

**KNOWLEDGE, ATTITUDE AND PRACTICE OF YOUTH AGED 19 – 24
TOWARDS PREVENTION OF SEXUALLY TRANSMITTED
INFECTIONS AT KIU-TH, ISHAKA
BUSENYI DISTRICT**

**A RESEARCH REPORT SUBMITTED TO UGANDA NURSES AND MIDWIVES
COUNCIL IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE AWARD OF DIPLOMA
IN NURSING**

BY

AHURA ALEX

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ABSTRACT

INTRODUCTIONS Sexually Transmitted Infections (STIs) remain a serious reproductive health problem globally. Despite this fact youths recklessly involve in sexual activities which predisposes them to STIs which could rather be easily preventable. Therefore, The study aimed at assessing the KAP of youths aged 19 – 24 towards prevention of STIs at KIU-TH in Ishaka Bushenyi district

METHODOLOGY The study was descriptive cross-sectional, Quantitative methods were employed in data collection and 50 respondents were involved both male and female who were selected using a convenient sampling method.

RESULTS: Most respondents 30 (60%) were between 19 – 20 years, 30(60%) were students and 30(60%) were single. Knowledge towards prevention of STIs was good as majority 50(100%) understood the term STIS, 25(50%) knew HIV infection as an STIs, 50(100%) knew about transmission of STIS, 30(60%) had been sensitized and health educated about STIS prevention and majority knew condom use 30(60%) as one way of preventing STIS. Attitudes were fair as majority 40(80%) believed that STIS can be dangerous and majority 40(80%) felt they could prevent STIs. Practice was poor as majority 30(60%) had ever been involved in the sexual relationship of which majority had 1-2 partner 30(60%) and majority had their first partner at 15-17 years old 30(60%), majority of the respondents took alcohol 35(70%), majority 37(74%) reported teenage involvement in sexual relationship and 35(70%) alcohol reported as most leading factor into sexual relationships 35(70%), majority 33(66%) did not take precautions during sexual intercourse only 18(36%) used condoms.

In conclusion: The study found out adequate knowledge towards STIs prevention and attitudes were fair but practices were poor

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Authorization Page

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Author: AHURA ALEX

Address: Tel 0702133530

Signature.....

Supervisor: MR. TIGALI RICHARD

Contact Address.....

Signature.....

Principal Tutor: SR. KABANYORO ANNET

Address.....

Signature.....

Date.....

DEDICATION

I dedicate this research Report to my dear friends Bukirwa Sylvia, Kyohirwe Claire, Baise violet a senior midwife, my dear sisters plus all my brothers, my sponsor and finally my supervisor.

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Definition of Key Terms

Youth

For the purposes of this study, the term youth refers to an individual aged between 19 – 24 years of age.

Youth friendly sexual and reproductive health services

Are youth specific health services targeted specifically at meeting the health requirements of youths?

Comprehensive sexuality education

This is defined as an education curriculum that teaches abstinence as the best method to avoid pregnancy and STDs, but also teaches about condoms and other contraceptives that can reduce the risk of unintended pregnancy and infection with STDs, including HIV.

Health seeking behavior

Refers to individuals 'propensity or willingness to adequately and timely access the required health care services.

ABBREVIATIONS/ACRONYMS

KAP	Knowledge, attitudes and practices
AIDS	Acquired Immune Deficiency Syndrome
DDHS	District Director of Health Services
HIV	Human immunodeficiency Virus
MoH	Ministry of Health
SRH	Sexual and Reproductive Health
SRHR:	Sexual and Reproductive Health Rights
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WHO	World Health Organization
Y.E.A.H:	Young Empowered and Healthy

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter presents the introduction, problem statement, purpose of the study, specific objectives, research questions and justification for the study.

Sexually Transmitted Infections (STIs) remain a serious reproductive health problem globally (Geisler *et al* 2013). STIs, also referred to as Sexually Transmitted Diseases (STDs) or venereal diseases are infections that are commonly spread through vaginal intercourse, anal sex and oral sex (Nare *et al* 2012).

According to Barker *et al* (2013) STIs include HIV, Gonorrhea, syphilis and HPV among others. WHO (2013) reports that the spread of STIs among youth is influenced by several factors including risky sexual practices and behaviors such as concurrent involvement with multiple sexual partners, poor use of protective gear such as condoms, poor health seeking behaviors including inadequate testing among other factors.

Globally, in developed countries such as Sweden, Germany, France and Britain, the rate of STIs, especially Chlamydia and Gonorrhea continues to rise and in the last decade has gone up by 38%. For instance, all these countries are in the top 5 European countries with the biggest number of STI infections among 16 – 24 year olds and more than 20,000 new cases of the STI were diagnosed in this age group in 2011 (Herida *et al*, 2014). The knowledge of youths about the prevention of STIs is poor yet they have risky sexual practices such as poor use of protective measures and having multiple sexual partners among others.

In Africa, although countries such as Botswana and Ghana have made significant progress in providing testing and treatment of most sexually transmitted diseases, the rate of infection of STIs among youth remains high and research shows that there is 45% rise in STI cases among youth aged 15 – 25 years (McHarney *et al* 2012). Furthermore, despite this progress, there is still limited utilization of the screening services and the infection rate was attributed to many factors such as risky sexual practices such as involvement with multiple sexual partners, sexual networking as well as cultural practices such as wife inheritance (Masatu, Kazaura, Ndeki and Mwampambe, 2009).

Similarly, in East African countries such as Kenya and Tanzania, although testing and treatment services for sexually transmitted diseases are provided at most health centers, the rate of STI infection among youth remains high, estimated at 32% (Ebhoimhen, Poobalan and van Teijlingen, 2011). This was influenced by various factors including inadequate knowledge about the effective use of preventive measures such as condoms, gender roles, risky sexual practices such as sexual networking, having multiple partners as well as misperceptions about condom use among others (Herzet *al* 2011).

In Uganda, Jay *et al* (2012) reveal that STI infection among youth is on the increase despite the availability of testing and treatment services and this is estimated at 37%. This was as result of various factors including poor use of protective gears such as condoms, involvement with multiple sexual partners. At Kampala International University-Teaching Hospital (KIU-TH), STIs among youth aged 16 – 24 remains prevalent. For instance, according to the Health Management Information System (HMIS) 2016, an average of 45 youths was diagnosed with STIs every month. In conclusion, the information presented showed that STIs among youth remain prevalent globally and in Uganda and it was upon this background that the researcher picked interest to carry out a

study to assess the knowledge, attitude and practice of youth aged 19 – 24 towards prevention of STIs at KIU-TH, Ishaka District.

1.2 Problem Statement

The youths tend not to use existing reproductive health services targeted at older, married couples, the provision of youth friendly and reproductive health services is a key and crucial service which should not be overlooked in the fight to prevent the spread of STIs among the youth and the Ministry of Health has implemented this strategy in many hospitals, health centers and clinics across the country (MoH, 2010).

Despite these efforts by the Ministry of Health to promote and encourage utilization of these services, STIs among youth remain prevalent and this is attributed to various factors including longer period of non-marital sexual activity, related to earlier menarche, later marriage, and greater economic opportunities for women as well as risky sexual practices and a disregard for condom use among others (Brabin *et al* 2013).

