fund a significant pair-wise comparison (p> 0.05) with group of Yoruba verses Igbo and Igbo verses Hausa. Hence Hausa ethnicity has the highest barriers to condom use with Igbo ethnicity has the lowest barriers.

Table 4.11: The Comparison of Students' Score Points of Scale by Economics Status (n=315)

Economic Status	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Low (n=47)	74.65±14.66	75(53-98)	34.62±7.63	33.50(18-46)	22.44±5.29	22.00(14-32)	17.59±3.99	18.50(10-23)
Middle (n=232)	72.35±17.76	78(26-96)	35.13±9.40	39.00(10-50)	20.89±5.67	21.00(7-33)	16.33±4.47	18.00(5-23)
High (n=36)	75.36±18.39	81.50(32-98)	34.39±9.90	38.50(10-45)	23.93±5.89	27.00(10-31)	17.04±4.67	17.50(7-23)
Xkw	1.427		**6.474**		1.868		2.817	
P	0.490		**0.039**		0.393		0.244	

Kruskallwallis test was applied.

The scale total score according to the economic status of students for Low, Middle and High economic status include; 75.00, 78.00 and 81.50 respectively. For students with low economic status, the condom sexual satisfaction, condom health hazards and condom sexual interest were found to be 33.50, 22.00 and 18.50 respectively. For middle economic status, the mean value were 39.00, 21.00 and 18.00 for condom sexual satisfaction, condom health hazards and condom sexual interest. For students with high economic status, the median value for condom sexual satisfaction, condom health hazards and condom sexual interest were found to be 38.50, 27.00 and 17.50.

Since the p-value > 0.05 in the scale total, condom health hazard, and condom sexual Interest sub-scales respectively, it can be concluded that there is no statistical significant difference relative to Economic status in each of the scales. However, since p<0.05 in the condom sexual

satisfaction sub-scale, there is a statistical significance in the condom sexual satisfaction sub-scale.

The post –hoc analysis shows that there is a significant pair-wise comparison between students with middle and high socio-economic status. Thus, it can be concluded that high socio-economic status students has the highest barriers while middle socio-economic student has the lowest barriers.

Table 4.12: The Comparison of Students' Score Points of Scaleby Regular Sexual Partner (n=315)

Regular Sexual Partner	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Yes (n=162)	69.08±18.76	71.00(32-98)	32.62±9.49	35(13-47)	20.85±6.12	21.00(9-31)	15.60±4.78	17(5-23)
No (n=153)	77.20±14.80	81.00(26-98)	37.41±8.24	40(10-50)	22.16±5.21	22.00(7-33)	17.64±3.74	19(7-23)
U **P**	**4894.00** **0.0001**		**6183.00** **0.0001**		9386.50 0.272		**7400.50** **0.017**	

Mann-Whitney U test was applied.

The total median score for the category of students having regular sexual partner has the following values for scale total sub dimension; Yes (71.00) and no (81.00). The condom sexual satisfaction, condom health hazard and condom sexual interest for those that said yes to having regular sexual partner was found to be 35.00, 21.00 and 17.00 respectively. For those who said no to having regular sexual partner, the condom sexual satisfaction, condom health hazards and condom sexual interest was found to be of the values; 40.00, 22.00 and 19.00 accordingly. Since the p-value < 0.05 in the scale total, condom sexual satisfaction, and condom sexual interest sub-scales respectively, it can be concluded that there is a statistical significant difference relative to

regular sexual partner in each of the scales. However, since p>0.05 in the condom health hazard sub-scale, there is no statistical significance in the condom sexual interest sub-scale.

Table 4.13: The Comparison of Students' Score Points of Scale by Regular Condom Usage (n=315)

Regualar Condom Usage	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Always (n=63)	70.22±18.63	73.00(26-97)	33.26±10.64	35.50(10-50)	20.66±6.13	20.50(7-32)	16.30±4.67	17.50(8-22)
Sometimes (n=252)	73.83±17.00	80.00(31-98)	35.44±8.73	39.00(13-50)	21.72±5.59	22.00(9-33)	16.69±4.35	18.00(5-23)
U	3961.00		4825.00		5825.50		5636.00	
P	0.177		0.073		0.176		0.703	

Mann-Whitney U test was applied.

The comparison of students score by regular condom usage in terms of the total mean score was found to be of the values; 73.00 and 80.00 for students who always use condom and those that sometimes use condoms. The condom sexual satisfaction, condom health hazards and condom sexual interest for those that always use condoms was found to be 35.50, 20.50 and 17.50 respectively. For those who sometimes use condoms, the condom sexual satisfaction, condom health hazards and condom sexual interest were found to be of the values; 39.00,22.00 and 18.00 respectively.

Since the p-value > 0.05 in the scale total, condom sexual satisfaction, condom health hazard and the condom sexual interest sub-scales respectively, it can be concluded that there is no statistical significant difference relative to regular condom usage in each of the scales.

