

**KNOWLEDGE ATTITUDE AND PRACTICES ABOUT CONDOM USE
AMONG YOUTH AGED 18-34 YEARS IN KAGOMA PARISH
BUWENGE SUBCOUNTY
JINJA DISTRICT**

**A RESEARCH REPORT SUBMITTED TO UGANDA NURSES AND MIDWIVES
EXAMINATIONS BOARD IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE AWARD OF DIPLOMA
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ABSTRACT

Worldwide, knowledge of the effectiveness of condoms in preventing HIV transmission is high in most countries however, many people still fail to use them consistently especially those who engage in high risk sexual practices. In Uganda, and Jinja in particular condom use is erratic, partly because they are not always available to users as they are not on the essential drugs list or available but not used because of negative Perception and attitudes. To assess knowledge, attitude and practices about use of condoms among youth aged 18-34 years in Kagoma parish, a cross-sectional study design quantitative in nature was employed using simple random sampling. A total of 96 respondents were recruited for the study out of which 89 questionnaires were completely filled. 93% of the respondents stated that they had ever heard about condoms, 51% agreed that having sex with a condom is a safe practice and 70% strongly agreed that condoms cause inconvenience during sexual activity. The researcher concluded that, most of the youth were aware about condoms and their use, the main sources of information were the media and hospital, attitudes towards condom use were generally not good as most of the respondents were strongly in agreement that condoms were only good for extramarital sex, cause inconvenience during sexual activity and a man's penis may be bigger than a condom. Regarding practices about condom use, more than half of the respondents agreed that having sex with a condom was a safe practice although poor practices were reported as well such as that one can put on a condom even after intercourse has begun. It is recommended that increased sensitization is paramount in identifying the myths and misconceptions about condoms use to help break negative attitudes and foster positive change in prevention of STIs and unwanted pregnancies.

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AUTHORISATION

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DEDICATION

This research work is dedicated to my beloved father, Mr. Ndigendewa Badiru and mum, Mrs. Babirye Aisha for their great support and encouragement in my academic endeavors.

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LIST OF ACRONYMS

AIDS-Acquired Immune Deficiency Syndrome.

HIV-Human Immune Deficiency Virus.

SSA-Sub Saharan Africa.

STIs-Sexually Transmitted Infections.

UNAIDS-United Nations program on HIV/AIDS.

UNMEB-Uganda Nurses and Midwives Examinations Board.

USAID-United States Agency for International Development.

WHO-World Health Organization.

OPERATIONAL DEFINITION OF TERMS

Barrier device- A material that prevents two surfaces from coming into contact.

Contraception-Preventing the occurrence of pregnancy or fertilization.

Essential drug list-List of basic drugs that must always be made available and at affordable cost.

Extramartial sex- Sexual intercourse outside wedlock.

Family planning-Decision by a couple on when to have children and what number to have.

Lubrication-Minimizing frictional force between two surfaces in motion.

Un protected sex-Having sexual intercourse without any shielding material.

CHAPTER ONE INTRODUCTION

1.1 Background.

A condom is a latex or rubber tubular sheath used during sexual intercourse to form a two way barrier that prevents the passage of genital fluids and their contents, including organisms, between sex partners. Both male and female condoms are available (Bounds, 2011). The male condom is a rubber sheath worn over an erect penis. The female condom is a loose fitting polyurethane sheath with a flexible ring at either ends (Aekusuk, 2007).

Globally, condom is an important method of family planning and prevention of Sexually Transmitted Infections (STIs) especially Human Immune Deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS). The effectiveness of condoms in preventing pregnancy or STIs depends on the user (Ford, *et al.*, 2012). Previous studies showed that pregnancy rate among correct condom users is about 2% per year. The risk of pregnancy or STI is greater when condoms are not used correctly and consistently with every sexual act. However, when it's used every time and in the approved manner it could prevent up to 80 to 95% of HIV transmission (USAID and WHO, 2007).

A study conducted in Rajshahi district of Bangladesh showed that knowledge and use of condoms was low. Condoms were only used in 17% of the cases (Moisur *et al.*, 2009). Another study conducted in Pakistan, showed low knowledge regarding the appropriate use of condoms even among contraceptive users (Fikree *et al.*, 2015).

Gardner *et al.*, (2009) stated that unsafe sex is the second most frequent cause of the global burden of disease. Every day 6800 people are infected with HIV. Many more are infected on a daily basis with other STIs that can cause serious illnesses, infertility, neonatal

problems, and cancer which could be prevented with correct and consistent use of condoms. Indeed, male and female condoms have been central to the effort to curtail the spread of HIV by 2015, as called for by the United Nations Millennium Goals (Hernandez *et al.*, 2009). Despite extensive efforts in promoting condom use, young people in Sub-Saharan Africa (SSA) still engage in risky sexual behaviors and condom use remains relatively low. A multitude of factors may impede young people's ability to protect themselves by using condoms, including insufficient knowledge and attitudes about condoms use (Swart and Richter, 2007).

Nzioka, (2011) reported that numerous studies have found that young people's perceptions of condoms tend to be negative and concerns about condom safety, breakage, ineffectiveness (e.g., condoms have small holes or they can disappear into the vagina), the negative effect of condom use on sexual enjoyment, the low quality of condoms especially condoms that are free and that condom use signifies infidelity or having an STI.

Temin *et al.*, (2009) in their study in Nigeria found out that trust in a sex partner was a reason for not using condoms. Although a number of studies have looked at young people's perceptions of condoms, there is little data on the extent to which perceptions about condoms may mitigate condom use.

In Egypt, results of a study on the knowledge and attitude of condom use in 2007 showed that although condoms were considered effective method of contraception and prevention of STIs by 60%, only 23% had ever used condoms solely for contraception (Kabbash, 2007). Meanwhile Shelton and Johnston, (2011) while researching on the use of condoms and related HIV/AIDS knowledge in Côte Di'voire, found that condom use among youth was

low and this decreased further with age from about 24 years onwards; married male youth were least likely to use them.

Similarly Kordoutis *et al.*, (2012) reported that using a condom in a stable relationship in Africa is considered a “taboo” and this reason accounted for about 39% of non-use of condoms.

The condom has played a central role in Uganda's official HIV prevention strategy for over two decades, but the country has yet to get it right, with condom use declining and the government unable to meet what demand does exist (Neema *et al.*, 2007). The fact that there is a recorded increase in new HIV infections is a proxy indicator that the tool that is known to prevent HIV has been used in a relaxed manner. Condoms have been long established as one of the most effective technologies for the prevention of not only HIV but also STIs and unwanted pregnancies (Beadnell *et al.*, 2015).

In a study about condom use in relation to gender and religion in the rural area of Masaka, it was found that religion was a significant factor in whether one would use a condom or not. Roman Catholics knew less about condoms; had lower attitudinal scores compared to the other religions; and the numbers that would use a condom if one was available were fewer compared to the non-Catholics (Mac and Campbell, 2011). Related to the above was a study about condom use in Uganda by Awusabo *et al.*, (2009) who found out that the level of knowledge a person had about HIV/AIDS was in tandem to the level of condom use. It was also found that living in an urban area and having a low education were associated with decreased level of condom use.

1.2 Problem Statement

Worldwide, knowledge of the effectiveness of condoms in preventing HIV transmission is high in most countries however, many people still fail to use them consistently especially those who engage in high risk sexual practices (UNAIDS, 2007).

