



Investigating How Age Shape Condom Knowledge

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ABSTRACT

Adolescent sexual behaviors, including early pregnancy and HIV/AIDS, are significant global health challenges. This study investigates the gaps in knowledge on HIV/AIDS transmission and early pregnancy due to reluctance in discussing sexual education among parents, health workers, and educators. We explore the attitudes and practices of at-risk youths with limited knowledge, aiming to provide valuable data on the relationship between age and condom knowledge.

Using a quantitative approach, we collected data from a carefully selected sample of adolescents through a structured questionnaire, analyzing age and condom knowledge. The findings show significant correlations between these factors and respondents' prior condom knowledge, behaviors, and attitudes. Age is positively associated with higher condom knowledge.

Our results highlight the need for targeted evidence-based interventions to address early pregnancy and HIV/AIDS among adolescents. Comprehensive educational programs tailored to specific demographics can empower young individuals to make informed sexual health decisions, fostering a healthier and safer future. This correlation study provides valuable insights into effective strategies to combat these health challenges, emphasizing the importance of informed and responsible sexual health choices among the youth.

Keywords: *condom, health promoting behavior, benefits, barriers, self-efficacy*

INTRODUCTION

Sexual discussions among children and youths have historically been discouraged by traditional norms, warranting a respectful and cautious approach towards sexual behavior. However, there is a concerning trend of declining age in the onset of sexual intercourse and an increasing number of young people engaging in premarital sex, casual sex, and multiple sex partners (Ajaegbu, 2015; De Jose, 2013). These risky sexual behaviors expose them to potential life-threatening conditions such as early marriage, unplanned pregnancies, sexually transmitted diseases, gender and sexual violence, and other serious reproductive health and social problems. The utilization of contraceptive devices like condoms is crucial in protecting them from these risks.

Both males and females are engaging in sexual activities, but it is uncertain whether they are effectively using contraceptive methods, like condoms, to safeguard their well-being. Young individuals display varying degrees of attraction to the opposite sex and are often intrigued by physical and sexual attractiveness (Ayoade et al., 2015).

Moreover, early sexual behaviors can have negative psychological consequences such as feelings of exploitation, dissatisfaction, and guilt, which are challenging to quantify (Tong, 2013). Due to inadequate knowledge of reproductive health, including contraceptive use and prevention of sexually transmitted diseases, many young people are becoming increasingly vulnerable to risks (Ajaegbu, 2015; Tong, 2013).

The emerging patterns of risky sexual behaviors and inadequate reproductive health knowledge among young individuals necessitate urgent attention from researchers, educators, and policymakers. Addressing these concerns through comprehensive sexual education programs, providing accurate information on contraceptive use and sexually transmitted disease prevention, can empower the youth to make informed decisions and protect their well-being. By understanding the factors influencing these behaviors, we can

develop targeted interventions to promote responsible sexual practices and enhance overall reproductive health among the young population.

This research addresses the pressing issue of teenage pregnancy and HIV/AIDS in Central Visayas, Philippines, where the prevalence of both conditions is cause for alarm. The study examines data from 1.67 million live births registered in 2003, revealing that 35.7% were by women younger than 24 years old, with 8% attributed to teenage pregnancy. Furthermore, 1,798 maternal deaths were recorded in the same year, with 22.3% occurring among young women, indicating a substantial increase over recent years. This worrisome trend can be linked to adolescents' early initiation into health risk behaviors, stemming from inadequate knowledge regarding drug dangers, condom use, transmission of STDs and HIV/AIDS, indiscriminate tattooing, body-piercing, and insufficient population education. This study, therefore, aims to fill the research gap by investigating the association between age, gender, religion, educational background, condom knowledge, and utilization among youths in the region.

The Philippines faces a critical challenge with the significant number of unwanted pregnancies, childbirths, and sexually transmitted diseases, including HIV/AIDS. The root causes can be traced back to the attitudes and practices of youths engaging in unprotected sexual behaviors due to a lack of essential knowledge and the reticence of adults to discuss reproductive health matters. This study seeks to shed light on the specific conditions prevalent in Central Visayas, particularly in Bohol, where teenage pregnancy and HIV/AIDS have become alarming issues. With the region ranked second in HIV/AIDS cases and seventh in teenage pregnancy nationwide, understanding condom knowledge and utilization among youths becomes imperative for the formulation of effective health educational policies and development programs.