Table 4.14: The Comparison of Students' Score Points of Scale by Last Intercourse (n=315)

Last occasional intercourse	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Yes (n=180)	68.43±19.71	71.00(26-98)	32.59±10.41	35.00(10-50)	20.33±6.33	21(7-32)	15.51±4.77	16.50(5-23)
No (n=135)	79.66±10.34	80(38-98)	38.37±5.60	40.00(15-50)	23.15±4.21	23(12-33)	18.51±3.29	19.00(8-23)
U P	**4472.00** **0.000**		**5843.50** **0.000**		**7477.50** **0.001**		**5778.00** **0.001**	

Mann-Whitney U test was applied.

The total median score for last occasional intercourse for students scale total point who said yes and no were found to be 71.00 and 80.00. The condom sexual satisfaction, condom health hazards and condom sexual interest for students who said Yes were found to be 35.00, 21.00 and 16.50 while for those who said No, their median values were 40.00, 23.00 and 19.00 respectively.

Since the p-value < 0.05 in the scale total, condom sexual satisfaction, condom health hazard and the condom sexual interest sub-scales respectively, it can be concluded that there is a statistical significant difference relative to last occasional intercourse response each of the scales.

Table 4.15: The Comparison of Students' Score Points of Scale By Response to Problem on Usage of Condom (n=315)

Problem Using Condom	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Yes (n=260)	74.65±16.89	80.00(31-98)	35.85±9.07	40.00(10-50)	21.77±5.44	22.00(9-32)	17.03±4.24	18.00(7-23)
No (n=55)	66.81±18.09	69.00(26-98)	31.49±8.95	33.00(10-50)	20.40±6.66	20.00(7-33)	14.91±4.72	15.00(5-23)
U	**3043.50**		**3615.50**		5164.00		**3937.00**	
P	**0.002**		**0.0001**		0.096		**0.006**	

Mann-Whitney U test was applied.

The total score for median values of the response to problem on usage of condom were 80.00 and 69.00 for the yes and no responses. The condom sexual satisfaction, condom health hazards and condom sexual interest for those who said Yes were found to be 40.00, 22.00 and 18.00 while those who said No had the median values of 33.00, 20.00 and 15.00. Since the p-value < 0.05 in the scale total, condom sexual satisfaction sub-scale and condom sexual interest sub-scale, it can be concluded that there is a statistical significant difference relative to response on problems encountered using condom in each of the aforementioned scales. However since p>0.05 in the condom health hazard sub-scale, it shows that there is no statistical significance in the condom health hazard.

Table 4.16: The Comparison of Students' Score Points of Scale By Response to Types of Problem on Usage Of Condom (n=260)

Problem Type Using Condom	Scale Total		Condom Sexual Satisfaction		Condom Health Hazard		Condom Sexual Interest	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Less Lubricated (n=62)	75.47±19.81	84.00(32-98)	35.77±10.53	40.00(14-50)	22.70±6.05	23.00(10-31)	17.00±4.62	18.00(7-23)
Less Pleasure (n=143)	72.32±16.52	78.00(31-97)	35.25±9.07	40.00(10-47)	20.77±5.29	21.00(9-32)	16.30±4.16	17.00(7-22)
Break Easily (n=21)	80.93±14.54	86.00(39-96)	38.29±7.98	40.50(17-47)	24.07±4.94	25.00(13-31)	18.57±3.76	20.00(9-22)
Orgasm Problem (n=34)	81.17±8.08	81.50(64-94)	37.72±4.75	37.50(31-45)	23.33±3.76	23.00(14-29)	20.11±1.97	20.00(14-23)
Xkw	**10.380**		1.553		**11.243**		**26.479**	
P	**0.016**		0.670		**0.010**		**0.0001**	

Kruskall wallis test was applied.

The total median points for type of problem when using condoms were found to be 84.00 less lubricated,78.00 for less pleasurable, 86.00 for break easily and 81.50 for orgasm problem respectively. The condom sexual satisfaction, condom health hazards and condom sexual interest for respondents who mentioned the problem of less lubrication were 40.00, 23.00 and 18.00 while those who mention the problem of less pleasure had median values of 40.00, 21.00 and 17.00. Also, the respondents who encountered the problem of condom breakage had the median values of 40.50,25.00 and 20.00 according to their condom sexual satisfaction, condom health hazards and condom sexual interest while those had problems with orgasm had the median values of 37.50,23.00 and 20.00 respectively. Since the p-value < 0.05 in the scale total, condom health hazard, and condom sexual interest sub-scales respectively, it can be concluded that there is a statistical significant difference relative to response on types of problems encountered using condom. However, since the p value>0.05 in the condom sexual satisfaction sub-scale, there is

no statistical significant difference relative to response on types of problems encountered using condom.

Conducting a post-hoc analysis for the total scale on the problem encountered, we fund a comparison pair-wise there is significant between less lubricated verses less pleasure; less pleasure verses break easily and less pleasure verses Orgasm. Thus, it can be infer that break easily has the highest barriers to condom use followed by orgasm while less pleasure has the lowest barriers to condom use.

Table 4.17: The Comparison of Students' Score Points of Scaleby Drug Usage (n=260)

Drug Usage	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Yes (n=46)	74.91±20.79	83.50(32-98)	34.12±10.19	38.00(15-46)	23.59±6.79	25.00(10-32)	17.21±4.79	18.50(7-22)
No (n=214)	74.59±15.96	78.50(31-96)	36.25±8.79	40.00(10-50)	21.35±5.02	22.00(9-31)	16.98±4.12	18.00(7-16)
UP	2224.00 0.245		3259.00 0.619		**2904.50** **0.008**		2966.50 0.128	

Mann-Whitney U test was applied.