Meekers *et al.*, (2011) reported that despite an intensified program to promote condom knowledge and use in Africa, their acceptance and use has remained low (below 50%). In Uganda, and Jinja in particular condom use is erratic, partly because they are not always available to users as they are not on the essential drugs list or available but not used because of negative reception and attitudes. Therefore this unavailability coupled with poor attitudes and practices about use of condoms hampers effort in fight against STIs and Unwanted pregnancies (Muyinda *et al.*, 2011).

Despite high government efforts to make condoms available to the youth and creation of awareness in Kagoma parish, HIV/AIDS, STI'S and un wanted pregnancies are high which signify under usage of condoms hence a need for this study to assess knowledge, attitude and practices so that strategies can be put in place to improve the situation.

1.3 Study purpose.

To assess level knowledge, attitude and practices about use of condoms among youth aged 18-34 years in Kagoma parish Buwege Sub County, Jinja district.

1.4 Specific objectives.

- a) To assess level of knowledge of youth in Kagoma parish regarding condom use.
- b) To determine the attitudes of youth about condom use in Kagoma parish.
- c) To identify practices of youth about condom use in Kagoma parish.

1.5 Research Questions.

- a) What is the level of knowledge of youth regarding condom use in Kagoma parish?
- b) What are the attitudes of youth in Kagoma parish about condom use?
- c) What are the practices of youth about condom use in Kagoma parish?

1.6 Justification.

Worldwide, unwanted pregnancies, STI's and HIV/AIDS persists as a major social and public health concern. The findings of this study will therefore be beneficial to;

The community.

The community members will be encouraged to embrace the practice of condom use in the prevention of STIs and unplanned pregnancies.

Nursing research.

The study findings will be used as a reference for other researchers with similar interest in assessing knowledge attitudes and practices of youth about condom use.

Nursing education.

The recommendations generated from this study may be integrated into nursing curriculum in order to address youth concerns.

Nursing practice.

The study findings will be used to develop strategies to reduce the prevalence STIs and unplanned pregnancies through health education promotion in the health facilities.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction.

This chapter deals with review of literature relevant to the study that was obtained from various sources that include; Medical and nursing journals, text books and internet and is presented in relation to the study objectives that include; Knowledge about condoms use, Attitudes of youth about condoms use and their Practices about condom use.

2.1 Knowledge about condom use among the youth.

Globally, knowledge about condoms has improved with a few exceptions in remote places for example, a study conducted in India among University students showed that majority of participants 137 (99%) knew what condoms were and most of the participants 92 (67%) knew that condoms were made of latex and that condoms have an expiry date (Artz, 2009).

Meanwhile a study conducted in Ankara, Turkey by Guaykietikul *et al.*, (2007) among female youths about use of female condoms showed that only a few had heard about the female condom. The primary source of information was either from healthcare professionals, on Television sets (TV) or newspapers/magazines. In total, 69.4% of the high risk group and 30.5% of the low risk groups' women reported that they would use the female condom if counseling concerning its use was provided.

A study conducted in Nigeria by Otoide *et al.*, (2008) showed that 80% of 850 participants had knowledge about the female condom, and that the majority learned about it for the first time through the mass media (40%), followed by healthcare workers (34%), friends (23%),

and their sexual partners (3%). Only 11.3% of the participants had experience using the female condom.

Similarly in Ghana study by Ankomah, (2008) participant's knowledge on what they knew about a condom was probed. More than half of the participants (57%) indicated that a condom is a barrier device used to prevent pregnancies and STIs, 30% indicated that it was not the only barrier device used for prevention of pregnancies since other methods exist.

Related to the above was a study conducted in Senegal by Hoffman *et al.*, (2013) whereby assessment on safe use and handling of a condom was probed. Majority of the participants (96.1%; 443) indicated that a condom is not safe irrespective of their storage, 68.7% (317) agreed that a condom promotes cleanliness, 63.8% (294) indicated that a condom protects against STIs if they are properly and correctly used and 96.7% (446) indicated that a condom should not be used more than once.

In the East African context, studies in Kenya about knowledge of condom use revealed that young women had a higher level of knowledge about condom use with 75–81% responding in agreement with the statement that a condom should not re-used once semen is deposited in it (Lasse and Becker, 2007).

Similarly in Uganda study, 72% of the youth had good knowledge about condom use whereby they agreed that a condom should be put on the penis only if the penis is fully erect or stiff and should not be used more than once (Hulton *et al.*, 2009).

2.2 Attitudes about condom use among the youth.

Ezzati *et al.*, (2012) stated that attitudes to condoms and consequent use in Côte d'Ivoire have a similar pattern to that of sub-Saharan region as youth indicated condom use as important only for extra marital sex.

In the Zimbabwe study, majority of the respondents (69.0%) agreed that condoms inconvenience sex as in the process of un packing them and rolling over a stiff penis causes delay as one would want to enjoy as quickly as possible and therefore one would rather do without them(Napierala *et al.*, 2008).

Mean while 83.9% (387) of the respondents in the Zambia study agreed that a man's penis maybe too large for a condom, so to avoid embarrassment during sex it is prudent not to try putting it on (Agha, 2011).

Similarly a study in Eritrea by Lews, (2011) revealed that 88.9% (410) of the participants agreed that condoms were expensive and would cause strain in their budgets as they had many priority needs like salt and soap rather than purchasing condoms for short time pleasure.

Related to the above are findings of the study in Nigeria whereby 60.1% (277) of the youth agreed to the fact that they get embarrassed to buy a condom because their parents, culture and religion does not approve its use, so to avoid embarrassment they only buy condoms from places where they are not known to the owner of the shop (Okunlola *et al.*, 2007).

In Kenya study, 53.8% (248) of the respondents agreed that condoms decrease sexual pleasure for men as they compared it to "eating a sweat without unwrapping" and therefore would prefer having sex without a condom (Nzioka, 2011).

In a related study in Masaka, Uganda it was found that Men had a negative attitude towards condom use within a marriage. Reported reasons for not using condoms included emotional distance, reducing naturalness of sexual intercourse, lack of lubrication and consequent dryness and pain (Neema *et al.*, 2007).

2.3 Practices about condom use among the youth.

In the Nigeria study respondents were asked whether they practiced protected sex the last time they had sex, 98 (71%) reported that they had had un protected sex, while 40 (29%) used a condom the last time they had sexual intercourse. Of the 98, 59 (60%) claimed they would not use a condom even if they were available at the time, while 39 (40%) reported that they would use one if it was at hand (Olley and Rotimi, 2013).

Related to the above, was a study conducted by Meekers and Klein, (2012) in Cameroon that revealed that between 17 and 51.1% of the youth reported putting on the condom after intercourse had already begun.

In other studies in Gabon between 13.6% and 44.7% of the male youth agreed that a condom can be taken off before the intercourse is over citing a reason that in the middle of the intercourse the risk of getting pregnant is minimal since most of the semen has been drained into the condom (Beadnell *et al.*, 2015).

Similarly, in the Democratic Republic of Congo (DRC) study, 25.3% of the respondents reported completely unrolling the condom before putting it on, a practice that makes it hard for the condom to fit perfectly onto the penis and therefore risk for acquiring STIs (Karim *et al.*, 2013).

Kapiga and Lugalla, (2013) in their study in Tanzania found out that 30.4% of the youth practiced rolling on a condom inside out as they believed that the inside part of the condom is better lubricated and would therefore reduce friction and heat during intercourse. This practice however carries a risk of exposing the partner to body fluids. Similarly, in the Uganda study by Muyinda *et al.*, (2011) 19.1% of the respondents reused condoms at least twice during a sexual encounter citing shortage of condoms in the country as most of them had been destroyed because of poor quality.