According to Dr Herbert K Tumusiime (2008-2009) since November 2009 up the end of May (2013) a total number of 318 clients (STDs/STIs) visited different health facilities in Bushenyi district and the number increased in 2014 from 318 to 923 clients. At Kampala International University-Teaching Hospital (KIU-TH), STIs among youth aged 16 – 24 remains prevalent. For instance, according to the Health Management Information System (HMIS) 2016, an average of 45 youths is diagnosed with STIs every month

However, despite the prevalence of STIs among the youth, no study At KIU-TH, Ishaka Bushenyi District, has been carried out about the knowledge, attitude and practice of youth aged 19 – 24 towards prevention of STIs and it is hence upon this background that the researcher picked interest to carry out this study and come up with solutions to reduce the prevalence of STIs among the youth.

1.3 Purpose of the study

The purpose of the study was to assess the knowledge, attitude and practice of youth aged 19 – 24 towards prevention of STIs at KIU-TH, Ishakabuseyi district so that interventions can be developed to improve the knowledge and awareness of youth about effective prevention of STIs.

1.4 Specific objectives

- 1) To assess the knowledge of youth aged 19 – 24 towards prevention of STIS at KIU-TH, Ishaka District.
- 2) To assess the attitude of youth aged 19 – 24 towards prevention of STIS at KIU-TH, Ishaka District.
- 3) To find out the practices of youth aged 19 – 24 towards prevention of STIS at KIU-TH, Ishaka District.

1.5 Research Questions

- 1) What is the knowledge of youth aged 19 – 24 about prevention of STIS at KIU-TH, Ishaka District?
- 2) What is the attitude of youth aged 19 – 24 towards prevention of STIS at KIU-TH, Ishaka District?
- 3) What are the practices of youth aged 19 – 24 towards prevention of STIS at KIU-TH, Ishaka District?

1.6 Justification of the study

This study found out the knowledge, attitude and practice of the youth towards prevention of STIS.

This finding were aimed at assisting the Ministry of Health planners and policy makers by improving the coverage of youth friendly sexual and reproductive health services where youth will be taught about the dangers of STIs and how these can be prevented.

This study served the purpose of identifying the knowledge and practice gaps as well as the particular factors associated with STIs among youth aged 19 – 24 years at KIU-TH, Ishaka District.

This may assist health workers in the area to sensitize youth about the prevention of STIs.

The study provided a valuable point of reference for researchers carrying out similar studies in future and will also contribute to the available body of literature on the knowledge, attitude and practice of youth aged 19 – 24 towards prevention of STIs.

The study also aimed at helping the researcher in accomplishing the Diploma in Nursing since it is a partial requirement to be fulfilled for the award.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presented the literature review cited by other scholars about the knowledge, attitude and practice of youth aged 19 – 24 towards prevention of STIs. The literature was presented according to the objectives of the study and it started with the knowledge of youth aged 19 – 24 towards prevention of STIs.

2.2 Knowledge of youth aged 19 – 24 towards prevention of STIs

In a study about the preventive and curative care for youth and the role of the health sector that the majority of respondents stated that they did not have adequate knowledge and awareness about the STIs and how they could be adequately prevented. Furthermore, most respondents were not aware of the youth friendly sexual and reproductive services provided at the clinics in the study area (Brabin *et al* 2013).

Mwakagile, Mmari and Makwaya (2011) documented in a study about sexual behavior among youths at high risk for HIV-1 infection in Dar es Salaam, Tanzania that the majority of respondents did not possess sufficient knowledge about STIs and how they could be prevented. Furthermore, the majority of respondents had little knowledge about how to effectively prevent STIs through effective and consistent use of condoms.

Similarly, Agyei, Epema and Lubega (2012) reported in their study about contraception and prevalence of sexually transmitted diseases among adolescents and young adults in Uganda that most of the respondents did not have knowledge or awareness about STIs, how they were spread as well as what could be done to ensure the prevention of STIs.

Another study by Bryce, Vernon and Brathwaite (2010) about the quality of sexually transmitted disease services in Jamaica revealed that the majority of respondents did not have sufficient knowledge about STIs and how they could be prevented. Furthermore, respondents were not aware of the youth friendly sexual and reproductive health services provided at the hospitals and clinics in their area. It was noted that a comprehensive sexuality education in schools can improve youth knowledge of their reproductive health options, including contraception and how to use it effectively to avoid unwanted pregnancies and STDs.

In a survey carried out in Tanzania, on confidentiality in health care where knowledge, perceptions and attitudes among high school students were assessed, findings showed that the majority of respondents did not have sufficient knowledge and awareness about how to effectively prevent STIs. This was noted by the researchers as a major factor which continuously influenced the prevalence of STIs among the youth (Cheng *et al* 2007).

Similarly, Nyanzi *et al* (2012) reported that Ugandan youth are also affected by many social problems that negatively influence them in preventing STIs. These factors include poverty, drug and alcohol abuse, and drop out of education and harassment of female youth and to make matters worse. Furthermore, respondents had little knowledge on the risk of unprotected sexual acts and thus STIs and HIV/AIDS are the more obvious and unavoidable consequences.

Ruaner D *et al* (2015) reported in a study about knowledge of youth towards prevention of STIs in native America that although they were knowledgeable about types of STIs and HIV/AIDS, participants did not demonstrate knowledge about symptoms and treatments and exhibited a false awareness of self-knowledge

2.3 Attitude of youth aged 19 – 24 towards prevention of STIs

Mwakagile, Mmari and Makwaya (2011) mentioned in their study about sexual behavior among youths at high risk for HIV infection in Dar es Salaam, Tanzania that the majority of youth aged 19 – 24 years had positive attitude towards the prevention of STIs as they believed that the infections could lessen their quality of life.

Olowosegun, Sule, Sanni, Onimisi and Olowosegun(2008) documented in their study about awareness of HIV/AIDS pandemic in selected fishing communities in North Central Nigeria that youth had positive attitudes towards the prevention of STIs by avoiding risky sexual practices such as having unsafe sex. However, there is need for behavior change among youth and avoid alcoholism and substance abuse which increase the risk of unsafe sex practices such as poor or no condom use during sex.

Another study by Ferrando *et al*, (2012) in Brazil reported that youth had positive attitudes towards the prevention of STIs. However, it was revealed that in order to reduce and prevent STIs among the youth, there is need to ensure that sexually active youth remain faithful to their sexual partners, avoid casual sex relationships and consistently and correctly use protection such as condoms while those who can should abstain from sex altogether.

However, Moenieba and Hara (2013) documented in their study about the impact of HIV/AIDS in selected fishing communities in South Africa that most youth interviewed had negative attitudes towards the prevention of STIs. This was noted as a challenge as some youth did not take STIs to be serious health challenges with consequences; hence they did not take preventive measures seriously.

Similar findings are presented by Pickering, Okongo, Ojwiyu and Whitworth (2010) who's study about sexual network in Uganda mixing patterns between a trading town, its rural hinterland and nearby fishing villages that the majority of respondents had negative attitudes towards the prevention of STIs.

In a study by Rangsima Lolekha *et al* (2014) it revealed that girls had more appropriate attitudes toward safe sex and risk behaviors than boys. Although only 5% of the youth reported that they had engaged in sexual intercourse, about a third reported sexual risk behaviors (e.g., having or kissing boy/girlfriend or consuming an alcoholic beverage).