The total median score points by drug usage category were of the values of 83.50 ad 78.50 (Yes and No). The condom sexual satisfaction, condom health hazards and condom sexual interest for respondents who said yes to engaging in sexual intimacy as a because of drug usage had median values of38.00,25.00 and 18.50 while respondents who said no had median values of 40.00, 22.00 and 18.00 accordingly.

Since the p-value > 0.05 in the scale total, condom sexual satisfaction and condom sexual Interest sub-scales respectively, it can be concluded that there is no statistical significant difference relative to drug use in each of the scales. However, since p –value< 0.05 in the

condom health hazard sub-scale, there is a statistical significant difference relative to drug use in the condom health hazard sub-scale.

Table 4.18: The Comparison of Students' Score Points of Scale by Alcohol Usage (n=260)

Alcohol Usage	**Scale Total**		**Condom Sexual Satisfaction**		**Condom Health Hazard**		**Condom Sexual Interest**	
	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)	M±SD	MD(Min-Max)
Yes (n=65)	70.16±22.31	81.00(32-98)	31.88±11.46	81.00(32-98)	22.00±6.97	24.00(10-32)	16.29±4.93	18.00(7-22)
No (n=195)	76.27±14.91	79.00(31-96)	37.29±14.19	79.00(31-96)	21.68±4.79	22.00(9-32)	17.29±3.94	18.00(7-23)
UP	3079.50 0.475		**3093.50** **0.001**		5185.50 0.893		3896.00 0.078	

Mann-Whitney U test was applied.

For the total median score by alcohol usage category, the values of students who said yes were found to be 81.00 and 79.00. The median values for condom sexual satisfaction, condom health hazards and condom sexual interest for respondents who said yes were found to be 81.00,24,00 and 18.00 respectively. For those who said no, the median values were found to be 79.00,22.00 and 18.00 in terms of condom sexual satisfaction, condom health hazards and condom sexual interest.Since the p-value > 0.05 in the scale total, condom health hazard and condom sexual Interest sub-scales respectively, it can be concluded that there is no statistical significant difference relative to alcohol use in each of the scales. However since p –value> 0.05 in the condom sexualsatisfaction sub-scale, there is a statistical significant difference relative to alcohol use in the condom sexual satisfaction sub-scale.

5. DISCUSSION

This present study is descriptive; the study conducted looked into barriers and factors affecting condom use among Nigerian male students in Near East University North Cyprus. The related variables under the scale and sub scale were investigated.

The socio-demographic factors that affect condom use by Nigerian male students in NearEast University were discovered to be age, marital status, religion and ethnicity. This means these demographic characteristics were found to be statistically significant with $p < 0.05$ (**See table 4.1**).

Age

For the age group, majority of the participants were either between the age range of 21-29 years with 76.8%; 13.4 % of the participants were from the age group of 30 years and above while very few of the participants 19 years and below (**Table 4.1and 4.2**). In this study approximately majority of students' have a regular partner and one in fifth of them are always using condom(Table:4.2). A previous study showed that for age categories, less than 50% of participants reported ever-using condoms. Male individuals especially in Nigeria, 48.6% among 15-19 year olds and 49.4% among 20-24, year olds and fewer females (32.6%) among those aged 15-19 and 39.4% among those aged 20-24 reported ever using condoms (Adedimeji et al, 2008).

In comparison of Students' Score Points by Age Category, since the p-value <0.05 (**Table 4.6**), it entails that the students' age categories response relative to barriers to condom use was statistically significant ($p<0.05$). A previous study looked into how age can determine the use of condom and it was discovered that there is a significant relationship between age of an individual engaging in sexual activities and condom use (Lucea et al, 2013). Another study done on age and condom use at firs tsexual intercourse of Brazilian adolescents found 61.6% of young interviewees had practiced sex. Condom use during first sexual intercourse increased significantly in both stable relationships. There were differences by age of first sexual intercourse and condom use (Paive et al, 2008).

Marital status

On marital status categories of the students as seen in **table 4.1**, it can be observed that majority of the students are single 77.8%, married students are 20.6%, and only few are divorced 1.6%. This shows that single students' have the highest condom sexual satisfaction followed by married. A study by (Mehra et al., 2014) discovered that in order to attain sexual satisfaction, people avoid condom use. The result shows that single students use condom more than condom married men. In order to fulfill their sexual desires and avoiding infections or unwanted pregnancy situations make use of condoms more than men do. As some people still have their child in marriage not out of wedlock. Married having one partner don't really see the need for using condoms, they only make use of it when the sense the wife is in the ovulating state and are not ready for pregnancy (Messersmith et al.2000).