CHAPTER THREE

METHODOLOGY

3.0 Introduction.

This chapter presents the research methodology which is the detailed procedure of the study. The chapter comprises of the following sections: study design, study setting, study population, selection criteria, and sample size determination, sampling technique, study variables, data collection techniques, research instruments, data management, data analysis, quality control techniques and ethical considerations of the study.

3.1 Study Design and rationale.

This study was conducted through a cross-sectional study design quantitative in nature. The study design was selected because it aids in rapid data collection and allows a snap short interaction with a small group of respondents at a certain point in time thus allowing conclusions about phenomena across a wide population to be drawn (Lews, 2011). The study design was used to examine the youth in Kagoma parish by assessing the knowledge, attitude and practices about condom use.

3.2 Study setting.

The study was conducted from Kagoma parish Buwenge Sub County in Jinja district. Kagoma parish is 114 km North East of Kampala, Uganda's largest city and capital and 15Km East of Jinja town. Kagoma parish comprises of 3 Villages namely; Mutai, Luzinga and Lubanyi. Economic activities in the study area include small scale businesses like retail shops, agriculture whereby sugar cane is largely grown for sale to enhance house hold income. The study area has 3 secondary schools, 4 primary schools and one hospital.

3.4 Study Population.

The study population consisted of youth aged 18-34 years in Kagoma parish, Buwenge Sub County, Jinja district.

3.4.1 Sample size determination.

Sample size was determined using Fisher's (1990) method in which the sample size is given by the expression:

$$n = \frac{Z^2 pq}{d^2}$$

n = desired sample size

Z = Standard normal deviation usually set at 1.96 for maximum sample at 95% confidence level. p= 50% (constant) or 0.5 since there were no measures estimated.

Therefore P=1-0.5

$$=0.5$$

$$q = 1-p = 1-0.5 = 0.5 \text{ and,}$$

d = Degree of accuracy desired 0.1 Or 10% error acceptance (at 95% confidence level or 0.09 probability level)

By Substitution we get:

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.1 \times 0.1} = 96$$

n=96. Therefore, the sample size was 96.

3.4.2 Sampling procedure and rationale.

Simple random sampling was used for quantitative data collection from all the 3 villages in Kagoma parish. Ninety six respondents were randomly sampled out of the 3 villages and were recruited in the study. To reduce bias, papers labelled “yes and no” were folded, then mixed in a box. Those who did not pick yes were recruited in the study and if the sample size was not realized, this was replaced by another round of picking papers by those not recruited in the first round. Simple random sampling minimizes bias, less costly and time saving (Beadnell *et al.*, 2015).

3.4.3 Selection criteria.

Inclusion criteria.

The study included all youth aged 18-34 years who were present at the time of the interview and were willing to consent for the study.

Exclusion criteria.

Respondents who were very sick, mentally ill, the deaf and those who did not consent were excluded from the study.

3.5 Definition of variables.

3.5.1 Dependent variable.

Factors affecting condom use among youth aged 18-34 years.

3.5.2 Independent variable.

Knowledge about condom use.

Attitudes towards condom use.

Practices about condom use.

3.6 Research Instruments

A structured questionnaire was used as a tool for gathering information. The structured questionnaire was divided into four sections; The first section was used to collect data about socio-demographic profile, the second section was used to assess knowledge on condom use in the prevention of STI's and pregnancy, the third section was used to assess attitude towards condom use and the fourth section was used to assess practices of youth about condom use.

3.7 Data collection procedure.

After the sampling process was completed, the investigator interviewed the respondents. The researcher introduced herself to the prospective participants and read to the individual participant the consent form that detailed the title and purpose of the study as well as the rights of the participant. Whenever a participant agreed to be interviewed he/she was asked to provide written consent by signing or fingerprinting. If they refused to participate the interview would not proceed.

After obtaining the written consent, the researcher entered the questionnaire serial number and date of interview and proceeded from the first up to the last question using a language understood by the participant. The researcher entered responses given by the participant by ticking the appropriate response and entering the same number in to the coding box. This was done to ensure data quality as the response number ticked is supposed to be the same as the one entered in the coding box. If the numbers were different it was not a valid response. The researcher reviewed the questionnaires on a daily basis to ensure they are being completed correctly and any errors corrected to avoid being repeated. The process of

data collection continued until every effort to contact every study participant in the sample has been exhausted. All completed questionnaires were kept safe by the researcher until time of analysis.

3.7.1 Data management.

Completed questionnaires were checked for accuracy and completeness on a daily basis after data collection at the end of the day. This was followed by coding and entry of the data using Epi info 3.4.1 software for Windows and double entry into Statistical Package for Social Scientists (SPSS) version 16.0 software for analysis.

3.7.2 Data analysis and presentation.

Data was analyzed by descriptive statistics using SSPS version 16.0 software and presented in frequency tables, pie charts and bar graphs.

3.8 Quality control techniques.

For reliability and validity, the questionnaires were pretested with a tenth of the sample size outside study area. The questionnaire were then revised and content adjustments made accordingly. After data collection, questionnaires were checked daily, for completeness, clarity, consistency and uniformity by the researcher.

3.9 Ethical consideration.

A letter of introduction was obtained from Kampala International University Western Campus School of Nursing sciences to permit the researcher to carry out the research.

Permission was obtained from Chairman District Health Officer Jinja district and LCII chairman Kagoma parish.

All participating respondents were selected on the basis of informed consent.

The study was on voluntary basis and information was kept private and confidential. Participants' anonymity was kept. The study was conducted while upholding the professional cord of conduct in a manner that did not compromise the scientific inclinations of the research.

3.10 Anticipated study limitations.

It was hard to obtain audience from the youth as they were having other duties to perform at home, this was however be overcome by creating rapport and administering a questionnaire as quickly as possible.

Being a rainy season, it interfered with the process of data collection, this was however overcome by use of gumboots, a rain coat and umbrella.

3.11 Dissemination of results.

A copy of results will be disseminated to the Uganda Nurses and Midwives Examinations Board (UNMEB) for marking, Jinja district health office for appropriate interventions and School of nursing science at Kampala International University Western Campus.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND PRESENTATION

4.0 Introduction.

This chapter is concerned with analysis, interpretation and presentation of data collected.

Out 96 respondents interviewed, 89 returned completely filled questionnaires thus giving a response rate of 92.7%.