In a study to assess the Knowledge Attitude and Practice among Secondary School Students Towards HIV by Elmoltazma. H (2015) the attitude and practice of preventive measures for the Patients care was found to be 70%.

2.4 Practices of youth aged 19 – 24 towards prevention of STIs

Coffee, Garnett, Mlilo, Voeten and Chandiwana (2012) reported in their study about patterns of movement and risk of HIV infection in rural Zimbabwe that the majority of youth aged 19 – 24 years had poor practices towards prevention of STIs. The study further noted that the majority of youth had poor use of protective gears such as condoms yet they were sexually active and this predisposed to STIs.

Jebet, Onkware and Ntabo (2011) mentioned in their study about socio-cultural factors that perpetuate the spread of HIV among women and girls in Keiyo District, Kenya, findings showed that the majority of youth aged 19 – 24 years had poor practices towards the prevention of STIs. Among the poor practices included involvement in multiple sexual relationships which has been noted to highly predispose individuals on the sexual network to the risk of contracting STIs.

Gorgen *et al* (2009) in a study about the problems related to schoolgirl pregnancies in Burkina Faso, results show that the majority of respondents had poor practices towards the prevention of STIs. Results showed that youth aged 19 – 24 years include poor use of protection with casual partners/sex workers among male youth which places them at risk of STIs.

Herzet *al* (2011) in their study about family planning for teens and strategies for improving outreach and service delivery in public health settings showed that youth had poor practices towards the prevention of STIs and hence remained highly predisposed to the risk of STIs. Among these practices included cross generational sexual practices which exposed youth to live sex and consequences such as STIs.

Koontz and Conly (2011) in their study about youth at risk and meeting the sexual health needs of youth showed that youth had poor practices towards the prevention of STIs. It was noted that practices such as over reliance on sexual partners for upkeep all exposed youth to the risk of STIs. It was further reported that unemployment and poverty contributed to reliance on sexual partners which further led to increased risk of STIs.

Sadiq A. S *et al* (2016) significant effect in the positive direction for risk at last sex (including condom use with partner at last sex) among virgins at baseline. However, non-significant effect was found for all participants (virgins and non-virgins at baseline). Similarly, non-significant effect was found for condom less sex refusal outcome for all participants including virgins at baseline. Similarly, no difference observed in proportion of participants that reported sexual intercourse in consistent condom use at wave 4 and wave 5 of the study.

RangsimaLolekha et al (2014), reported in a study about prevention of STIs that low condom use and other family planning practices are increasing the risk of HIV and/or STI transmission to sexual partners.

Tierney D *et al* (2015) mentioned in a study about practice on prevention of STIs, Results indicated that greater condom use self-efficacy was predicted by greater knowledge of condom use ($\beta = .206; p < .001$), more favorable attitudes toward condom use ($\beta = -.20; p < .0001$) and parent-teen communication about sex ($\beta = .13; p < .05$), and actual parent-teen communication about sex and dating ($\beta = .14; p < .05$) that there was low agreement between parents and youth on measures related to parent-teen communication about sex

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the introduction, study design and rationale, study setting and rationale, study population, sample size determination, sampling procedure, inclusion criteria, definition of variables, research instruments, data collection procedure, data management, data analysis and presentation, pilot study, ethical consideration, limitation of the study and dissemination of results.

3.2 Study Design and rationale

The study was descriptive in nature and will employ both quantitative and qualitative data collection methods. This study design was selected because it assists in easily getting the required data for the study.

3.3 Study setting and rationale

The study was conducted at the STD/STI clinic at Kampala International Teaching Hospital which is found in Western Uganda, Bushenyi District, Ishaka Municipality, approximately 300KM from Kampala city, and about 75 KM from Mbarara city. The hospital offers many health care services including child health services, HIV/AIDS management services, general patient management, laboratory services, nutrition services, antenatal and postnatal services, EMTCT program as well as RCT services among many others. The study setting is selected because it is well known to the researcher and it is representative enough of other health facilities in the region.

3.4 Study Population

The study included youth aged 19 – 24years attending health care services at the STD/STI clinic at Kampala International Teaching Hospital. It was only focused on the youth because they are of sexually reproductive age and hence predisposed to STIs among other things.

3.4.1 Sample Size

The sample size of the participant will consider Kish and Leslie (1965), formula which state that;

$$n = \left(\frac{Z^2 p q}{d^2} \right)$$

Where

n =Desired sample size, Z = Standard deviation at confidence level of 95% = 1.96

p = Proportion of population with desired characteristics, q = proportion of population without desired characteristics. d =level precision

Therefore for this study;

n = desired sample size.

P = proportion of the population who are youth aged 19-24years old estimated at 50%= 0.5.

$$n = \left(\frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} \right)$$

$$n = 384$$

According to Kish and Leslie's formula (1965), the sample size will be 384 of youth aged 19-24 years.

However, I will use a sample size of 50 respondents (youth aged 19-24 years) due to limited time and resources for the study.

3.4.2 Sampling procedure

The researcher utilized convenient sampling method to obtain the sample size for the study whereby the researcher simply selected all the available potential respondents who meet study criteria and include them in the study. This continued until the total of 10 respondents to be interviewed per day was achieved.

3.4.3 Inclusion criteria

The study included only youth aged 19 – 24 years attending health services at STI/STD clinic, Kampala International University Teaching Hospital who were present during the data collection days and were free and willing to voluntarily consent to participate in the study.

3.5 Definition of Variables

The independent variables for the study will include:

Prevention of STIs among youth aged 19 – 24 years

The dependent variables for the study will include

Knowledge of youth

Attitude of youth

Practices of youth

3.6 Research Instruments

Data was collected using an approved semi-structured, self-administered interview guide which consisted of both open and closed ended questions. This tool was selected because the study not involve mixed groups of respondents and all the respondents were literate and able to read, write and understand English used to develop the questionnaire. Open ended questions enabled respondents to open up and give deeper responses to the questions asked.

3.7 Data Collection Procedure

Before commencing data collection, the researcher was first introduced by the hospital administrator to the in-charge of the STI/STD clinic who in turn escorted the researcher to the respondents. The researcher distributed interview guides to youth at the STI/STD clinic at Kampala International Teaching Hospital. This improved efficiency and confidentiality during data collection. The researcher sampled 10 respondents per day for a total of 50 respondents.

3.7.1 Data management

Data management included data editing before leaving the area of study to ensure that there were no mistakes or areas left blank, and any found were corrected before leaving the area of study.

3.7.2 Data analysis and presentation

The collected data was first analyzed manually by the use of papers and pens and tallying, after which the researcher presented them in tables, graphs and pie charts generated by Microsoft Excel version 2013. The most frequent response was used as a measure of truth about an event and this helped to draw conclusions in chapter five of the report.

3.8 Ethical Considerations

A letter of introduction was obtained from Kampala International University, introducing the researcher to the administration of Kampala International Teaching Hospital and seeking permission to carry out the study. After permission was granted, the administrator introduced the researcher to the in-charge of the STI/STD clinic who introduced the researcher to the respondents. Respondents were assured of full confidentiality and privacy and only numbers instead of names were used to identify the respondents. The study only commenced after the objectives of the study had been well explained to participants and they had consented to participate in the study.