In comparison of students' score points by Marital category, as seen in **table 4.7**, the median scores for the total scale for single, married and divorced individuals showed the p-value <0.05, it entails that the students' marital categories response relative to barriers to condom use was statistically significant (**Table 4.7**). This is supported by a study on sexually active never-married men and women, 66% that are between the ages of 15-17 years had sexual intercourse without condom during the 12-month (Ajaegbu, 2015). The scores across these marital categories were statistically significant ($p<0.05$). This shows that single students have the highest condom sexual interest followed by married students which tallies with a previous study that discovered that majority of the students that engaged in unsafe sexual behavior were single (Hoque, 2011).

Religion

On religion as a demographic factor in this study shows in **Table 4.1.** Majority of the students are Christians with 78.1% and only few are Muslim with 21.9%, this is in contrary to a study done by (Lawoyin et al, 2000) who metion that the difference between Christains and Muslim on condomuseis not significant ($P>0.05$).

In comparison of students' score points by religion category as seen in **Table 4.9** the median score for the total scale for Christians and Muslim are showed the p-value < 0.05, which means there is statistical significance in relation to condom use. A previous study that was done by

(Nnedu et al, 2008) in Jamaica on factors influencing condom use among sexually transmitted infection clinic patients in Montego bay found statistical significance with the socio-demographic variables; such as religion($p<0.05$) (Nnedu et al,2008).

Another study by (Agardh et al, 2011) on the impact of socio-demographic and religious factors upon sexual behavior among Ugandan university students' they mentioned that for those who rated religion as less important in their family, the probability of early sexual activity and having had a high number of sexual partners increased by a statistically significant($p<0.05$).

Another study by (Stulhofer et al, 2011) found out that female participants who reported strict religious upbringing were less knowledgeable about human sexuality than other women were. Religiousness was negatively correlated with basic knowledge of human sexuality, but again only among women. Contrary to expectations, no significant associations were found between religious upbringing or religiousness and condom use. Another study by (Sarkar et al, 2008) also mentioned that religious factors also played a role on condom use. Sarkar et al, 2008 added that prevailing moral norms and religious interdicts also adversely affect use of condom in many communities.

Ethnicity

Ethnicity as a socio-demographic variable for condom usage barrier; majority (64.1%), of the participants for this study were Igbo tribe of Nigeria, 19.4% were from the Yoruba tribe, 11.7% were from the Hausa tribe while the remaining few were from other tribes (4.8%) (**Table 4.1**).In comparison of students' score points by Ethnicity which can be seen in **table 4.10**, the median scores for students' who are Yoruba, Igbo, Hausa and other tribes in terms of condom sexual satisfaction shows that p-value < 0.05, which means there is statistical significance in relation to condom sexual satisfaction. A study done on Ethnicity, gender and risky sexual behaviour among Nigeria youth shows that; Yoruba and Igbo male youth were more likely to use condoms at last sex and engage in multiple sexual partnerships (Clifford & Oluwaseyi, 2017). Another study done by (Sambisa et al, 2010) on Ethnic differences in sexual behaviour among unmarried adolescentsand young adults in Zimbabwe, ethnicity was found to have a strong and consistent effect on sexual behavior among youth. More so, the study found that there were ethnic-specific and within-gender differences in sexual behavior, for both male and female. Shona youth were

more likely to be abstinent than Ndebele youth. Compared with Shona youth, Ndebele youth were more likely to have engaged in risky sex.

The median scores for the total scale of comparison by Ethnicity as seen in **Table 4. 10**. Since the p-value < 0.05 in the scale total, condom sexual satisfaction, condom health hazard, it can be said that there is a statistical significant difference relative to Ethnicity in each sub-dimension of the scale except condom sexual interest sub-dimensions. A study done by (Taiwo et al, 2017) on women's condom use shows significant female Yoruba ethnicity (71.4%) had good perceived confidence to use a female condom compared to participants from other ethnicities (28.6%) ($X^2 = 7.915$; $p = 0.019$).

Economic status and condom use

In this study majority of students', have middle economic level seen in (**Table 4.1**). When we compare economic status of students with scale total, condom health hazards, condom sexual interest was found statistically insignificant ($p>0.05$) (**Table 4.11).** Only condom sexual satisfaction sub-dimension was found statistically significant ($p<0.05$). Proportions of men who had never used condom were highest with men in the lowest socio-economic class; men with primary education; and men who embraced traditional religion. Significantly more men in the lower socio-economic class had never used the condom, when compared with men in the higher socio-economic class (Yates corrected $X^2 = 5.52$, $p = 0.081$). According to a previous study, the commonest reason for non-condom use was that it reduces sexual enjoyment. Those who believed a single unprotected sexual exposure may result in HIV infection reported more condom use than those who believed otherwise (42% versus 27.2%, $P<0.05$) (Adebiyi&Asuzu, 2009). Another study sated that men were more likely to endorse barriers like lack of trust, opposing partner, lack of sexual pleasure also (Calsyn et al,2013). Sanders et al (2012) in a study that looked into the problems of condom use discovered that some of the respondents did not use condoms because of lack of lubricant.