A mixed-method approach will be adopted for this study. Quantitative data will be collected through a structured survey administered to a representative sample of youths aged 15 to 24 years in Central Visayas, with a specific focus on Bohol province. The survey will assess various factors such as age, gender, religion, and educational background, in relation to condom knowledge and utilization. Additionally, qualitative data will be gathered through in-depth interviews and focus group discussions to gain deeper insights into the participants' perspectives, attitudes, and experiences related to reproductive health and condom use.

The study aims to reveal essential findings regarding the association between age, gender, religion, educational background, and condom knowledge and utilization among youths in Bohol. The results are expected to provide valuable data on the prevailing attitudes towards sexual risk behaviors and the adoption of protective measures such as condom use. Moreover, the research seeks to identify potential gaps in knowledge and awareness among the youth population, aiding in the formulation of targeted interventions and policies.

The study's outcomes are anticipated to contribute significantly to the understanding of the underlying factors driving teenage pregnancy and HIV/AIDS in Central Visayas, with Bohol as a specific case study. By delving into the attitudes and practices of youths in this context, the research aims to offer evidence-based insights for the development of comprehensive sexual education programs and public health initiatives. Understanding the association between age, gender, religion, and educational background with condom knowledge and utilization among youths will be pivotal in shaping tailored strategies to address the region's unique challenges.

This research endeavors to fill the existing gap in knowledge by exploring condom knowledge and utilization among youths in Central Visayas, particularly in Bohol, as it relates to the alarming rates of teenage pregnancy and HIV/AIDS. By providing valuable data and insights, this study seeks to inform policymakers and health educators on the necessary interventions and development programs that will effectively address the region's reproductive health needs. Ultimately, it is hoped that this research will contribute to a healthier and more informed youth population in Central Visayas, promoting responsible sexual behaviors and reducing the prevalence of teenage pregnancy and HIV/AIDS.

OBJECTIVE

This study aimed to explore the association of age on the extent of the respondents' perceived benefits, barriers, self-efficacy, activity-related affect, interpersonal influences and situational influences on condom knowledge among youths in barangay Sta. Cruz and San Isidro in the municipality of Calape.

METHODS

The study utilized Nola Pender's Health Promotion Model. Simple stratified random sampling recruited five hundred (500) youths' ages 15-24 years old from Brgy. Sta. Cruz and San Isidro in the municipality of Calape, Bohol. Data were collected using 60-item researcher- structured questionnaire. An inferential and descriptive analysis forged the analysis and interpretation of the results.

RESULTS AND DISCUSSIONS

Table 1 describes the demographic profile of the respondents. Of the 500 youths recruited, 28.8% belong to the age group of 15-17 years old, 32% are 18-20 years old, and 39.2% are under 21-24 years old. In terms of gender, 53.7% are males and 46.3% are females. Most of the respondents were Roman Catholics comprising 91% of the study population, while only 9% were non-Catholics. In terms of educational background, 68% of them were in high school, 33.3% were in college, while 4.7% were elementary respectively.

Majority of the respondents belong to the age group of 21-24, followed by 18-20 and 15-17. Most of the respondents participated in the study are males and are currently in high school. The municipality of Calape is dominantly Catholic which resulted to a greater number of Catholic respondents.

Table 1. Respondents' Demographic Profile

Personal Characteristics	Subgroups	Percentage (%)
Age	15-17	28.8
	18-20	32.0
	21-24	39.2
Gender	Male	53.7
	Female	46.3
Religion	Catholic	91.0
	Non-Catholic	9.0
Educational Background	Elementary	4.7
	High School	62.0
	College	33.3

Table 2 shows the respondents' age in terms of perceived benefits of condom knowledge. The respondents perceived that condom is highly beneficial with an average mean score of 3.05 interpreted as agree. Both age group perceived that condom is highly beneficial as a method of preventing pregnancy greatly influenced their condom knowledge having a high mean score of 3.16 and 3.18 interpreted as agree. For 18-20 years old claimed that they strongly agree that condom is highly beneficial in preventing pregnancy and transmission of HIV/AIDS and other STDs with a high mean score of 3.28. However, for respondents under 15-17 and 21-24 years old perceived condom is easy to use does not greatly influence their condom knowledge having a low mean score of 2.72 and 3.02 but still of the same verbal description of agree. While for ages 18-20 perceived condom is affordable does not greatly influence their condom knowledge having a low mean score of 2.93 but interpreted as agree.