4.1 Bio demographic data

Table 1.1: Shows bio demographic data of the respondents (n=96)

Bio demographic parameter		Frequency(n)	Percentage (%)
Age(Years)	18-23	49	51
	24-29	26	27.1
	30-35	21	21.9
	Total	96	100
Sex	Male	60	62.5
	Female	36	37.5
	Total	96	100
Tribe	Musoga	79	82.3
	Muganda	17	17.7
	Others	-	-
	Total	96	100
Religion	Christian	82	85.4

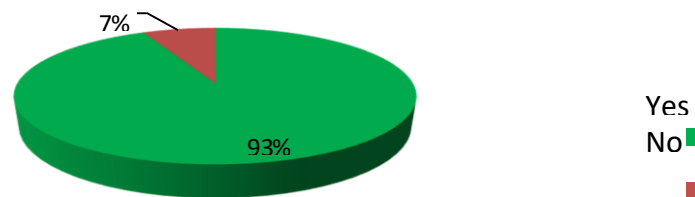
	Moslem	14	14.6
	Others	-	-
	Total	96	100
Marital status	Married	38	39.6
	Single	58	60.4
	Divorced	-	-
	Widowed	-	-
	concubined	-	-
	Total	96	100
Employment status	Employed	9	9.4
	Un employed	67	69.8
	Self employed	20	20.8
	Total	96	100
Education	None	15	15.6
	Primary	58	60.4
	Secondary	14	14.6
	Tertiary	9	9.4
	Total	96	100

More than half of the respondents (51%) were of the age range between 18-23 years while only 21.9% were between 30-35 years. Most of the respondents (62.5%) were male while only 37.5% were female. Majority of the respondents (82.3%) were Basoga while only

17.7% were Baganda. Majority of the respondents (85.4%) were Christians while only 14.6% were Moslems. Most of the respondents (60.4%) were single while only 39.6% were married. Most of the respondents (69.8%) were unemployed while only 9.4% were employed. Most of the respondents (60.4%) attained primary level of education while only 9.4% tertiary level of education.

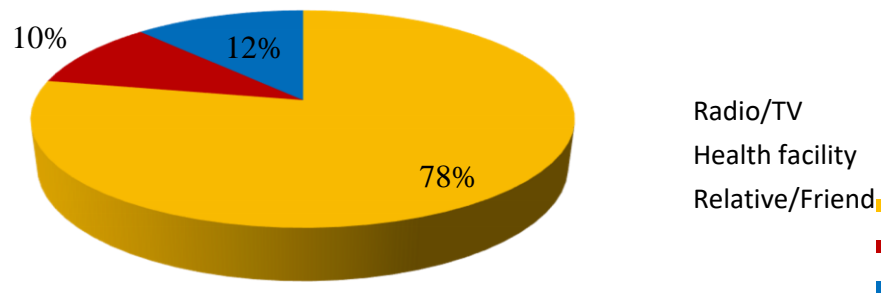
4.2 Knowledge about condom use.

Figure 2.1: Shows response on whether the respondent had ever heard about condom use (n=96).



Majority of the respondents (93%) stated that they had ever heard about condoms while only 7% stated that they had never heard about condoms.

Figure 2.2: Shows response about where the respondent heard about condoms from (n=89).



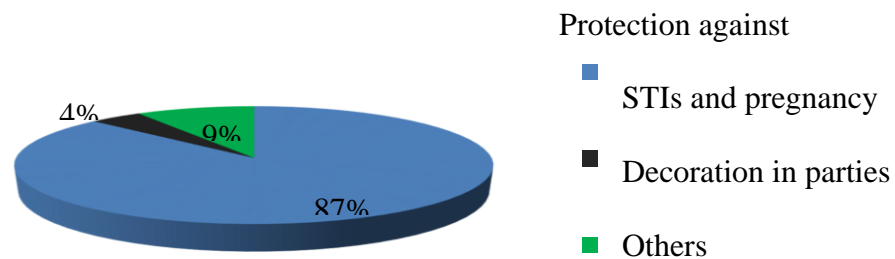
Majority of the respondents (78%) heard about condoms from radio/TV while only 10% heard from the health facility.

Table 2.1: Shows response on what a condom is (n=89)

Response	Frequency (n)	Percentage (%)
A rubber tube worn during sexual intercourse	81	91
Rubber tubes used for decoration	8	9
Others (Specify)	-	-
Total	89	100

Majority of the respondents (91%) stated that condoms are rubber tubes worn during sexual intercourse while only 9% stated that condoms are rubber tubes used for decoration.

Figure 2.3: Shows response about what condoms are used for (n=89).



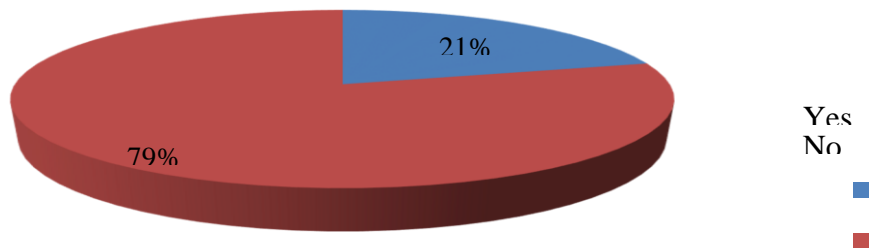
Majority of the respondents (87%) stated that condoms are used for protection against STIs and pregnancy while only 4% stated that condoms are used for decoration in parties.

Table 2.2: Shows response on when a condom should be used (n=89)

Response	Frequency (n)	Percentage (%)
Any time before sexual intercourse begins	22	24.7
Only with suspicious partners	67	75.3
Others (Specify)	-	-
Total	89	100

Majority of the respondents (75.3%) stated that a condom can be used only with suspicious partners while only 24.7% stated that a condom can be used any time before sexual intercourse begins.

Figure 2.4: Shows response on whether a condom can be re used (n=89)



Majority of the respondents (79%) stated that a condom cannot be re used while only 21% stated that a condom could be re used.

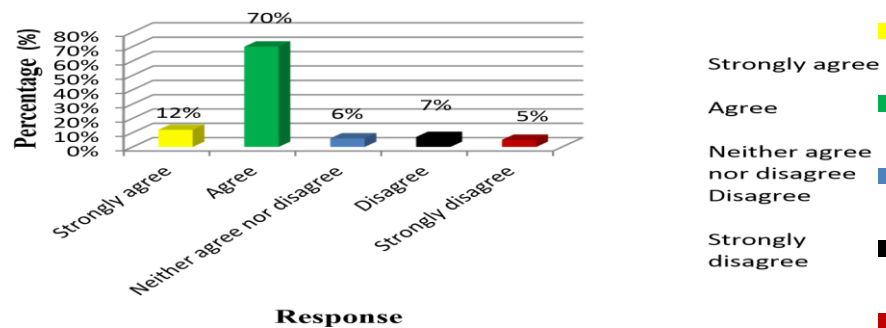
4.3 Attitudes about condom use.

Table 3.1: Shows response on whether condoms are only good for extramarital sex (n=89).

Response	Frequency (n)	Percentage (%)
Strongly agree	67	75.3
Agree	17	19.1
Neither agree nor disagree	-	-
Disagree	5	5.6
Strongly disagree	-	-
Total	89	100

Majority of the respondents (75.3%) strongly agreed that condoms were only good for extramarital sex while only 5.6% disagreed.

Figure 3.1: Shows response on whether condoms cause inconvenience during sexual activity (n=89).



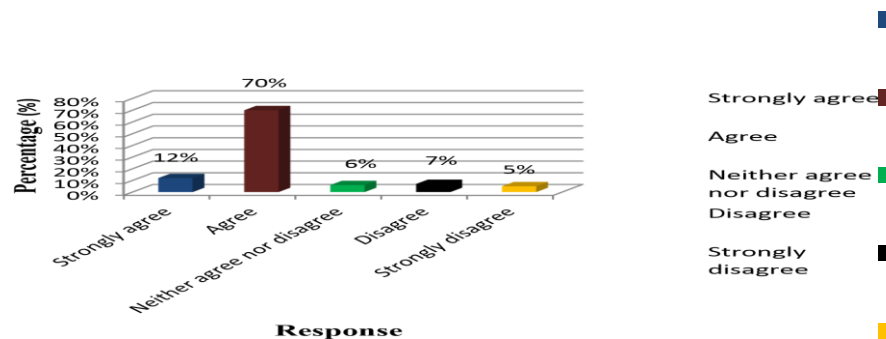
Most of the respondents (70%) strongly agreed that condoms cause inconvenience during sexual activity while only 5% strongly disagreed.