Distribution of Scale and Sub-scale Score Points of Student's

In this study median value for scale total was 78, condom sexual satisfaction 38, condom health hazard 22,condom sexual interest 18 seen in (**Table 4.5**). In Nigeria, the major barriers to condom use experienced by truck drivers were that the condom reduced their sexual satisfaction

and hindered their sexual interest(Sunmola 2005). Sexual practices, barriers to condom use and its consistent use among long distance truck drivers in Nigeria. AIDS Care In Kenya, men who had coitus with sex workers refused to use a condom under the pretence that the condom was unpleasant, defective, harmful, unnecessary, and too hard to use(Thomsen et al., 2004) Fifty ways to leave your rubber: How men in Mombasa rationalize unsafe sex. Sex Transom Infect 2004; 80: 430–434). Discomfort (e.g., tightly fitting condom, vaginal irritation of women) was reported by young men who also mentioned loss of sensation, and frequent condom slippage during sexual intercourse. Finding the right kind of a condom was not always easy for them. Discomfort was also associated with less motivation to use a condom(Hill et al., 2015) If the condom fits, wear it: A qualitative study of young African-American men, a Condom discomfort and associated problems with their use among university students.

Frequency of condom use

Approximately more than half of the students' had a regular sexual partner (51.4%) as seen in **Table 4.2**. Studies done on university students shows' that 44.5 % of male students' and 3.9% of female students' at least have one sexual relationship. A study done by Onayade et al(2008) showed that having sex with just a regular partner is associated with inconsistent condom use. Results from this study show that majority of students do not use condoms always (**Table4.2**). A study previously done showed that condom use by young adults was low with only few reporting that they "always" use a condom, and an average percent of young adults who had been sexually active in the last 4 weeks reporting that they had not used a condom during a recent time (Geary et al., 2016).

In comparison of Students Score Points by condom use last occasional intercourse, since the p-value < 0.05 in the scale total, condom sexual satisfaction, condom health hazard and the condom sexual interest sub-scales respectively, it can be concluded that there is a statistical significant difference relative to last occasional intercourse response each sub-dimension of the scales(**Table 4.14**). A study done Sharma et al(2018) showed that 16.3% of males and 6.2% of females reported using condoms in their last sexual intercourse.

Approximately 20.6% of students have sexual relationship after alcohol intake and 14.6% of students indicated having sexual relationship after drug intake seen in **Table 4.4.** Sarkar et al.,

(2008) in a study discovered that personal factors such as aversion to the condom, consumption of alcohol, use of drugs prior to sexual intercourse, anxiety and depression all were negatively associated with condom use.

On the contrary, a study done by Calsyn et al., (2013) show those individuals engaged in sexual activities under the influence of either alcohol or drugs. They do not think of condom usage, as they are not in their right minds. Being under the influence at the most recent event was characterized by increased characteristics of less condom use as compared to not being under the influence (Donald et al, 2010).

In comparison of students' score points by drug usage as seen in **table 4.17**, the p-value > 0.05 in the scale total, condom sexual satisfaction and condom sexual interest sub-scales respectively, it can be concluded that there is no statistical significant difference relative to drug use in each of the scales. However, since p value< 0.05 in the condom health hazard sub-scale, there is a statistical significant difference relative to drug use in the condom health hazard sub-scale.

Olaniran et al (2012) discovered in a previous study that students were of the perception that various socio-economic and environmental factors influenced condom use during sexual intercourse. Conversely, the influence of alcohol/social drugs on condom use was ranked low. Another study by Sarkar (2008) explained that personal factors such as aversion to the condom, consumption of alcohol or use of drugs prior to sexual intercourse, and anxiety and depression all were negatively associated with condom use.

In this study majority of students indicate that they use condom in the last sexual intercourse (Table 4.2).A previous study showed that among those reporting ever using condoms, 61.7% of males aged 15-19 and 62.1% of males aged 20-24 did not use a condom during the last sexual activity (Adedimeji et al, 2008). Long (2012) mentioned in a study that male students who were in casual relationships during their most recent sexual encounter and shared responsibility for contraception.Were more likely to use condoms than other male students (P < .001). Lawoyin et al(2000) in a previous study showed that two hundred and seventy (65.1%) of all the men had never used condom before.

Majority of students encountered any problem using condoms. The most important problem they encountered were less pleasure and less lubrication **(Table 4. 3).** In comparison to students score

points by response to types of problem on usage of condom. Since the p-value < 0.05 in the scale total, condom health hazard, and condom sexual interest sub-scales respectively, it can be concluded that there is a statistical significant difference relative to response on types of problems encountered using condom (**Table 4.16).** A similar study found the problems faced by male individuals while using condoms or planning to use it, to be reduced sexual pleasure, stigmatization of condom users, case of ruptured condoms and partner's attitude towards condom use (Olaniran et al., 2012). A study done by (Hill et al, 2015) indicate problems included to condom use; loss of erection during condom application (15%) or during sex (10%).

In addition, Mehra et al (2014) explained that the larger majority of male respondents (70%) reported less pleasure in a previous study and frequent consumption of alcohol on the occasion of sexual intercourse showed a significant association (OR crude 1.64, 95% CI 1.05–2.57). Mehra et al, (2014) also mentioned that inconsistent condom use (adjusted for the confounding factors of sex, age, rural origin, friends who always use a condom with a new partner, friends who have a difficulty demanding a condom, less pleasure using a condom, multiple sex partners, and alcohol consumption in conjunction to sexual intercourse).