3.9 Limitation of the study

The researcher encountered financial constraints in gathering information from the internet and libraries and printing costs. The researcher overcomes this limitation by drawing up a budget which was strictly followed to utilize the available means.

The researcher also encountered time constraints in the course of the study, balancing the research study and other demanding works. The researcher overcomes these limitations by drawing up a timetable which was strictly followed to overcome the time barriers.

3.10 Dissemination of results

- i. The results were forwarded to Uganda Nurses and Midwives Examination Board, a copy was submitted to the administration of Kampala International Teaching Hospital while the researcher also retained a copy for future reference.

CHAPTER FOUR: DATA ANALYSIS AND RESULTS OF THE STUDY

4.1 Introduction

This chapter presents the results obtained from a sample size of 50 respondents. The study results are represented under the sub headings of demographic and social characteristics, Knowledge of youths towards prevention of STIs, Attitudes of youths towards prevention and practice of youths towards prevention of STIs.

4.2 Demographic and social characteristics

Figure1: Distribution of respondents by age

n=50

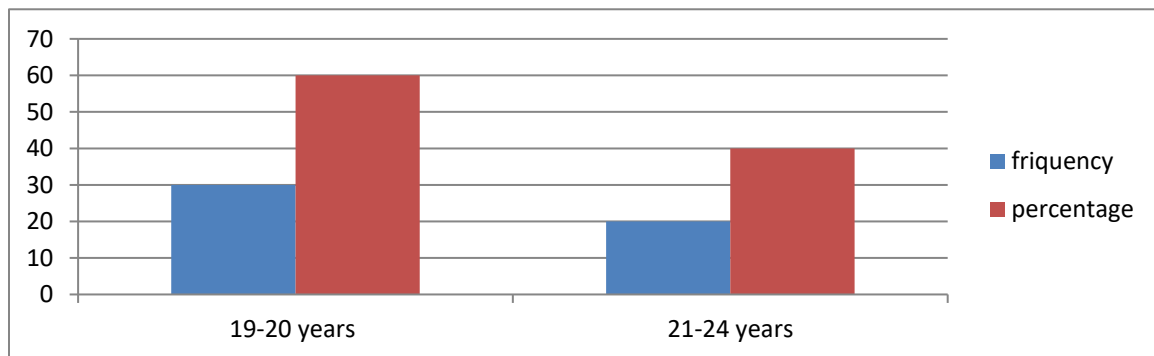


Figure 1 indicates that most respondents 30 (60%) were in the age range of 19 – 20 years, 20 (40%) were in the age range of 21 – 24 years

FIGURE2: Distribution of respondents by occupation n=50

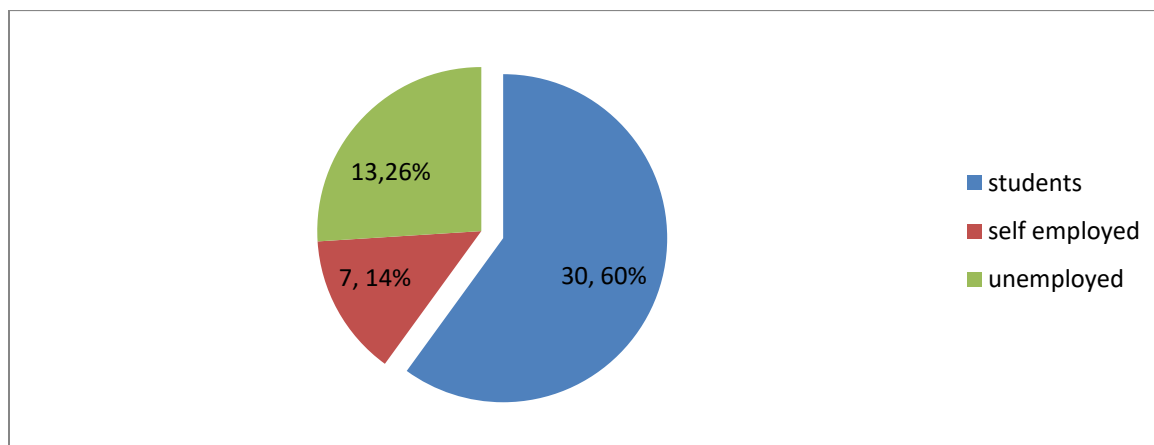


Figure 2 shows that majority of respondents were students 30(60%), 7 self-employed (14%), 13 (26%) were unemployed .

FIGURE3: Distribution of respondents by marital status n=50

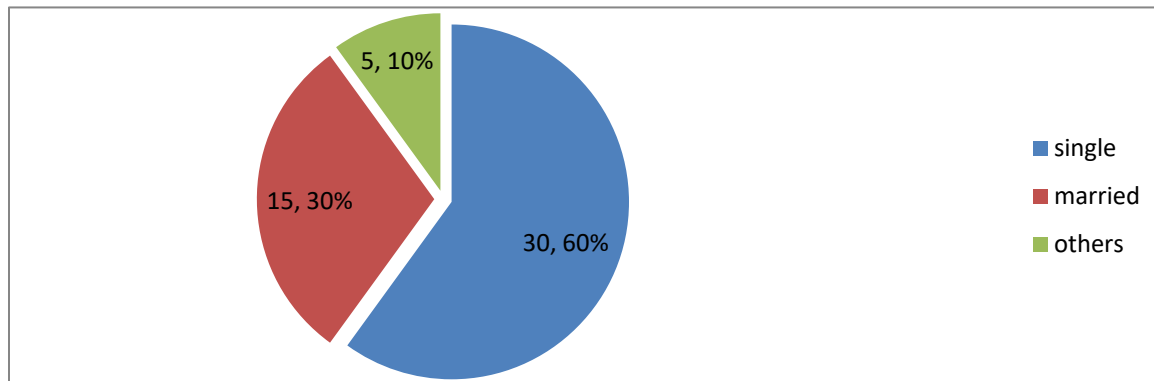


Figure 3 shows that 30(60%) were single, 15(30%) were married and 5(10%) were others

Section B: Knowledge of youth aged 19 – 24 towards prevention of STI

Table 1: youth who understand the term STIS n =50

Response	Frequency	Percentage (%)
Yes	50	100
No	0	0
Total	50	100

Table 1 shows that all respondents 50(100%) understood the term STIS

Table 2: common STIS you know n=50

STIS	Frequency	Percentage (%)
HIV	25	50
Syphilis	10	20
Gonorrhea	10	20
Others	5	10
TOTAL	50	100

Table 2 shows that half of the respondents 25(50%) knew about HIV infection, 10 (20%) knew about syphilis 10 (20%) knew about gonorrhea and others were 5(10%) who knew nothing about the STIS.

Table 3: How does an individual acquire STIS?

n=50

Responses	FREQUENCY(F)	PERCENTAGE %
Oralsex, anal sex, unprotected sexual intercourse, having more than one partner, sharing towels and under wares.	50	100
Total	50	100

Table 3 shows that all respondents had knowledge about transmission STIS 50(100%).