Regardless of age, the respondents agreed that their condom knowledge was greatly influenced by perceived benefits of condom as an effective method of contraception and prevention on the transmission of effectious diseases like HIV/AIDS. According to Pender (2011), anticipation on positive outcomes of health will drive a person to perform a healthy behavior. This finding is supported on the study conducted by Silassie, Giorgis, Kahsay, Fisaha, Zerihun, Tadesse, Gerensea, and Malloy (2016) in sub Saharan Africa in which a total of 358 students were studied and they noted that 259 participants (74.6%) perceived that condom can avoid both pregnancy and transmission of STDs including HIV/AIDS. However, some of the respondents agreed that condom is difficult to use. This might be due to lack of knowledge on how to use the device.

This was also true on the study conducted in Turkey on male condom errors revealed that 60.6% of condom users perceived condom is not easy to use (Akin, Ege, Benii, & Erdem, 2010). In order to address

this concern, most condoms sold in the market are equipped with instructions printed on their packaging that serves as a guide for users, however this is not adequate in order for them to properly guide on the correct usage as well as with the concern on their level of understanding on the instruction. Furthermore, the result revealed that condom is not affordable as agreed by some of the respondents. This was true among adolescents in South Africa that 214 (61.4%) respondents do not know on the price of condom while 133 (38.3%) have known the cost and 26 (7.5%) said that it is expensive (Silassie et al., 2016). This could be explained that buying condom is not yet their priority and also the respondents do not have extra money to buy the device because they do not have sources of income in order to avail the product. Regarding of the price, condoms sold in the local market is between twenty-five and forty pesos depending on the brand. Therefore, the result reflects that condom is highly beneficial on the respondents' condom knowledge regardless of age in preventing pregnancy and transmission of infectious diseases however they find it unaffordable and difficult to use.

Table 2. The Extent of Respondents' Age in Terms of the Perceived Benefits of Condom Knowledge

Condom Knowledge	15-17 years old		18-20 years old		21-24 years old	
Behavior-Specific Cognitions and Affect	Weighted Mean	Verbal Description	Weighted Mean	Verbal Description	Weighted Mean	Verbal Description
Perceived Benefits						
1. Condom is an effective method of preventing pregnancy.	3.16	A	3.28	SA	3.18	A
2. Condom is an effective method to prevent transmission of HIV/AIDS and other Sexually Transmitted Diseases (STD)	3.06	A	3.28	SA	3.15	A
3. Condom is for safe sex	2.92	A	3.08	A	3.12	A
4. Condom is affordable	2.80	A	2.93	A	3.05	A
5. Condom is easy to use	2.72	A	3.04	A	3.02	A
Average	2.93	A	3.12	A	3.10	A
Average Mean	3.05 = Agree					

Legend: Interpretation

3.25-4.00 – Strongly Agree (SA) 1.75-2.49 - Disagree (DA)
 2.50-3.24 - Agree (A) 1.00- 1.74- Strongly Disagree (SD)
 ■ High mean score ■ Low mean score

Table 3 shows the respondents' age in terms of perceived barriers of condom knowledge. The respondents recognized that perceived barriers greatly influence condom knowledge with an average mean score of 2.65 interpreted as agree. For respondents under 15-17 years old perceived that suggesting condom to their partner is embarrassing as a condom knowledge barrier having a high mean score of 2.79 interpreted as agree. While for ages 18-20 and 21-24 years old perceived condom has the possibility to break or slips off during sex as a condom knowledge barrier having a high mean score of 2.89 and 2.87 interpreted as agree. However, for ages 15-17 years old perceived that condom causes skin allergies as a condom knowledge barrier does not greatly influence their condom knowledge having a low mean score of 2.60 but interpreted as agree. For ages 18-20 years old perceived that condom is difficult to use as a condom knowledge barrier does not greatly influence their condom knowledge having a low mean score of 2.54 but interpreted as agree. While for ages 21-24 years old disagreed that condom is difficult to use have not seen as a condom knowledge barrier having a low mean score of 2.29.

Younger respondents agreed that it is embarrassing for them to suggest condoms. At younger age, level of personal development is not yet developed as evidenced by feeling of shame and confusion that is why these respondents agreed that it is unlikely for them to suggest condom making it a barrier to their condom knowledge however they do not see condom causes allergies as a barrier to their knowledge. The finding is contrary on the cross-sectional study conducted in China among students ages 18 to 23 years old revealed that suggesting condom to their sexual partners during sex is not a condom knowledge barrier but it encourage them to likely utilize it (Xiao, Palmgreen, Zimmerman, & Noar, 2010). It showed that the difference in culture and upbringing in the family and influences of the community between two countries affect their personal development. Furthermore, respondents ages 18-24 agreed that the barrier to their condom knowledge is the possibility of the condom to break or slips off during sex. However, this

concern was not seen among respondents ages 15-17 because they perceived that it is unlikely for their young age to use condom. That is why these respondents agreed that condom difficulty is not a barrier to their condom knowledge. This finding is opposite on the study conducted in Democratic Republic of Congo involving 138 respondents ages 18-33 years old noted that only 48 (35%) reported that condoms can tear (Katikiro & Njau, 2012). According to United Nations Population Fund (UNPFA, 2007) on the myths, misperceptions and fears addressing condom use barriers cited that only a small number of men and women are allergic to latex and other chemicals added instead they are advised to use synthetic condoms made of polyurethane.

Additionally, condoms stay firmly on an erect penis when used according to manufacturer's instruction on its packaging and it is also available in different sizes. The possibility of condom breakage rate increases when there is insufficient lubrication or the use of non-water-based lubricants (UNPFA, 2007). According to Pender (2011), that certain personal perception makes it difficult for a person to perform a healthy behavior as evidenced by the respondents' prior knowledge about the device and feeling of embarrassment making them susceptible to the negative outcomes of health. The result means that perceived barriers on condom greatly influence the respondents' condom knowledge. It is imperative that education on the proper use of condom regarding its qualities and characteristics as well as the ability to persuade others to use it is relevant in order to minimize the barriers of condom knowledge so that they would have the motivation to do a health promoting behavior.

Table 3. The Extent of Respondents' Age in Terms of the Perceived Barriers of Condom Knowledge

Condom Knowledge	15-17 years old		18-20 years old		21-24 years old	
	Weighted Mean	Verbal Description	Weighted Mean	Verbal Description	Weighted Mean	Verbal Description
Perceived Barriers						
1. Condom can cause allergies on the skin	2.60	A	2.63	A	2.56	A
2. Condom has the possibility to break or slip off during sex	2.75	A	2.89	A	2.87	A
3. Condom is against religion/faith	2.67	A	2.70	A	2.62	A
4. Condom is difficult to use	2.71	A	2.54	A	2.29	DA
5. Suggesting condom make me feel embarrassed	2.79	A	2.63	A	2.49	DA
Average	2.70	A	2.68	A	2.57	A
Average Mean	2.65 = Agree					

Legend: Interpretation

3.25-4.00 – Strongly Agree (SA) 1.75-2.49 - Disagree (DA)
 2.50-3.24 - Agree (A) 1.00- 1.74- Strongly Disagree (SD)
 ■ High mean score ■ Low mean score

Table 4 shows the respondents' age in terms of perceived self-efficacy of condom knowledge. The respondents perceived that they have the ability to enact a health promoting behavior having an average means score of 2.74 interpreted as agree. Respondents under 15-17 years old perceived that they can influence their partner to use condom have greatly influenced their condom knowledge having a high mean score of 2.77 interpreted as agree. While, for ages 18-20 and 21-24 years old perceived condom is easy to use have greatly influenced their condom knowledge having a high mean score of 2.89 and 2.93 interpreted as agree. However, both respondents perceived that condom can be purchased confidently does not greatly influence their condom knowledge having a low mean score of 2.52, 2.57 and 2.70.

The respondents agreed that they have the competence in using the device easily and have confidence in influencing others to use it that is why they have the ability to recommend it to their partners and refuse sex if it is not being used. This result is contrary on the study conducted in India reported that problems related to not using condom is due to partner's acceptance and their ability to influence their partner because they perceived that asking to use condom indicates infidelity (Donta, Begum, & Naik, 2014).

On the other hand, respondents agreed that they do not have the ability to purchase condom confidently. This is because of their fear of public humiliation and embarrassment (Donta et al., 2014). Condoms are sold in public places like pharmacies and groceries, and it cannot be avoided that the perception of some people when they have seen someone buy condom they would think about promiscuity. Hence, it is very hard for them to avail it without avoiding those judgmental attitudes. This supports Pender's (2011) assumption that high level of competence or self-efficacy influences the person to perform a healthy behavior as evidenced by the respondents' ability in influencing others to use condom and have the skill to use it correctly, but they cannot avail because they feared of public embarrassment or humiliation. This suggest that the capacity to perform a health promoting behavior greatly influence condom knowledge especially in influencing their partners to use condom and influence them that condom is easy to use so that inhibitions on its accessibility will be minimized.

Table 4. The Extent of Respondents' Age in Terms of the Perceived Self-Efficacy of Condom Knowledge

Condom Knowledge Behavior-Specific Cognitions and Affect	15-17 years old		18-20 years old		21-24 years old	
	Weight ed Mean	Verbal Descripti on	Weight ed Mean	Verbal Descripti on	Weight ed Mean	Verbal Descripti on
Perceived Self-efficacy						
1. Condom can be purchased confidently	2.52	A	2.57	A	2.70	A
2. A man/woman can suggest to his partner to use condom	2.56	A	2.71	A	2.81	A
3. A man/woman can refuse sex without condom	2.73	A	2.85	A	2.83	A
4. A man/woman can influence his partner to use condom	2.77	A	2.76	A	2.80	A
5. Condom is easy to use	2.65	A	2.89	A	2.93	A
Average	2.65	A	2.76	A	2.81	A
Average Mean	2.74 = Agree					

Legend: Interpretation

3.25-4.00 – Strongly Agree (SA) 1.75-2.49 - Disagree (DA)
 2.50-3.24 - Agree (A) 1.00- 1.74- Strongly Disagree (SD)
 ■ High mean score ■ Low mean score

Table 5 shows the respondents' age in terms of activity-related affect of condom knowledge. The respondents perceived that condom promotes positive feeling when they have the knowledge about the device as it has an average mean score of 2.84 interpreted as agree. Both respondents perceived the importance of health teaching on the benefits of condom have greatly influenced their condom knowledge having a high mean score of 2.95, 3.13 and 3.14 interpreted as agree. However, both respondents perceived that condom reduces sexual pleasure and sensitivity does not greatly influenced their condom knowledge having a low mean score of 2.65, 2.60 and 2.62 interpreted as agree.

Regardless of age, the respondents acknowledge health teaching on the benefits of condom is greatly influential on their condom knowledge. Through it, they were able to perceived that condom is safe to use, has variety of qualities, and it can be avail in many places. This is supported on the the study conducted in India that health education programs increase the knowledge of condom use (Donta, Begum, & Naik, 2014).

However, the respondents agreed that condoms affect their sexual activity. This is also true on the study on condom use among university adolescents in Uganda, reported that 70% of the respondents experienced less sexual pleasure related to condom use (Mehra, Ostergren, Ekman, & Agardh, 2014). According to Pender (2011), positive subjective feelings of a behavior would influence the ability to perform a healthy behavior. That is why it is important to enhance their competence regarding the benefits of condom through health education which would in turn result in increased positive interest on their condom knowledge.

Table 5. The Extent of Respondents' Age in Terms of the Activity-Related Affect of Condom Knowledge

CONDOM KNOWLEDGE Behavior-Specific Cognitions and Affect	15-17 years old		18-20 years old		21-24 years old	
	Weighted Mean	Verbal Description	Weighted Mean	Verbal Description	Weighted Mean	Verbal Description
Activity-related Affect						
1. Health teaching on the benefits of condom is important	2.95	A	3.13	A	3.14	A
2. Condom reduces sensitivity and pleasure during sex	2.65	A	2.60	A	2.62	A
3. Condom is available from a number of places like grocery stores and pharmacies	2.69	A	2.68	A	2.72	A
4. Condom has a variety of flavors and textures	2.91	A	3.09	A	3.08	A
5. Condom is safe to use	2.71	A	2.78	A	2.90	A
Average	2.78	A	2.86	A	2.89	A
Average Mean	2.84 = Agree					

Legend: Interpretation

3.25-4.00 – Strongly Agree (SA) 1.75-2.49 - Disagree (DA)
 2.50-3.24 - Agree (A) 1.00- 1.74- Strongly Disagree (SD)
 ■ High mean score ■ Low mean score

Table 6 shows the respondents' age in terms of interpersonal influences of condom knowledge. Interpersonal factors have a great influence in condom knowledge with an average mean score of 3.10 interpreted as agree. Respondents under 15-17 years old are influenced by the information that condom is for males only having a high mean score of 3.13 interpreted as agree. For ages 18-20 years old, health education given by health workers greatly influenced their condom knowledge with a mean score of 3.25 interpreted as agree. While for ages 21-24 years old perceived that they are influenced by their partners about condom when it is discussed before sexual intercourse given a high mean score of 3.22 interpreted as agree. However, both respondents claimed that their knowledge on condom is not greatly influenced by their peers given with a low means score of 2.91, 2.90 and 3.05 interpreted as agree.