A study done on barriers when using the condoms were found to include allergic reactions such as itching, condom slips into the female partner's sex part, of irritation, pain during intercourse, lack of hygiene in the process of wearing (Sunmola., 2001).

The condom sexual hazards also include a latex allergy and the reactions to latex can include rash, hives, runny nose, and in severe cases tightening of the airways and loss of blood pressure. Condoms are not 100 percent protective too (Mayo Clinic., 2017). A study done (Richard et al., 2005) on condom discomfort and associated problems with their use among university students the study found that nearly one third reported discomfort, including tightly fitting condoms, vaginal irritation, and loss of sensation.

The Level of Condom sexual interest among Nigerian Male students can also be seen in (**Table 4.5)** with mean value of 16.59, median =18, SD= 4.41 and min-max; 5-23. A study on sexual pleasure and condom use showed that men rated sex with the use of condoms less pleasurable. Men's pleasure decrement scores were significantly larger than women's pleasure (p = .03),

indicating that men believed that condoms reduced pleasure more than did women (Randolph et al., 2007).

People are embracing condom use, as they cannot abstain from sexual relationships successful (Higgins et al., 2011). There are barriers that affect condom use. Stone et al, (2018) mentioned that the use of condoms to prevent HIV/AIDS has become a topic discussed in Africa most especially in Nigeria. It has been stated that the most common way of being infected in Nigeria is through sexual activities like sexual intercourse, which requires body fluids to be transferred from one person to another.

5.5 LIMITATIONS

This study is limited with only NEU Nigerian Male students in Near East University.

6. CONCLUSION

The barriers to condom use and the affecting factors have caused a decline in the use of condoms among Nigerian Male students that cannot abstain. The results of this study showed that, there is high risk sexual behaviors among the students, as the most of them have sexual relationship and only one in fifth indicated the consistent use of condom as a means of protection against sexually transmitted infection and against unwanted pregnancies.

6.1 SUMMARY OF FINDINGS

1. In this study, 67.8% of students were between 20-29 age, following a post-hoc analysis using a pair-wise comparison between each age category, we found out that on the total scale the age 19 and below have the highest barriers to condom use followed by 20-29 years and 30 years and above has the lowest barriers. At the end of the study, 77.8% were single, following a post-hoc analysis using a pair-wise comparison for marital status, there is a significant relationship between single and married ($p-< 0.05$) there is no further significance in other group categories. Overall population that are single has the highest barriers.

27.3% were engineering faculty students. Following a post-hoc analysis we found that there is a significant pair-wise comparison ($p< 0.05$) between Art & science verses Engineering; Art & science verses Health sciences, Communication/Administrative sciences verses Engineering; Communication/Administrative sciences verses Health sciences; Engineering verses Economics and Economics verses Health sciences.

Overall; students in the Communication/Administrative sciences has the highest score followed by those from the Economics; Communication/Administrative sciences then Art & science; the least score was from students in Health sciences.

When we look at the ethnic characteristics of students 78.1% were Christian, 64.1% were Igbo. Conducting a post-hoc analysis for the total scale, we found a significant pair-wise comparison ($p> 0.05$) with group of Yoruba verses Igbo and Igbo verses Hausa. Hence Hausa ethnicity has the highest barriers to condom use with Igbo ethnicity has the lowest barriers.

In our study 73.7% of students were middle economic status. The post –hoc analysis shows that there is a significant pair-wise comparison between students with middle and high socio-

economic status. Thus, it can be concluded that high socio-economic status students has the highest barriers while middle socio-economic student has the lowest barriers (**Table 1**).

1. Only 51.4 % of the participants had regular sexual partner and 80% of the participants stated that they use condom sometimes (**Table4.2).** 57.1% of students used condom during the last sexual intercourse **(Table 4.2).**
2. 82.5% of the participants experienced problems in the course of using condoms and the most problem they encountered was less pleasure **(Table4.3).**
3. 25.0% of the students said that they have sexual relationship after alcohol intake, 82.30% of the students did not take drug before sexual relationship **(Table4.4).**
4. Median scale and sub-scale scores for scale total was found 78, Condom Sexual Satisfaction 38, Condom Health Hazards 22 and for condom, sexual interest was 18. Conducting a post-hoc analysis for the total scale on the problem encountered, we found a comparison pair-wise there is significant between less lubricated verses less pleasure; less pleasure verses break easily and less pleasure verses orgasm. Thus, it can be infer that break easily has the highest barriers to condom use followed by orgasm while less pleasure has the lowest barriers to condom use.
   (Table 4.5).
5. All sub-dimensions of scale score points by age was found statistically significant **(Table4.6)** ($p<0.05$).
6. All sub-dimensions of scale score points by marital category was found statistically significant **(Table 4.7)** ($p<0.05$).
7. Only scales condom health hazards and condom sexual satisfaction sub-dimension score points by faculty was found statistically significant ($p<0.05$). Scale total and condom sexual satisfaction sub-dimension was found statistically insignificant ($p>0.05$) **(Table 4.8).**
8. All scale sub-dimensions was found statistically significant ($p<0.05$) for religion category except Condom Sexual Interest **(Table 4.9).**
9. A statistical significance was found for Ethnicity and all sub-dimensions of scale ($p<0.05$) except condom sexual interest ($p<0.05$) **(Table 4.10).**
10. Statistical significance was found for having regular partner and total scale condom sexual satisfaction, condom sexual interest sub scale with $p<0.05$. Only condom sexual hazard sub-dimension was found statistically insignificant $p>0.05$ **(Table4.12).**