Table 4: Do you know signs and symptoms of STIS n=50

Responses	Frequency	Percentage (%)
Yes	15	30
no	35	70
TOTAL	50	100

Table 4 indicates that 15(30%) knew signs and symptoms of STIs while 35(70%) did not know

Table 5: Youths who have been sensitized and health educated about how STIS can be prevented n=50

Responses	Frequency	Percentage (%)
Yes	30	60
No	20	40
Total	50	100

Table 5 shows that most youths 30(60%) had been sensitized and health educated about how STIS can be prevented and 20(40%) had not been health educated

Table 6: what can be done to prevent STIS among youth? n=50

Responses	Frequency	Percentage %
Condoms use	30	60
Abstain from sex	10	20
Health talks	5	10
Others	5	10
Total	50	100

Table 6 shows that most youths knew condom use 20(40%), 15(30%) knew abstinence from sex, 5(10%) said health talks and others 10(20%) knew nothing

Table 7: Have you ever suffered from an STIS n=50

Responses	Frequency	Percentage (%)
Yes	20	40
No	30	60
Total	50	100

Table 7 shows that majority of the respondents had never suffered from any STIs 30(60%) and 20(40%) had ever suffered from STIs.

Table 8: which STIS have you ever suffered from? n=50

Responses	Frequency	Percentage (%)
Gonorrhea	10	20
Syphilis	02	04
HIV	00	00
OTHERS	08	16
None	30	60
Total	50	100

Table 8 shows that most respondents had never suffered from any STIs 30(60%), those had ever suffered from gonorrhea 10(20%), syphilis 2(4%), HIV/AIDS were 0(0%), others 8(16%).

Section C: Attitude of youths aged 19 – 24 towards prevention of STIs

Figure 4: Do you believe that STIS are dangerous

n=50

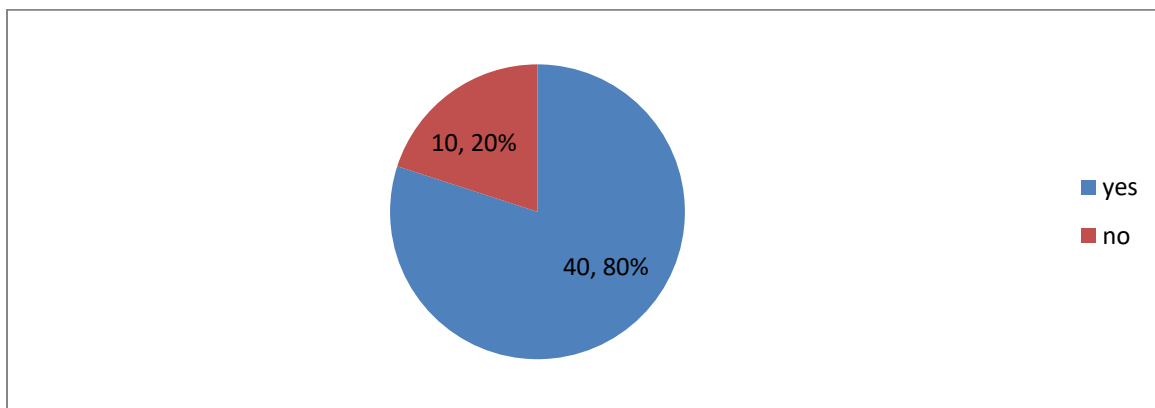


Figure 4 shows that majority of the respondents 40(80%) believed that STIS can be dangerous and 10(20%) did not know.

Table 9: Reasons for number 11 above.**n=50**

Response	Frequency	Percentage (%)
They cause infertility	25	50
They cause foul smell	10	20
causes itching	5	10
Causes discharges	10	20
Total	50	100

Table 9 indicates that respondents reported infertility 25(50%), 10(20%) reported foul smell, 10(20%) reported discharges and 5(10%) reported itching as one of the dangers of STIS

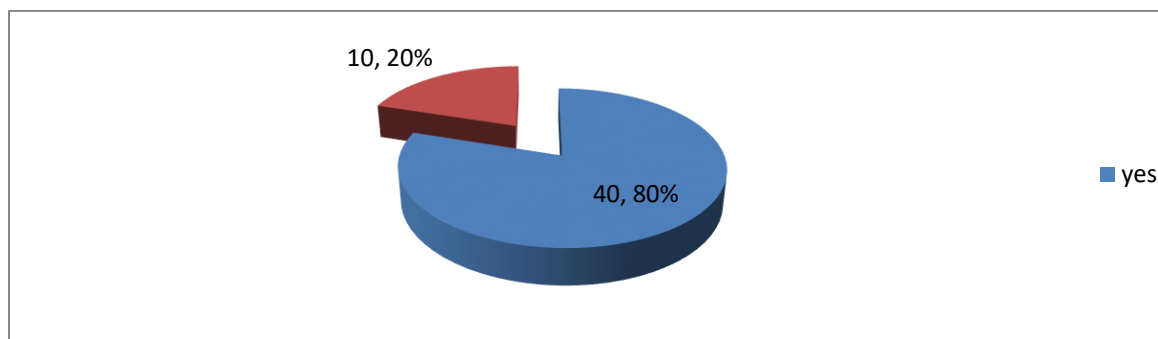
Figure 5: Can STIS be prevented**n=50**

Figure 5 majority of the respondents said STIs can be prevented 40(80%) and few had said they cannot be prevented 10(20%).

Section D: Practices of youths aged 19 – 24 towards prevention of STIs

Table 10: Have youth ever been involved in sexual relationship?**n=50**

Responses	frequency	Percentage (%)
Yes	30	60
No	20	40
Total	50	100

Table 10 shows that majority of the respondents 30(60%) had ever been involved in the sexual relationship and 20(40%) had never been involved in sexual relationship.

Figure 6: Number of partners possessed by respondents

n=50

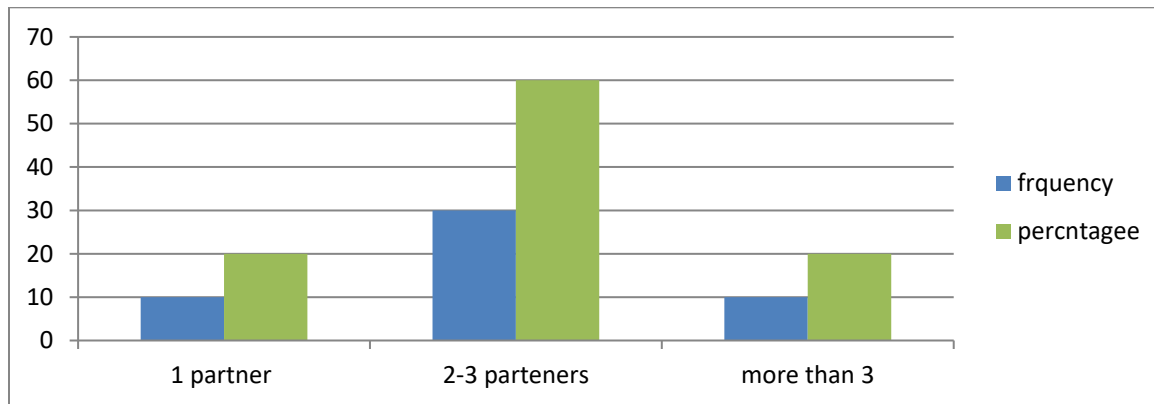


Figure 6 indicates that majority of the respondents had 1-2 partner 30(60%), 10(20%) one partner and 10(20%) had more than three

Table 11: Age of respondent's partner

n=50

Age of partners	Frequency	Percentage %
18-25	37	74
26-35	10	20
36 and above	3	6
Total	50	100

Table 11 majority of the respondents had partners ranging from 15 - 20, 37(74%), 10(20%) there partners were ranging from 21 - 25 and 3(6%) had partners who are above 25 years old.

Figure 7: How old were you when you had first partner?

n=50

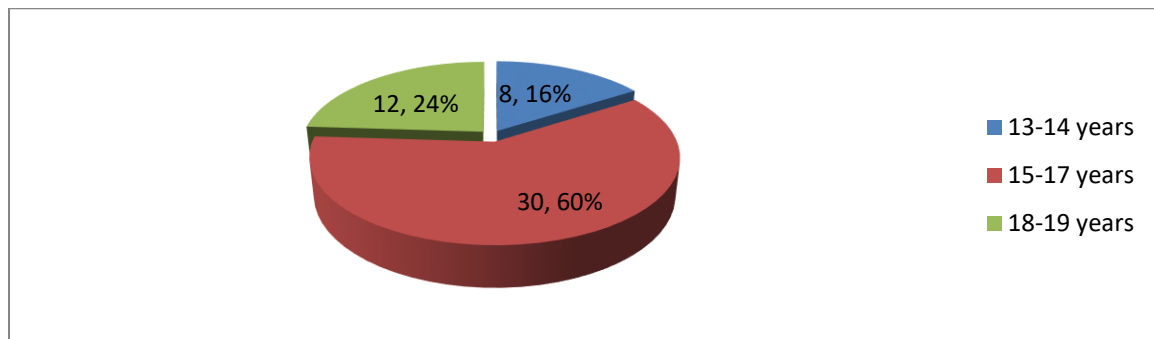


Figure 7 showed that majority of the respondents first had their partner when they were 15-17 years old 30(60%) , 12(24%) first had partners when they were between 13-14 years old and only 8(16%) respondents first had their partners when they were between 18-19 years old

Table 12: Do you take alcohol or any illegal substance like drugs

n=50

Response	Frequency	Percentage (%)
Yes	35	70
No	15	30
Total	50	100

Table 12 shows that majority of the respondents do take alcohol 35(70%) and only 15(30%) reported that they don't take alcohol.

Table 13: Does your culture encourage early sex? n=50

Response	Frequency	Percentage (%)
Yes	0	0
No	50	100
Total	50	100

Table 13 shows that all of the respondents disagreed with their culture encouraging early sex 50(100%).

Table 14: Are there some teenagers in the area involved in sexual relationship? n=50

Responses	Frequency (f)	Percentages (%)
Yes	37	74
No	13	26
Total	50	100

Table 14 indicates that majority of the respondents 37(74%) reported that there are teenagers who are involved in sexual relationship and 13(26%) said no.

Table 15: What influences them into sex? n=50

Responses	Frequency	Percentage (%)
alcohol	35	70
Monetary gain	8	16
Family pressure	5	10
Peer pressure	2	4
Total	50	100

Table 15 shows majority of the youths 35(70%) reported alcohol influence into sexual habits, 8(16%) reported monetary gains, 5(10%) reported family pressure and 2(4%) reported peer pressure

Table 16: Do you ever take precautions against STIS during sexual intercourse? n=50

Responses	Frequency	Percentage (%)
yes	17	34
no	33	66
Total	50	100

Table 16 indicates that majority of the respondents 33(66%), reported that they don't take precautions during sexual intercourse and only 17(34%) reported no.

Figure 8: which methods do you use

n=50

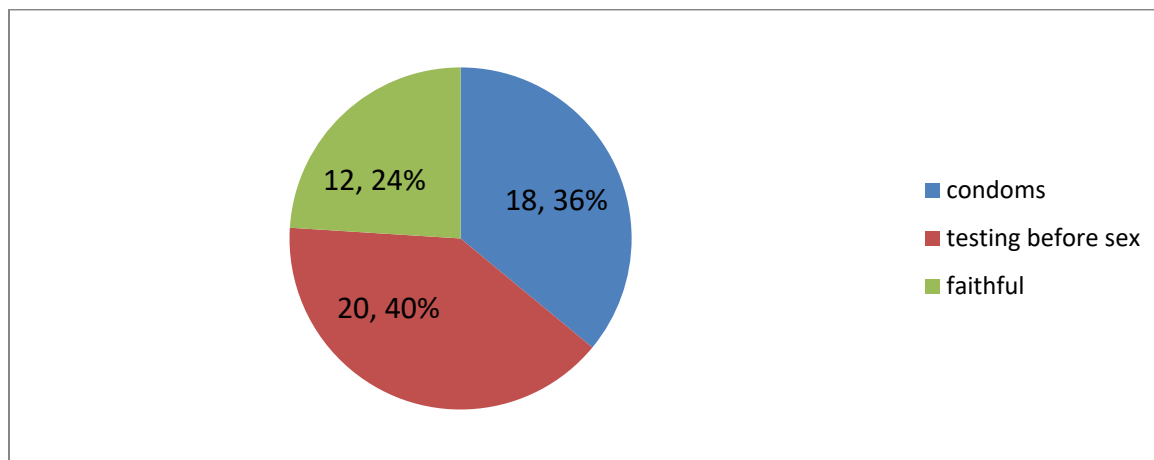


Figure 8 shows that few of the respondents 18(36%) use condoms, 20(40%) reported testing before sex and 12(24%) reported being faithfulness

Table 17: if no method why not?**n=50**

Response	Frequency	Percentage
Not aware	3	6
Expensive	27	54
Religious influence	10	20
Measures not available in the area	10	20
Total	50	100

Table 17 shows that Half of the respondents 27(54%) reported that methods are expensive, 10(20%) reported religious influences, 10(20%) reported measures are not available in the area and 3(6%) reported that they are not aware.

CHAPTER FIVE:

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presented the discussion of findings, conclusions and recommendations of the study which were obtained after data analysis.

Discussion

5.1.1 Demographic and Social Characteristics

Most respondents 30 (60%) were in the age range of 19 – 20 years, majority were students 30(60%) and 30(60%) were single. This implied that they were in their youths age and could provide the required information and being students and single for the majority it indicated more the need to assess their knowledge, attitude and practice towards prevention of STIs as at this age more so in students as they tend to be in company with peers at school and being single triggers them much into premarital sexual activities from which they end up becoming infected with STIs at tender age.

Section A: Knowledge of youth aged 19 – 24 years towards prevention of STIs

Results showed that all respondents 50(100%) understood the term STIS .As referred to as Sexually Transmitted Diseases (STDs) or venereal diseases are infections that are commonly spread through sexual intercourse, anal sex and oral sex .All of the respondents 50 (100%) reported possessing adequate knowledge about STIS prevention. This implied that since most respondents were aware of and possessed sufficient knowledge about STIS; they would endeavor to effectively use services provided.

The study revealed that majority of the respondents 25(50%) knew HIV infection as an STIs and all respondents had knowledge about transmission of STIS 50(100%) as they mentioned Oral sex, anal sex, unprotected sexual intercourse, having more than one partner, sharing towels and under wares as some of the ways how STIs are spread. This was a very good step for the respondent's knowledge towards prevention of STIs. However, only 15(30%) knew signs and symptoms of STIs with the majority 35(70%) ignorant about signs and symptoms of sexually transmitted infections. This study finding was in agreement with Ruaner D *et al* (2015) where it was reported in a study about knowledge of youth towards prevention of STIs in native America that although they were knowledgeable about types of STIs and HIV/AIDS, participants did not demonstrate knowledge about symptoms and treatments and exhibited a false awareness of self-knowledge.

Results showed that most youths 30(60%) had been sensitized and health educated about STIS prevention and majority of youths knew condom use 30(60%) as one way of preventing STIS. This could probably have been the reason why they were knowledgeable about STIs transmission as mentioned above. This findings was compared with a study by Bryce, Vernon and Brathwaite (2010) about the quality of sexually transmitted disease services in Jamaica which revealed that the majority of respondents did not have sufficient knowledge about STIs and how they could be prevented. Furthermore, respondents were not aware of the youth friendly sexual and reproductive health services provided at the hospitals and clinics in their area. It was noted that a comprehensive sexuality education in schools can improve youth knowledge of their reproductive health options, including contraception and how to use it effectively to avoid unwanted pregnancies and STDs.

Study findings also revealed that majority 30(60%) had never suffered from STIs. This was a sign that respondents knew how to prevent STIs unlike the findings in a study by Brabin *et al* (2013) s about the preventive and curative care for youth and the role of the health sector that the majority of respondents stated that they did not have adequate knowledge and awareness about the STIs and how they could be adequately prevented. Furthermore, most respondents were not aware of the youth friendly sexual and reproductive services provided at the clinics in the study area.

Section B: Attitude of youth aged 19 – 24 towards prevention of STIs

Majority of the respondents 40(80%) believed that STIS can be dangerous and most of them sited out infertility 25(50%) as one of the dangers that can be caused by STIS. This study finding was in agreement with Mwakagile, Mmari and Makwaya, (2011) mentioned in their study about sexual behavior among youths at high risk for HIV infection in Dar es Salaam, Tanzania that the majority of youth aged 19 – 24 years had positive attitude towards the prevention of STIs as they believed that the infections could lessen their quality of life.

It was also found that majority of the respondents felt they could prevent STIs 40(80%) and this a good attitude and it implied that if at all they are encouraged and given more health talks, STIs can markedly be reduced in communities. This was in line with another study by Ferrando *et al* (2012) in Brazil reported that youth had positive attitudes towards the prevention of STIs. However, it was revealed that in order to reduce and prevent STIs among the youth, there is need to ensure that sexually active youth remain faithful to their sexual partners, avoid casual sex relationships and consistently and correctly use protection such as condoms while those who can, should abstain from sex altogether.

Section D: Practices of youth aged 19 – 24 towards prevention of STIs

Majority of the respondents 30(60%) had ever been involved in the sexual relationship and majority of the respondents had 1-2 partner 30(60%). This implied that they were at risk of attracting STIs if at all they do not hold on to available measures of preventing STIs just like it was in the earlier studies by Herz *et al* (2011) in the study about family planning for teens and strategies for improving outreach and service delivery in public health settings showed that youth had poor practices towards the prevention of STIs and hence remained highly predisposed to the STIS and also a study by Jebet, Onkware and Ntabo (2011) which revealed about socio-cultural factors that perpetuate the spread of HIV among women and girls in Keiyo District, Kenya, that majority of youth aged 19 – 24 years had poor practices towards the prevention of STIs. Among the poor practices included involvement in multiple sexual relationships which has been noted to highly predispose individuals on the sexual network to the risk of contracting STIs.

Majority of the respondents had partners ranging from 15-20 years, 37(74%) and majority of the respondents first had their partner when they were 15-17 years old 30(60%) and another scaring finding was that majority of the respondents do take alcohol 35(70%) which was very threatening as it predisposes this young generation to STIs. This findings was in compared with a study by Gorgen *et al* (2009) in a study about the problems related to schoolgirl pregnancies in Burkina Faso, where results showed that the majority of respondents had poor practices towards the prevention of STIs. Results showed that youth aged 19 – 24 years include poor use of protection with casual partners/sex workers among male youth which places them at risk of STIs.

Furthermore majority of the respondents 37(74%) reported that many teenagers are involved in sexual relationship and 35(70%) reported alcohol as the most leading factor persuading them into sexual relationships and dangerously majority of the respondents 33(66%), reported that they don't take prevention precautions during sexual intercourse for instance few of the respondents 18(36%) used condoms as most of them 27(54%) STIs they were expensive. This study finding was compared with a study by Koontz and Conly, (2011) in their study about youth at risk and meeting the sexual health needs of youth that showed that youth had poor practices towards the prevention of STIs. It was noted that practices such as over reliance on sexual partners for upkeep all exposed youth to the risk of STIs. It was further reported that unemployment and poverty contributed to reliance on sexual partners which further led to increased risk of STIs and also Coffee, Garnett, Mlilo, Voeten and Chandiwana (2012) reported in their study about patterns of movement and risk of HIV infection in rural Zimbabwe that the majority of youth aged 19 – 24 years had poor practices towards prevention of STIs as it was noted that the majority of youths had poor use of protective gears such as condoms yet they were sexually active and this predisposed them to STIs.

Conclusion

The study showed that most of the respondents 30 (60%) were in the age range of 19 – 20 years, majority were students 30(60%) and most of them 30(60%) were single.

Respondent's knowledge towards prevention of STIs was good as majority 50(100%) understood the term STIS, majority 25(50%) knew HIV infection as an STIs and all respondents had knowledge about transmission of STIS 50(100%) as they mentioned Oral sex, anal sex, unprotected sexual intercourse, having more than one partner, sharing towels and under wares as some of the ways how STIs are spread and most youths 30(60%) had been sensitized and health

educated about STIS prevention and majority of youths knew condom use 30(60%) as one way of preventing STIS.

Attitudes towards prevention of STIs were also fair as majority of the respondents 40(80%) believed that STIS can be dangerous and most of them sited out infertility 25(50%) as one of the dangers that can be caused by STIS, It was also found that majority of the respondents felt they could prevent STIs 40(80%) and this implied that if at all they are encouraged and given more health talks, STIs can markedly be reduced in communities.

Although respondent had good knowledge towards prevention of STIs, their practice was not satisfying and results revealed that majority of the respondents 30(60%) had ever been involved in the sexual relationship of which majority had 1-2 partner 30(60%) whom most were between 15-20 years, 37(74%) and majority of the respondents first had their partner when they were 15-17 years old 30(60%) and another scaring finding was that majority of the respondents do take alcohol 35(70%) which was very threatening as it predisposes this young generation to STIs. Furthermore majority of the respondents 37(74%) reported that many teenagers are involved in sexual relationship and 35(70%) reported alcohol as the most leading factor persuading them into sexual relationships and dangerously majority of the respondents 33(66%), reported that they don't take prevention precautions during sexual intercourse for instance few of the respondents 18(36%) used condoms as most of them 27(54%) STIs they were expensive.

5.3 Recommendations

To the Government/Ministry of Health and policy makers

The government through the Ministry of Health should provide and advertise the availability of reproductive health services on medias and encourage all health units to make these services

available and friendly to youths in order to lower down transmission of sexually transmitted infections among youths and so that youths can find other alternatives to sexual activities.

To the district health officer /committee

He should put in place surveillance committee specifically responsible for STIs prevention

They should monitor the hospital/health center and see how they treat specifically STIs and advise them accordingly

To the health workers at Kampala International University Teaching Hospital:

There should be specific doctors and nurses to treat the youth

The hospital should reduce on the costs of the services provided

Health workers should health educate the youth on the dangers of STIs, the services available and how to practice safe sex .

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Appendix I: Consent Form

My name is **Ahura Alex**, a student of Kampala International University. I am carrying out a study to assess the knowledge, attitude and practice of youth aged 19 – 24 towards prevention of STIs at KIU-TH, Ishaka Bushenyi District. It is voluntary to consent and participate in the study and all the information you give will be kept confidential. Feel free to withdraw at any time you feel uncomfortable with the study, no penalty will be given to you. Participation in the study is on a voluntary basis and no gifts or incentives should be expected.

The topic and its objectives have been fully explained to me, and I have understood and voluntarily agreed and consented to participate in the study.

Respondents Signature.....Date.....

I have explained the study the purpose and objectives of the study to the participant, and they have understood and voluntarily consented to participate in the study.

Researcher's Signature.....Date.....

Appendix III: Questionnaire

Instructions:

1. Kindly respond to all questions by ticking the appropriate response in a box against the objectives given or fill in the blank spaces provided where applicable.
2. Do not indicate your name anywhere on the questionnaire provided only write your responses

Section A: Demographic Characteristics

1) Age

a) 19 - 20 years

☐

b) 21 – 24years

☐

2) Occupation

a) Self employed

☐

b) Student

☐

c) Unemployed

☐

d) Others (specify).....

3) Marital status

a) Single

☐

b) Married

☐

c) Others (specify).....

Section B: Knowledge of youths aged 19 – 24 towards prevention of STIs

4) What do you understand by the term STI?.....

.....

.....

5) Name the common STIs you know?

- a) HIV ☐
- b) Syphilis ☐
- c) Gonorrhea ☐
- d) Others(specify).....

6) How does an individual acquire STIs?.....

.....

7) What are the signs and symptoms of STIs?

- a) Foul smelling discharge ☐
- b) Skin rash ☐
- c) Itching ☐
- d) Others (specify).....

8) Have you ever been sensitized and health educated about STIs prevention?

- e) Yes ☐
- f) No ☐

9) If yes, in your view, what could be done to prevent STIs among youth?

.....

.....

10) Have you ever suffered from an STI?

- a. Yes ☐
- b. No ☐

11) If yes, which ones have you suffered from?.....

Section C: Attitude of youth aged 19 – 24 towards prevention of STIs

11) Do you believe that STIs are dangerous?

a. Yes

☐

b. No

☐

12) Give reasons for your answer.....

.....

13) Can STIs be prevented?

a. Yes

☐

b. No

☐

14) Give reasons for your answer.....

.....

Section D: Practices of youth aged 19 – 24 towards prevention of STIs

15) Are you involved in a sexual relationship?

a) Yes

☐

b) No

☐

16) If yes, how many partners are you currently involved with?

a) 1 partner

☐

b) 2 – 3 partners

☐

c) More than 3 partners

☐

17) How old is your partner?

a. 15 – 20 years

☐

b. 21 – 25 years

☐

c. 25 years and above

☐

18) How old were you when you first had sexual intercourse?

- a. 13 – 14 years ☐
- b. 15 – 17 years ☐
- c. 18 – 19 years ☐

19) Do you take alcohol or any illegal substance like drugs?

- a. Yes ☐
- b. No ☐

20) Do you think alcohol or illegal substances influence your decision to have sex?

- a. Yes ☐
- b. No ☐

21) Does your culture encourage early sex?

- a. Yes ☐
- b. No ☐

22) If yes, why does your culture/family support early sex?.....

.....

.....

23) Are there some teenagers in the area involved in sexual relationships?

- a. Yes ☐
- b. No ☐

24) If yes, what influences them into sex?

- a. Alcohol ☐
- b. Monetary gain ☐
- c. Family pressure ☐

d. Peer pressure ☐

25) Do you ever take precautions against STIs during sexual intercourse?

a. Yes ☐

b. No ☐

26) If yes, which methods do you use?.....

.....

27) If no, why not?

a. Not aware ☐

b. Expensive ☐

c. Religious influence ☐

d. Measures not available in the area ☐

e. Others (specify).....

Proposed budget

1	Stationary	Quantity	Unit Price	Total Cost
A	Photocopying Paper	2 Reams	15, 000	30, 000
B	File Folders	3 Pcs	500	1, 500
C	Flash disk	1		30, 000
d	Pens	3	300	900
2	Typing Services			
A	Questionnaire	30	500	15,000
b	Proposal	3 Copies	20,000	60,000
C	Report	4 Copies	60,000	240,000
3	Data Collection			
A	Meals	3 days	15,000	45, 000
B	Literature Search(Libraries, internet)			60,000
	Grand Total			500,000
1	Stationary	Quantity	Unit Price	Total Cost
A	Photocopying Paper	2 Reams	15, 000	30, 000
B	File Folders	3 Pcs	500	1, 500
C	Flash disk	1		30, 000
d	Pens	3	300	900
2	Typing Services			
A	Questionnaire	30	500	15,000
b	Proposal	3 Copies	20,000	60,000
C	Report	4 Copies	60,000	240,000
3	Data Collection			
A	Meals	3 days	15,000	45, 000
B	Literature Search(Libraries, internet)			60,000
	Grand Total			500,000

Work plan

ACTIVITY	MONTH												responsible persons	
	DEC		JAN		FEB		FEB		MARCH		MARCH			
WEEKS														
Topic selection and Proposal development														Researcher and supervisor
Approval of proposal														Supervisor
Data collection														Researcher
Data analysis														Researcher
Report writing														Researcher and supervisor
Hand in of report/dissertation														Researcher

Appendix VI: Introductory Letter



KAMPALA INTERNATIONAL
UNIVERSITY
WESTERN CAMPUS

School of Nursing Sciences,
P.O. BOX 71 Bushenyi, Ishaka
Tel: +256 (0) 701 975572
E-mail: akabanyoro@gmail.com
Website: <http://www.kiu.ac.ug>

Office of the Dean - School of Nursing Sciences

TO WHOM IT MAY CONCERN

IN CHARGE - GORD
Please allow the
student to administer
the questionnaire
13 MAR 2017
O-Nib

Dear Sir/Madam

RE: AHURA ALEX - DNS/E/3039/153/DU

The above mentioned is a student of Kampala International University – School of Nursing Sciences undertaking Diploma in Nursing Science and he is in his final academic year.

He is recommended to carry out his data collection as a partial fulfillment for the award of the Diploma in Nursing Science.

His topic is **KNOWLEDGE, ATTITUDE AND PRACTICE OF YOUTH AGED 19 – 24 TOWARDS PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS AT KIU – TH, ISHAKA BUSHENYI DISTRICT.**

Any assistance rendered to him will be highly appreciated.

Thank you for the positive response.



RESEARCH COORDINATOR

"Exploring the Heights"

APPENDIX VII: THE MAP OF UGANDA SHOWING THE LOCATION OF BUSHENYI DISTRICT



THE MAP OF BUSHENYI DISTRICT INDICATING ISHAKA TOWN WHERE KIU -TH IS LOCATED