Table 3.2: Shows response on whether a man's penis may be bigger than a condom (n=89).

Response	Frequency (n)	Percentage (%)
Strongly agree	65	73
Agree	13	14.6
Neither agree nor disagree	-	-
Disagree	8	9
Strongly disagree	3	3.4
Total	89	100

Most of the respondents (73%) strongly agreed that a man's penis may be bigger than a condom while only 3.4% strongly disagreed.

Figure 3.2: Shows response on whether condoms were expensive and whether buying them was embarrassing (n=89).



Most of the respondents (70%) agreed that condoms were expensive and buying them was embarrassing while only 5% strongly disagreed.

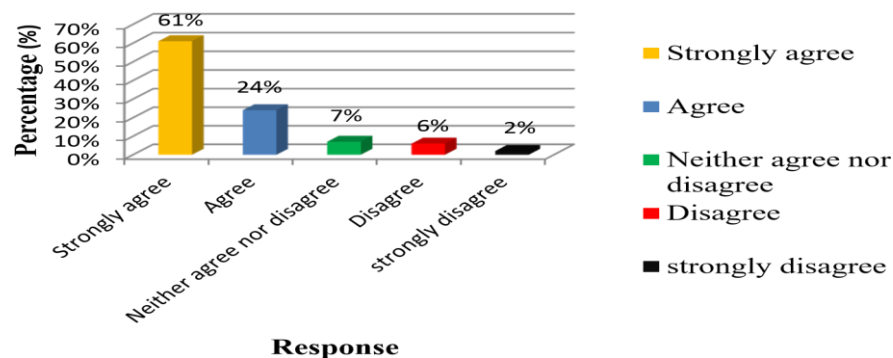
Table 3.3: Shows response on whether condoms decrease sexual enjoyment during sexual activity and whether rather to do without it (n=89).

Response	Frequency (n)	Percentage (%)
Strongly agree	58	65.2
Agree	8	9
Neither agree nor disagree	-	-
Disagree	5	5.6
Strongly disagree	18	20.2
Total	89	100

Most of the respondents (65.2%) strongly agreed that condoms decrease sexual enjoyment during sexual activity and would rather to do without it while only 5.6% disagreed.

4.4 Practices about condom use.

Figure 4.1: Shows response on whether having sex with a condom is a safe practice (n=89).



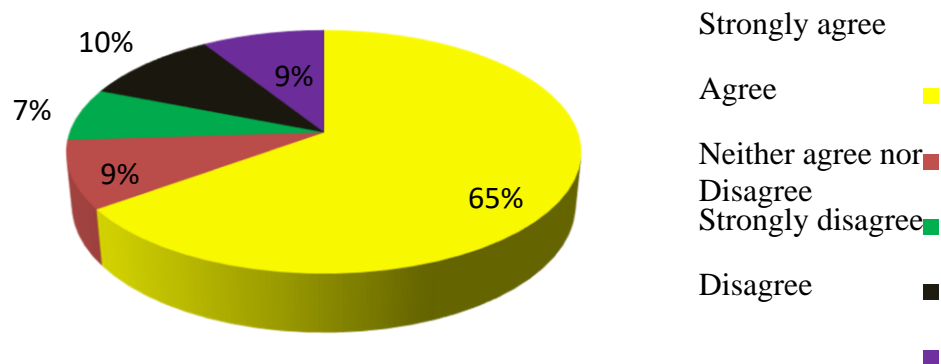
More than half of the respondents (51%) agreed that having sex with a condom is a safe practice while only 6% disagreed.

Table 4.1: Shows response on whether one can put on a condom even after intercourse has begun (n=89).

Response	Frequency (n)	Percentage (%)
Strongly agree	45	50.6
Agree	14	15.7
Neither agree nor disagree	-	-
Disagree	18	20.2
Strongly disagree	12	13.5
Total	89	100

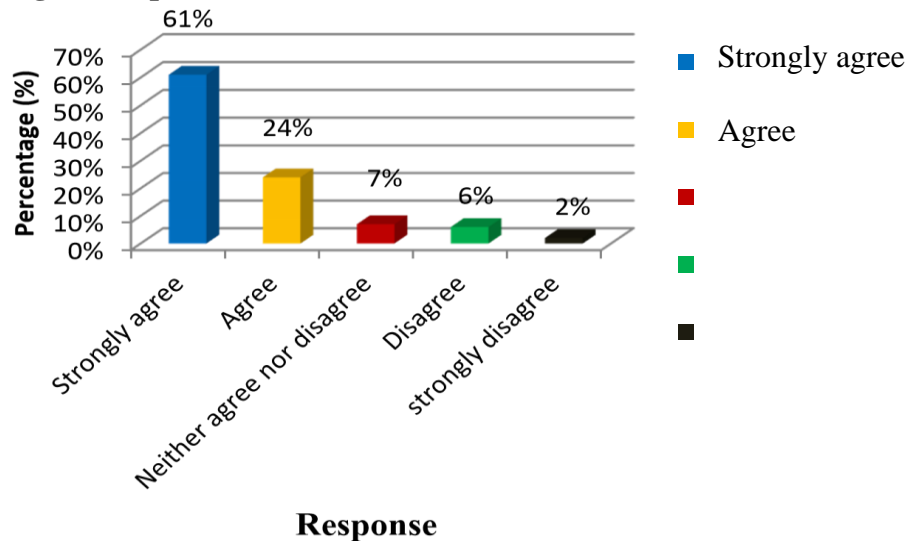
Slightly more than half of the respondents (50.6%) strongly agreed that one can put on a condom even after intercourse has begun while only 13.5% strongly disagreed.

Figure 4.2: Shows response on whether a condom can be taken off before the intercourse is over (n=96).



Most of the respondents (65%) strongly agreed that a condom can be taken off before the intercourse is over while only 7% neither agreed nor disagreed.

Table 4.3: Shows response on whether a condom should always be unrolled completely before putting on the penis (n=89).



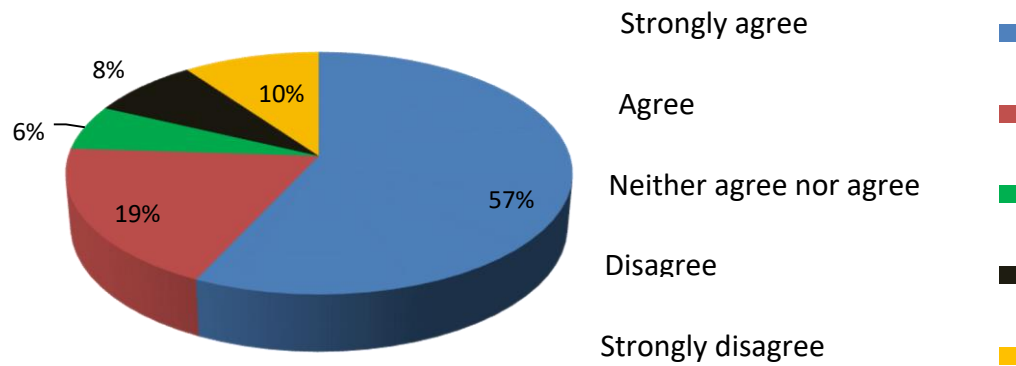
Most of the respondents (61%) strongly agreed that a condom should always be unrolled completely before putting on the penis.