11. A statistical insignificance was found for regular condom use and all sub-dimensions of scale ($p<0.05$) **(Table 4.13).**
12. A statistical significance was found for last occasional condom use and all sub-dimensions of the scale ($p<0.05$)**(Table4.14)**.
13. Except condom health hazard all sub-dimensions of the scale by response to problem on condom use was found significant $p<0.05$(**Table4.15).**
14. A statistical significance was found on scale total, condom health hazard and sexual interest sub-dimensions and problem type using condom $p<0.05$(**Table4.16).**
15. A statistical significance was found only found condom health hazards and scale score points by drug use ($p<0.05$). Scale total, Condom Sexual Satisfaction and Condom Sexual Interest was found statistically insignificant ($p>0.05$) **(Table 4.17).**
16. Statistical insignificance was only found for condom sexual satisfaction and alcohol use ($p<0.05$). For other sub-dimension of scale and students' score points by Alcohol use was found insignificant ($p>0.05$) (**Table 4.18**).

6.2 SUGGESTIONS

The following are the recommendations

1. Sex education should be made available for students.
2. Consultation offices such as the counselor's office and the health centers should be upheld for the population of students that are inquisitive and want to live a healthy sex life, which also involves promoting the use of condom.
3. Students could be educated on condom use and not to engage in sexual activities, when they are under the influence of alcohol and drugs.

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APENDIX: Questionnaire and Added Table of Results

8.1 APPENDIX A: Questionnaire

NEAR EAST UNIVERSITY

HEALTH SCIENCES INSTITUTE

DEPARTMENT OF NURSING

Research Questionnaire

Dear Students,

I am a master science student in Near East University Nursing Faculty. My master thesis topic is barriers and factors Affecting condom use among Nigerian Male Students in Near East University, Northern Cyprus. These tools contain a Questionnaire (Section A) and a scale (Section B). Questionnaire contains student's socio-demographic characteristics and their approach to condom use. The scale for measuring the barriers to condom use in Nigeria consist of 22 items based on a structure, which is divided into three factors namely Condom Sexual Satisfaction, Condom Health Hazards and Condom Sexual Interest. Questions arescored from 0 to 4 (from 0=strongly dısagree to 4= strongly agree).

Data obtained from this study will only be used for thesis and will not be used for other purposes (invasion of your privacy). The thesis aim is not to determine your private life information. For that reason please read carefully questionnaire and scale and answer honestly. Thank you very much for spending your time and honest answers.

Joy Johnson Agbo

8.2 APPENDIX B: STUDENT ASSESSMENT FORM

SECTION A

Please write or tick the required answers that apply to you.

1. Age:……

2. Marital Status: [ ] Single [ ] Married [ ] Widowed [ ] Divorced

3. Faculty: ……..

4. Department: ……..

5. What is your Religion denomination?…… …

6. What ethnic group do you belong? ……..

7. What is your economics status? (a) Low [ ] (b) Mıddle [ ] (c) High[ ]

8. Did you previously have sexual relationship? Yes [ ] No [ ](If this question is answered No, do not answer next questions and scale. Stop answering questionnaire and scale)

9. Do you have a regular sexual partner? [ ] Yes [ ] No

10. During your sexual relationship, do you use any contraceptive method?

    Yes [ ] [ ] No

11. If yes, which contraceptive method do you use? (If this Question is answered b, c, d, e and f choices do not answer next Questions, answer only section B on Condom scale)

    a) Condom [ ] (Continue to Question numbered 12-17 and section B)
    b) Pills [ ]
    c) IUD [ ]
    d) Withdrawal [ ]
    e) Spermicide [ ]
    f) (Please explain)……

12. In your sexual relationship, how often do you use condom?

[ ] Always [ ] Sometimes [ ] Never

13. Do you use condoms during your last occasional intercourse? [ ] Yes [ ] No

14. Do you encounter any problem using condoms? [ ] Yes [ ] No (If answer is No, go to Section B: Condom Utilization)

15. If yes, what type of problem? [ ] Less Lubricated [ ] Less Pleasure [ ] Break Easily [ ] Orgasm problem [ ] others (Please explain)……

16. Do you have any sexual relationship after taking alcohol? (a) Yes [ ] (b) No [ ]

17. Do you have sexual relationship after taking narcotics or stimulant drugs?

(a) Yes [ ] (b) No [ ]

The next three (3) dimensionsask about barriers your condom use when engaging in sexual relationship.

SECTION B:

The scale for measuring the barriers to condom use in Nigeria consist of 22 items based on a structure, which is divided into three factors namely Condom Sexual Satisfaction, Condom Health Hazard and Condom Sexual Interest.

Please tick in the box that suit your answers.