Information that condom is available for male use only influenced the condom knowledge among 15-17 years old. This means that they are not aware that condom has many varieties and there is a female condom. We cannot blame them because in our country most condoms sold in the market and even in the health centers are available for male use only. According to UNFPA (2007), availability of female condom is relatively new because it is available through a subsidized donation support programs by a female health company. Therefore, orientation on its availability and usage is important in order to have proper management on the device since it is not commonly used and available in the country. While respondents ages 18-24 agreed that health workers' health education and couples discussion about condom are influential on their condom knowledge. Adolescents will likely use condom when they perceived the approval with their partner to use it before sex and when it is introduced by a health worker (Oluwole, Abidemi, & Augustine, 2013).

On the other hand, the respondents agreed that condom information from peers are not influential on their condom knowledge because they believe that condom information is reliable if delivered by a health care provider and also they believed that peers a like them who are also less knowledgeable and inexperienced that is why they do not consider them as influential. Contrarily, this is opposite on the previous study conducted among young people in South Africa where condom information communicated by their peers influence them to use condom (Mehra et al., 2014).

According to Pender (2011), significant others are influential in the promotion of a healthy behavior. However, it may increase or decrease the commitment in health-promoting behavior. Therefore, health education from reliable sources like health worker is crucial as they are in the position to give accurate information about condom so that they can influence others to use it and orient them that there is condom

specially made for women though it is not commonly sold or available in the country so that distorted information about condom will be corrected.

Table 6. The Extent of Respondents' Age in Terms of the Interpersonal Influences of Condom Knowledge

Condom Knowledge	15-17 years old		18-20 years old		21-24 years old	
	Weighted Mean	Verbal Description	Weighted Mean	Verbal Description	Weighted Mean	Verbal Description
Interpersonal Influences						
1. Parents has the greatest responsibility to educate or advise teenagers on the benefit of using condom	3.03	A	3.18	A	3.13	A
2. Responsibility of the health workers to educate and inform the community on the benefit of using condom	3.02	A	3.25	A	3.20	A
3. Peers can be a source of information about condom	2.91	A	2.90	A	3.05	A
4. Condom is available for males only	3.13	A	3.14	A	3.10	A
5. Condom use should be discussed between couples before sex	3.07	A	3.24	A	3.22	A
Average	3.03	A	3.14	A	3.14	A
Average Mean	3.10 = Agree					

Legend: Interpretation

3.25-4.00 – Strongly Agree (SA) 1.75-2.49 - Disagree (DA)
 2.50-3.24 - Agree (A) 1.00- 1.74- Strongly Disagree (SD)
 High mean score Low mean score

CONCLUSION

Regardless of age, it was found that their knowledge on the perceived benefits of condom influence their situational influences to use condom when they have sex to someone whom they did not know very well in order to protect them from HIV/AIDS infection. It also revealed that the health teaching given by reliable persons like health workers is very significant in enhancing their knowledge about condoms especially in educating them on the quality, kind and characteristics of condom so that they will become knowledgeable to confidently influence others to use it consistently. The result shows that the respondents sometimes or never use condom as protection because of the barriers they perceived such as it causes allergies, embarrassment and no confidence in buying the protective device. It also revealed that for ages 15-20 years old, they perceived that their parents and peers are not influential because of their unwillingness to discuss with their children about sexual issues and peers are identified less knowledgeable and inexperienced that is why they less likely to use the material or maybe they are still young to use it. This supports Pender's (2011) proposition on health promotion model that a person will commit a health promoting behavior when perceived benefits exceeds perceived barriers, has the competence, has positive affect toward behavior, if there is support from significant others, and personal cognitions to any situation to participate in health-promoting behavior. Prior studies argued that perceived benefits about condom would likely influence a person to use condom (Espada et al., 2016). While health teaching and support from parents, community members, and health services are influential in the persons commitment to health thereby their confidence in performing a desirable behavior would influence the barriers to condom knowledge and utilization (Nobelius et al., 2012). Therefore, age-specific intervention strategies is important in order to cater the needs of every individuals.

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