Table 4.2: Shows response on whether rolling the condom inside out provides better lubrication (n=89).

Response	Frequency (n)	Percentage (%)
Strongly agree	46	51.7
Agree	13	14.6
Neither agree nor disagree	-	-
Disagree	9	10.1
Strongly disagree	21	23.6
Total	89	100

More than half of the respondents (51.7%) strongly agreed that rolling the condom inside out provides better lubrication while only 10.1% disagreed.

Figure 4.4: Shows response on whether re using condoms is a good practice and cost effective (n=89).



More than half of the respondents (57%) strongly agreed that re using condoms was a good practice and cost effective while only 6% disagreed.

CHAPTER FIVE

DISCUSSION OF STUDY FINDINGS, CONCLUSION, RECOMMENDATIONS AND IMPLICATIONS TO THE NURSING PRACTICE.

5.1 Introduction

This chapter deals with interpretation and discussion of the findings objectively in relation to the study background, problem statement and literature review to answer research questions, conclude and make recommendations about knowledge of youth about condom use in prevention of STIs and pregnancy, attitudes of youth about condom use and practices of youth on condom use. Out 96 respondents recruited in the study, 89 questionnaires were returned completely filled thus a response rate of 92.7%.

5.2 Discussion of findings.

5.2.1 Bio demographic data.

More than half of the respondents (51%) were of the age range between 18-23 years while only 21.9% were between 30-35 years. Knowledge about use of condoms usually improves with age although in some people as age increases they tend to neglect using condoms because they think “they have seen it all”, nothing else to fear and yet condoms can be used at any age and still offer effective protection against STIs and pregnancy. This study findings are in line with the findings of Shelton and Johnston, (2011) whom while researching on the use of condoms and related HIV/AIDS knowledge in Côte d’Ivoire, found that condom use among youth was low and this decreased further with age from about 24 years onwards.

Most of the respondents (62.5%) were male while only 37.5% were female. Although this study did not correlate between gender and use of condoms, it worth noting that female gender tend to be shy when it comes to discussing sexual matters compared to their male counter parts. The female gender are also most of the time not willing to use their female condoms for intercourse and may even discourage their male partners as well depending on how convenient they find using condoms.

Majority of the respondents (82.3%) were Basoga while only 17.7% were Baganda. It is important to note that ethnicity determines culture which has influence on beliefs and attitudes towards health modalities such as use of condoms for safe sex.

Majority of the respondents (85.4%) were Christians while only 14.6% were Moslems. Most of the respondents (60.4%) were single while only 39.6% were married. Religion too has a role shaping attitudes towards condom use among youth in that they may either encourage or discourage use of condoms. This study findings are in line with the findings of Mac and Campbell, (2011) who conducted a study about condom use in relation to gender and religion in the rural area of Masaka and found that religion was a significant factor in whether one would use a condom or not. Roman Catholics knew less about condoms and had lower attitudinal scores compared to the other religions and the numbers that would use a condom if one was available were fewer compared to the non-Catholics.

Most of the respondents (69.8%) were unemployed while only 9.4% were employed. Employment status of an individual can influence his or her health seeking behavior in that he/she can afford the cost of any type of condom at any time compared to the un employed individuals who tend to lead a life of hopelessness and irresponsible hedonism as they are

not cautious about effects of irresponsible intercourse because most of the time their lives are full of stress.

Most of the respondents (60.4%) attained primary level of education while only 9.4% tertiary level of education. Educated persons are always expected to have better health seeking behavior and therefore take up healthy interventions positively such as use of condoms for protection against sexually transmitted infections.

5.2.2 Knowledge about condom use.

Majority of the respondents (93%) stated that they had ever heard about condoms while only 7% stated that they had never heard about condoms. Majority of the respondents (78%) heard about condoms from radio/TV while only 10% heard from the health facility. This results indicate a good level of awareness about condoms which is attributed increased number of people of people owning radio sets which is a common means of channeling health information to the public although being aware of condoms does not necessarily mean put its use into practice. This study findings are in tandem with the findings of Artz, (2009) who stated that the global knowledge about condoms has improved with a few exceptions in remote places for example, a study conducted in India among University students showed that majority of participants 137 (99%) knew what condoms were and most of the participants 92 (67%) knew that condoms were made of latex and that condoms have an expiry date. The study findings also agree with the findings of Guaykietikul *et al.*, (2007) who conducted a study in Ankara, Turkey among female youths about use of female condoms and found that those who had heard about the female condom heard about it either from healthcare professionals, on Television sets (TV) or newspapers/magazines. The study

findings further agree with the findings of Otoide *et al.*, (2008) conducted who conducted a study in Nigeria and found out that 80% of 850 participants had knowledge about the female condom, and that the majority learned about it for the first time through the mass media (40%), followed by healthcare workers (34%), friends (23%), and their sexual partners (3%).

Majority of the respondents (91%) stated that condoms are rubber tubes worn during sexual intercourse while only 7% stated that condoms are rubber tubes used for decoration. Majority of the respondents (87%) stated that condoms are used for protection against STIs and pregnancy while only 4% stated that condoms are used for decoration in parties. This study findings indicate better knowledge about use of condoms this is attributed to community programs and radio talk shows that usually sensitize adolescents on reproductive health issues such as the “C” strategy for protection against STIs and pregnancy if “A and B” cannot be practiced. This study findings are in line with the findings of Ankomah, (2008) who probed participant’s knowledge on what they knew about a condom in his Ghana study and found that more than half of the participants (57%) indicated that a condom was a barrier device used to prevent pregnancies and STIs although 30% indicated that it was not the only barrier device used for prevention of pregnancies since other methods existed.

Majority of the respondents (75.3%) stated that a condom can be used only with suspicious partners while only 24.7% stated that a condom can be used any time before sexual intercourse begins. A condom should always be used any time a couple desires protection whenever having sexual intercourse and must be worn prior to sexual contact.

Although this may not be the case with some individuals who tend to think that a condom should only be used when you desire to have sex with a partner out of wedlock. This study findings are in line with the findings of Hoffman *et al.*, (2013) who conducted a study in Senegal about safe use and handling of a condom and found out that 63.8% (294) of the respondents indicated that a condom protects against STIs if they are properly and correctly used.

Majority of the respondents (79%) stated that a condom cannot be re used while only 21% stated that a condom could be re used. Condoms should only be used once for every round of sexual intercourse to minimize the risk of acquiring STIs or becoming pregnant as its quality deteriorate ones semen is deposited in or ones opened. This study findings are in line with the findings of Lasse and Becker, (2007) who revealed in his study in Kenya about knowledge of condom use that young women had a higher level of knowledge about condom use with 75–81% responding in agreement with the statement that a condom should a condom should not be re used once semen is deposited in it. The study findings also concur with the findings of Hulton *et al.*, (2009) who found out in his study in Uganda that 72% of the youth agreed that a condom should be put on the penis only if the penis was fully erect or stiff and should not be used more than once.

5.2.3 Attitudes about condom use.

Majority of the respondents (75.3%) strongly agreed that condoms were only good for extramarital sex while only 5.6% disagreed. It is common for married couples to think that condoms should only be used for extramarital affair where they quite obviously un aware of the other partners sero status and to avoid having children outside wedlock but condoms

can be used even within the marriage circles as a family planning method if the couple does not desire to have a baby so soon or among HIV positive couple who desire to have sex so as to avoid increasing the viral load. This study findings concur with the findings of Ezzati *et al.*, (2012) who found out that attitudes to condoms and consequent use in Côte d'Ivoire had a similar pattern to that of sub-Saharan region as youth indicated condom use as important only for extra marital sex.

Most of the respondents (70%) strongly agreed that condoms cause inconvenience during sexual activity while only 5% strongly disagreed. Condoms are always lubricated to minimize inconveniences such as frictional heat generated during sexual intercourse. Therefore correct use of condoms such as putting it on an erect penis, changing a condom after every round and perhaps foreplay which results in a woman lubricating her genitals and making her psychologically prepared for sex does not result in inconvenience to either partners during sexual intercourse. This study findings are in line with the findings of Napierala *et al.*, (2008) who conducted a study in Zimbabwe and found out that majority of the respondents (69.0%) agreed that condoms inconvenience sex as in the process of unpacking them and rolling over a stiff penis causes delay as one would want to enjoy as quickly as possible and therefore one would rather do without them.

Most of the respondents (73%) strongly agreed that a man's penis may be bigger than a condom while only 3.4% strongly disagreed. Condoms are standardized to fit in a normal penis and they are rubber tubes that are elastic meaning that it automatically adjusts depending on the size of the penis only in isolated cases due to perhaps manufacturing errors will the condom become smaller than the penis. This study findings are in tandem with the

findings of Agha, (2011) who found out in his Zambia study that 83.9% (387) of the respondents agreed that a man's penis may be too large for a condom, so to avoid embarrassment during sex they thought it was prudent not to try putting it on.

Most of the respondents (70%) agreed that condoms were expensive and buying them was embarrassing while only 5% strongly disagreed. Most individuals have priorities depending on their daily budgets therefore to someone with "a shoe string budget" buying a condom when he/she does not have salt or a match box in the house seems waste of money and embarrassing to the family especially if one of the family members got to know about it. This study findings agree with the findings of Lews, (2011) who found out in his study in Eritrea that 88.9% (410) of the participants agreed that condoms were expensive and would cause strain in their budgets as they had many priority needs like salt and soap rather than purchasing condoms for short time pleasure. The study findings are also in line with the findings of Okunlola *et al.*, (2007) from a study conducted in Nigeria whereby 60.1% (277) of the youth agreed to the fact that they get embarrassed to buy a condom because their parents, culture and religion does not approve its use.

Most of the respondents (65.2%) strongly agreed that condoms decrease sexual enjoyment during sexual activity and would rather do without it while only 5.6% disagreed. Sexual enjoyment is psychological and is dependent up on the ingredients that the couple decide to add to the game such as adequate foreplay and use of performance enhancing drugs. This study findings are in line with the findings of Nzioka, (2011) who found out in his study in Kenya that 53.8% (248) of the respondents agreed that condoms decrease sexual pleasure for men as they compared it to "eating a sweat without unwrapping" and therefore preferred

having sex without a condom. The study findings also agree with the findings of Neema *et al.*, 2007 who found out in their study in

Masaka, Uganda that Men had a negative attitude towards condom use within a marriage and one of the reported reasons for not using condoms included reducing naturalness of sexual intercourse.

5.2.4 Practices about condom use.

More than half of the respondents (51%) agreed that having sex with a condom is a safe practice while only 6% disagreed. This fair level of response is attributed to increased sensitization of youth about risks and dangers of unsafe sex. The youth are continuously bombarded with sensitizing messages through radio talk shows and advertisements hence increased level of awareness. This study findings are in tandem with the findings of Olley and Rotimi, (2013) who conducted a study in Nigeria about whether the respondents practiced protected sex the last time they had sex and found out that 40 (29%) used a condom the last time they had sexual intercourse and another 39 (40%) reported that they would use one if it was at hand.

Slightly more than half of the respondents (50.6%) of the respondents strongly agreed that one can put on a condom even after intercourse has begun while only 13.5% strongly disagreed. A condom should always be put on prior to sexual intercourse so as to minimize risk of infection to either partner. Putting on a condom in middle of intercourse may carry little benefit as exchange of body fluids will have already occurred. This study findings are in line with the findings of Meeker and Klein, (2012) who conducted a study in Cameroon

and found out that between 17 and 51.1% of the youth reported putting on the condom after intercourse had already begun.

In other studies in Gabon between 13.6% and 44.7% of the male youth agreed that a condom can be taken off before the intercourse is over citing a reason that in the middle of the intercourse the risk of getting pregnant is minimal since most of the semen has been drained into the condom (Beadnell *et al.*, 2015).

Most of the respondents (65%) strongly agreed that a condom can be taken off before the intercourse is over while only 7% neither agreed nor disagreed. To ensure adequate safety, it is always prudent to keep the condom on right from the beginning of intercourse to the end of sexual encounter. This study findings are in line with the findings of Beadnell *et al.*, 2015 who conducted a study in Gabon and found out that between 13.6% and 44.7% of the male youth agreed that a condom can be taken off before the intercourse is over citing a reason that in the middle of the intercourse the risk of getting pregnant is minimal since most of the semen has been drained into the condom. Most of the respondents (61%) strongly agreed that a condom should always be unrolled completely before putting on the penis. Unrolling the condom completely before putting it on the condom causes ill-fitting of the condom into the penis and therefore risk for either STIs or unplanned pregnancy. This study findings concur with the findings of Karim *et al.*, (2013) who found out in the Democratic Republic of Congo (DRC) study that 25.3% of the respondents reported completely unrolling the condom before putting it on, A practice that makes it hard for the condom to fit perfectly onto the penis and therefore risk for acquiring STIs.

More than half of the respondents (51.7%) strongly agreed that rolling the condom inside out provides better lubrication while only 10.1% disagreed. Although the lubricants are most of the time placed inside the condom, turning it inside out may cause injury to the condom and compromisation of its potency and therefore for may not adequately serve the purpose of protection against STIs and pregnancy. This study findings agree with the findings of Kapiga and Lugalla, (2013) who found out in their study in Tanzania that 30.4% of the youth practiced rolling on a condom inside out as they believed that the inside part of the condom is better lubricated and would therefore reduce friction and heat during intercourse.

More than half of the respondents (57%) strongly agreed that re using condoms was a good practice and cost effective while only 6% disagreed. Once used, a condom will no longer be potent as it may stick together will not adequately cover the penis or vagina for the case of female condoms and to add on, there is a risk of contact with body fluids from either partners hence risk of transmission of infections. These study findings are in line with the findings of Muyinda *et al.*, (2011) who conducted a study in Uganda and reported that 19.1% of the respondents re-used condoms at least twice during a sexual encounter citing shortage of condoms in the country as most of them had been destroyed because of poor quality.

5.3 Conclusion.

i) Regarding knowledge about condom use, most of the youth were aware about condoms and their use. The main sources of information were the media and hospital. Most of the respondents knew that a condom could not be re used.

ii) Attitudes towards condom use were generally not good as most of the respondents strongly in agreement that condoms were only good for extramarital sex, cause inconvenience during sexual activity, a man's penis may be bigger than a condom and that condoms decrease sexual enjoyment during sexual activity.

iii) Regarding practices about condom use, more than half of the respondents agreed that having sex with a condom was a safe practice although poor practices were reported as well such as that one can put on a condom even after intercourse has begun, a condom can be taken off before the intercourse is over, a condom should always be unrolled completely before putting on the penis, rolling the condom inside out provides better lubrication and that re using condoms was a good practice and cost effective.

5.4 Recommendations.

Increased sensitization of youth through the media especially radio talk shows will improve on the level of awareness of youth on the importance of a condom as a tool for safer sex.

ii) Demystifying the myths and misconceptions about the condoms through health education in health facilities will help break negative attitudes towards condom use and reinforce on the positive ones.

iii) Increasing the stocks of condoms in health facilities and public places will improve access to condoms even for those who cannot personally buy themselves and reduces poor practices such as re using condoms in an attempt to economize them.

iv) More research needs to be done regarding knowledge, attitudes and practices of youth about condom use so as to come up with comprehensive results covering the whole country and suggest appropriate recommendations.

5.5 Implications to the nursing practice.

The findings in this study will help nurses plan their health education programs appropriately while targeting to destroy inappropriate attitudes and practices regarding condom use so as to reduce the burden of unwanted pregnancies in the community as well as lessen the transmission of STIs most especially HIV/AIDS that has no cure yet.

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APPENDIX I: INFORMED CONSENT

Good morning/afternoon/evening?

My name is **Nambi Hadijja** from Kampala International University Western Campus School of Nursing Sciences. I am here to conduct research **on Knowledge, attitude and practices about use of condoms among youth aged 18-34 years in Kagoma parish Buwenge sub county Jinja district** as a partial fulfillment of the requirements for the award of diploma in nursing science. You have been selected at random (by chance) to participate in this study. The information gathered here will remain confidential and I will not write down your name or any information that can identify where you live or who you are. Your participation in the study is voluntary and you will not be affected in any way if you decide not to participate. You do not have to answer a question that you do not want to. You can stop the interview at any time. The relevancy of this study will depend so much on your honest response to the questions asked. If you agree to participate, the interview will take about an hour. Any questions or clarification you need before we begin? Do agree [☐]/ Do not agree [☐]

Signature of the respondentor thumb print.....

Date: ____/____/____

APPENDIX II:

**QUESTIONNAIRE ON KNOWLEDGE, ATTITUDE AND PRACTICES ABOUT
CONDOM USE AMONG YOUTH IN BUWENGE PARISH JINJA DISTRICT.**

Instructions.

Dear respondent, please tick appropriate response.

SECTION A: BIO DEMOGRAPHIC DATA

BIO DEMOGRAPHIC PARAMETER		RESPONSE(TICK)
Age (Years)	18-23	
	24-29	
	30-35	
Sex	Male	
	Female	
Tribe	Musoga	
	Muganda	
	Others(Specify)	
Religion	Christian	
	Moslem	
	Others(Specify)	
Employment status (Indicate if a student)	Employed	
	Self employed	
	Un employed	
Marital status	Married	
	Single	
	Divorced	
	Cohabiting	
Level of education	None	
	Primary	
	Secondary	
	Tertiary	

SECTION B: KNOWLEDGE ABOUT CONDOM USE.

2a) Have you ever heard about a condom?

i) Yes ☐ ii) No ☐

2b) If yes to 2a above, where did you hear about it from?

i) Radio/TV ☐

ii) Health facility ☐

iii) Friend/Relative ☐

2c) What is a condom?

i) Rubber tube worn during sexual activity ☐

ii) Rubber tubes used for decoration ☐

iii) Others (Specify).....

3a) What are condoms used for?

i) Protection against STIs and pregnancy ☐

ii) Decoration in parties ☐

iii) Others (Specify).....

4a) When should a condom be used?

i) Any time before sexual intercourse Begins ☐

ii) Only with suspicious partners ☐

iii) Others (Specify).....

5a) Can condoms be re used?

i) Yes ☐ ii) No ☐

SECTION C: ATTITUDES ABOUT CONDOM USE.

Please tick the appropriate response either strongly agree, agree, neither agree nor disagree, disagree or strongly disagree			Response(Tick)
1	Condoms are only good for extramarital sex	Strongly agree	
		Agree	
		Neither agree nor disagree	
		Disagree	
		Strongly disagree	
2	Condoms cause inconvenience during sexual activity	Strongly agree	
		Agree	
		Neither agree nor disagree	
		Disagree	
		Strongly disagree	
		Strongly agree	
		Agree	
		Neither agree nor disagree	
3	A man's penis may be bigger than a condom	Disagree	
		Strongly disagree	
		Strongly agree	
		Agree	
4	Condom are expensive and buying them is embarrassing	Neither agree nor disagree	
		Disagree	
		Strongly disagree	
		Strongly agree	
5		Agree	
		Strongly agree	

	Condoms decrease sexual enjoyment during sexual activity and rather do without	Neither agree nor disagree	
		Disagree	
		Strongly disagree	


SECTION D: PRACTICES ABOUT CONDOM USE.

Practices		Response(Tick)	
1	Having sex with a condom is a safe practice	Strongly agree	
		Agree	
		Neither agree nor disagree	
		Disagree	
		Strongly disagree	
2	One can put on a condom even after intercourse has began	Strongly agree	
		Agree	
		Neither agree nor disagree	
		Disagree	
		Strongly disagree	
3	A condom a condom can be taken off before the intercourse is over	Strongly agree	
		Agree	
		Neither agree nor disagree	
		Disagree	
		Strongly disagree	
		Strongly agree	
		Agree	

4	A condom should always be un rolled completely before putting on the penis	Neither agree nor disagree	
		Disagree	
		Strongly disagree	
5	Rolling the condom inside out provides better lubrication	Strongly agree	
		Agree	
		Neither agree nor agree	
		Disagree	
		Strongly disagree	
6	Re using condoms is a good practice and cost effective	Strongly agree	
		Agree	
		Neither agree nor disagree	
		Disagree	
		Strongly disagree	

END: THANK YOU FOR YOUR PARTICIPATION.

APPENDIX III: INTRODUCTORY LETTER

 KAMPALA INTERNATIONAL UNIVERSITY
WESTERN CAMPUS

School of Nursing Sciences,
P.O.BOX 71 Bushenyi, Ishaka
Tel: +256 (0) 704113921
E-mail: elibethy2002@gmail.com
Website: <http://www.kiu.ac.ug>

OFFICE OF THE DEAN SCHOOL OF NURSING SCIENCE

TO WHOM IT MAY CONCERN

Dear sir/madam,

RE: NAMBI HADIJJA DNS/E/0030/152/DU


The above mentioned is a student of Kampala International University undertaking Diploma in nursing sciences Extension program and she is in her final academic year.

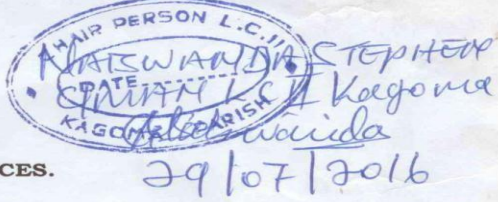
She is recommended to carry out her data collection as a partial fulfillment for the award of the diploma in nursing.

Her topic is **KNOWLEDGE ATTITUDE AND PRACTICES ABOUT CONDOM USE AMONG YOUTH AGED 18-34 YEARS IN KAGOMA PARISH BUWENGE SUBCOUNTY JINJA DISTRICT.**

Any assistance rendered to her will be highly appreciated

Thank you in advance for the positive response


APONDI WINIFRED
ADMINISTRATOR SCHOOL OF NURSING SCIENCES.


29/07/2016

"Exploring the Heights"

APPENDIX IV: MAP OF JINJA DISTRICT SHOWING KAGOMA PARISH