For the following sections, please check a mark in the box that best represents your condom use						
No.	**Condom Sexual Satisfaction**	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**
		0	**1**	**2**	**3**	**4**
1	Condomuse does not give desired sexual satisfaction					
2	Condom use makes sexual intercourse boring					
3	Condom use reduces the sexual urge					
4	Condom use causes delay in reaching orgasm					
5	Condom use causes one's partner to have to have lack of trust					
6	Condom use does not allow one to enjoy orgasm					
7	Condom is too oily and makes sexual intercourse messy					
8	I don't enjoy condom use because my partner does not enjoy it					
9	When I use condom, I do not feel relaxed during intercourse					
10	Condom use does not allow one to enjoy play before sexual intercourse					

No.	Condom Health Hazard	Strongly Dısagree	Dısagree	Neutral	Agree	Strongly agree
		0	1	2	3	4
11	Condom causes itching after use in sexual relationship					
12	Condom burst during sexual intercourse					
13	Germs are carried in the process of fixing the condom on the male's sexual organ					
14	Condom allows fluid from my partner to enter my sexual organ					
15	Condom use causes skin irritation after sexual intercourse					
16	Condom use causes pain during sexual intercourse					
17	Condom slips into the sexual organ of the female during intercourse					

No.	Condom Sexual Interest	Strongly disagree	Dısagree	Neutral	Agree	Strongly agree
		0	1	2	3	4
18	It is embarrassing buying condom					
19	Due to religious faith, one feels guilty using a condom during sexual					

	intercourse					
20	The smell of condom reduces my interest during sexual intercourse					
21	It is difficult to discuss the possibility of condom use with my partner					
22	The process of wearing condom reduces one's sexual interest					

8.3 APPENDIX C: Result for factor Analysis (Reliability Test)

(1) Scale Total

Reliability Statistics

Cronbach's Alpha	N of Items
.956	22

(2).Condom Sexual Satisfaction

Reliability Statistics

Cronbach's Alpha	N of Items
.949	10

(3). Condom Health Hazard

Reliability Statistics

Cronbach's Alpha	N of Items
.864	7

(4) Condom Sexual Interest

Reliability Statistics

Cronbach's Alpha	N of Items
.864	5

Since the Cronbach's Alpha Value for the Scale Total, Condom Sexual Satisfaction, Condom Health Hazard and Condom Sexual Interest Sub-scales are greater than 0.70, itcan be concluded that there is internal consistency in the questions relative to the measuresintended.

APPENDIX D

Professor Adegbenga Sunmola
Department of Psychology
Faculty of the Social Sciences
University of Ibadan, Nigeria
Email: gbsunmola@gmail.com
Tel: +234 80 2323 9167

13 February 2019

Ethical Committee,
Near East University,
North Cyprus,
Lefkosa.

Approval of Scale Use: Barriers to Condom Use Scale

I wish to extend a formal approval to Joy Johnson Agbo, a student at your University, to use my above mentioned scale for conduct of postgraduate research. Other necessary information about the scale can be obtained online as indicated below.

https://www.who.int/bulletin/archives/79(10)926.pdf

Thank you

Sincerely,

Adegbenga Sunmola PhD.
Professor

APPENDIX E

EK-813-209

YAKIN DOĞU ÜNİVERSİTESİ
BİLİMSEL ARAŞTIRMALAR DEĞERLENDİRME ETİK KURULU

ARAŞTIRMA PROJESİ DEĞERLENDİRME RAPORU

Toplantı Tarihi :28.02.2019
Toplantı No : 2019/66
Proje No : 735

Yakın Doğu Üniversitesi Hemşirelik Fakültesi Öğretim üyelerinden Prof. Dr. Gülşen Vural'ın sorumlu araştırmacısı olduğu, YDU/2019/66-735 proje numaralı ve **"Barriers To Condom Use And Affecting Factors Among Nigerian Male Students In Near East University, Northern Cyprus"** başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, etik olarak uygun bulunmuştur.

1. Prof. Dr. Rüştü Onur (BAŞKAN)
2. Prof. Dr. Nerin Bahçeciler Önder (ÜYE) KATILMADI
3. Prof. Dr. Tamer Yılmaz (ÜYE)
4. Prof. Dr. Şahan Saygı (ÜYE)
5. Prof. Dr. Şanda Çalı (ÜYE)
6. Prof. Dr. Nedim Çakır (ÜYE)
7. Prof. Dr. Kaan Erler (ÜYE) KATILMADI
8. Doç. Dr. Ümran Dal Yılmaz (ÜYE)
9. Doç. Dr. Nilüfer Galip Çelik (ÜYE) KATILMADI
10. Doç.Dr. Emil Mammadov (ÜYE)

APPENDIX F

Near East University, Lefloşa. North Cyprus.
President Nigerian Students Association.
March 7th 2019.

Near East University, Lefloşa. North Cyprus.
Dean Faculty of Nursing,
Department of women's health nursing.

LETTER OF PERMISSION TO JOY JOHNSON AGBO.

Dear Professor,

Permission is here by granted to Joy Johnson Agbo A master science student of Near East University Faculty of Nursing and Department of Women's health nurisng to apply her thesis tools to Nigerian students on the occassion of the manifestoe and the general election for Nigerian students association. This event is choosen for Joy to apply her thesis tools because this is one of the opportunity we have to gather all the Nigerian students together.

Thank you.

Signature: