

**KNOWLEDGE, ATTITUDE AND PRACTICES ON CONDOM USE AMONG
YOUTHS ATTENDING KAMPALA INTERNATIONAL UNIVERSITY-
TEACHING HOSPITAL, ISHAKA MUNICIPALITY,
BUSHENYI DISTRICT, WESTERN
UGANDA.**

**A RESEARCH REPORT SUBMITTED TO UGANDA NURSES AND
MIDWIVES EXAMINATION BOARD AS A REQUIREMENT
IN PARTIAL FULFILLMENT FOR THE AWARD OF
DIPLOMA IN NURSING
SCIENCES.**

**BY
GABULA JOHN COSMAS.**

NI4/UO11/DND/003

OCTOBER, 2017

Abstract

Condom use is of greater benefit to the youths. It is a tool that serves a great deal in prevention of HIV/AIDS and HIV related infections, so are other STD/STIs and unwanted pregnancies. Despite such benefits, youths do not use condoms. Therefore, this study aimed at assessing the KAP of youths attending KIU-TH towards condom use in Ishaka municipality, Bushenyi district.

The study design was cross sectional and descriptive, but data analysis was mainly quantitative. 67 respondents were involved both male and female who were selected using a simple random sampling procedure.

Knowledge of respondents was good as majority of the respondents 55 (82%) had ever heard of safer sex practices and 50 (91%) could describe safer sex practices rightly. Attitudes were poor as majority 46 (69%) had a negative attitude towards condom use. Reasons mainly given were: condoms are painful, reduce lubrication, cause sores, make sex unpleasurable. Practice was also poor as majority of respondents 42(63%) always had unsafe sex.

It is recommended that the MOH should ensure that youths are equipped with adequate knowledge about condom use and in so doing; to help change the attitude of youths from being negative to positive in regard to condom use. This can be done through scheduling more educative programs to teach youths about the merits of safe sex. Health education talks can be done at community level, parish level or even conducted in schools (secondary schools, tertiary institutions or even universities).

Parents should also come in here, to teach their children, especially those that have reached adolescent stage to always use condoms each time they want to have sex. Parents must explain to these adolescents the risks that they may face when they opt for unsafe sex.

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AUTHORIZATIONS

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Author GABULA JOHN COSMAS

Address cosmasgabula@gmail.com

Supervisor MR. GORDON NAMARA

Signature.....

Contact Address.....

Principal SR. KABANYORO ANNET

Signature.....

Date

DEDICATION

I dedicate this research to my Auntie Caroline Magoba, my father John Mawerere, my mother Margret Namazzi and my entire family, for the unwavering support they have accorded me in my entire education.

ACKNOWLEDGMENT

Special and heartfelt gratitude goes to my research supervisor (Mr. Gordon Namara) for advice, critical and tireless review of my drafts; you have been a great source of encouragement, support and inspiration through this grueling process. Sincere thanks to my auntie, Caroline Magoba and my Parents Mr. John Mawerere and Mrs. Namazzi Margret and my entire family at large for their support during my studies.

I wish to recognize and acknowledge all brethren for the ceaseless prayers ever since I started my course really the Lord has been merciful to me because of the combined effort of prayers wherever you are may his name be praised. Special thanks to all my siblings for their immense support. Finally special thanks to Kampala international university for the good, well equipped and well organization Library it has been of great value to my research.

TABLE OF CONTENTS

Abstract.....	ii
Copyright page.....	iii
AUTHORIZATIONS	iv
ACKNOWLEDGMENT.....	vi
LIST OF ABBREVIATIONS AND ACRONYMS.....	xi
DEFINITION OF KEY TERMS	xii
CHAPTER ONE	1
INTRODUCTION	1
1.1. Introduction.....	1
1.2. Problem Statement	4
1.4. Specific Objectives	4
1.5. Research Questions.....	5
1.6. Justification of the Study.	5
CHAPTER TWO	6
LITERATURE REVIEW	6
2.0. Introduction.....	6
2.1. Knowledge on condom use among youths	6
2.2 Attitude towards condom use among youths.....	8
2.3. Practices on condom use among youths	9
CHAPTER THREE	12
METHODOLOGY	12
3.1 Introduction.....	12
3.2 Study Design and rationale	12
3.3 Study setting and rationale.....	12
3.4Study Population.....	13
3.4.1 Sample Size Determination.....	13
3.4.2 Sampling procedure and Rtionale	14
3.4.3 Inclusion criteria	14
3.5 Definition of Variables	14

3.5.1 The independent variables for the study include:	14
3.5.2 The dependent variables for the study include:	14
3.6 Research Instruments	15
3.7 Data Collection Procedure	15
3.7.1 Data management.....	15
3.7.2 Data analysis and presentation	15
3.8 Ethical Considerations	16
3.9 Limitations of the study	16
3.10 Dissemination of results.....	16
CHAPTER FOUR.....	17
PRESENTATION OF RESULTS	17
4.0 Introduction.....	17
4.1 Socio-Demographic Characteristics of the respondents.	17
4.2 Knowledge on condom use among youths	19
4.3 Attitude towards condom use among youths	22
4.5 Practices on condom use among youths.	25
CHAPTER FIVE	29
DISCUSSION, CONCLUSION AND RECOMMENDATIONS	29
5.1.1 Demographic Characteristics	29
5.1.2 Knowledge on condom use among youths.	29
5.1.3 Attitudes towards condom use among youths.....	30
5.1.4 Practices on condom use among youths.	31
5.2 Conclusion	32
5.4 Implication to nursing practice.	34
REFERENCES.....	34
Appendix I: Consent Form.....	38
Appendix II: Questionnaire.....	39
APPENDIX III:.....	41
APPENDIX IV:	43
A MAP OF UGANDA SHOWING LOCATION OF BUSHENYI DISTRICT WHERE KIU-TH IS LOCATED.	43
LOCATION OF KIU-TH	44

LIST OF FIGURES

Figure 1: Have you ever got involved in a relationship?.....	19
Figure What is your attitude towards condom use?.....	22
Figure 3: Have you ever had unsafe sex?.....	25
Figure 4: Do you always have unsafe sex practices?.....	26

LIST OF TABLES

Table 1: Socio - demographic characteristics of respondents.....	17
Table 2: Have you ever heard of safer sex practices?.....	20
Table 3: What makes condoms more effective?.....	21
Table 4: Opinions on why youths' attitude towards condom use is negative.....	23
Table 5: Opinions on why youths' attitude towards condom use is positive.....	24
Table 6: Reasons why youths always have unsafe sex.....	27
Table 7: Reasons why youths can not have unsafe sex.....	28

LIST OF ABBREVIATIONS AND ACRONYMS.

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
KAP	Knowledge Attitude Practices.
KIU	Kampala International University.
KIU-TH	Kampala International University Teaching Hospital.
KIU-SONS	Kampala International University School of Nursing Sciences.
MOH	Ministry Of Health.
STIs	Sexually Transmitted Infections.
STDs	Sexually Transmitted Diseases.
WHO	World Health Organization.

DEFINITION OF KEY TERMS

Knowledge According to Oxford English dictionary, knowledge refers to information or awareness gained through experience or education or the total of what is known.

Attitude Attitude is a way of thinking or feeling about something.

Practices This is the action rather than the theory of doing something **OR** the usual way of doing something **OR** the doing of something repeatedly to improve one's skills.

Condom According to WHO, (2013), 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.

Youths The world health organization describes a youth as someone between the ages of 15 to 24 years old.

Safe sex According to the Compact Oxford dictionary, safer sex is a sexual activity engaged in by people who have taken precautions to protect themselves against Sexually Transmitted Infections (STIs) such as HIV.

Unsafe sex Unsafe sex is sexual activity that doesnot involve the use of a condom.

CHAPTER ONE

INTRODUCTION

1.1.Introduction

Literally, according to the Compact Oxford dictionary, safer sex is a sexual activity engaged in by people who have taken precautions to protect themselves against Sexually Transmitted Infections (STIs) such as HIV.

According to WHO, (2013), 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. Condoms offer dual protection for the users against unwanted pregnancy and some STIs, and are one of the most effective means of preventing the transmission of HIV. STIs had been shown to facilitate HIV infection and therefore interventions to promote condom use are essential in efforts to slow the spread of HIV (Lubega *et al*, 2012).

According to Jewkes *et al*, (2010), unsafe sex among the youths remains a serious public health challenge globally. Safer sex is the sexual activity considered by people who take precautions while having sexual intercourse in the view of protecting themselves from either being infected or avoiding unnecessary pregnancy through effective utilization of interventions such condoms (Fitaw *et al*, 2012).

A study done by Ebhohimhen *et al*, (2008) documented that previous research showed that adolescents are particularly vulnerable to contracting HIV and STIs/STDs and most new HIV infections in Sub-Saharan African countries occurred among youths aged 18–35 years, with prevalence in this age-group exceeding 20% in several nations (Lydie *et al*, 2014). Furthermore, teenage pregnancy also remained a serious issue with an estimated 13 million children were

annually born to women under age 20 worldwide and an estimated 49 percent of the 28 million pregnancies each year were unplanned and 36 percent of the total pregnancies end in abortion (Babalola *et al*, 2010).

Studies done by Bagarukayo *et al*, (2010) state that the rate of infections and unwanted pregnancies could be greatly reduced if simple and effective interventions such as the condom were consistently and effectively used by all youths who engaged in sexual relations. However, condom use among adolescents globally remains inadequate and adolescents still required guidance to temper their tendencies toward risk-taking and experimentation while lack of guidance left many unprepared to make the transition from childhood to adulthood (Prataet *al*, 2012).

However, a study done by Grosskurth *et al*, (2007) found out that despite the risks faced by youths due to unsafe sex, and despite all the efforts to sensitize adolescents about the dangers of unsafe sex and inadequate utilization of protective measures such as condoms, globally 65% of youths were involved in unsafe sex practices that put them at risk of contracting sexually transmitted infections while others get unnecessary pregnancy despite adequate provision of youth friendly sexual and reproductive health services in promoting self-awareness. According to the study, the majority of these youths come from poor family while others were forced into sex due to cultural influence and minority were due to poor attitude on practicing safer sex.

In Sub-Saharan Africa, as in much of the rest of the world, a high proportion of people became sexually active during adolescence and the mean age of sexual debut among 14–20-year-olds was 14.4 for boys and 15.9 for girls (Bulyuguti *et al*, 2011).

Studies done by Teijlingen *et al*, (2008) in Sub Saharan Africa and particularly the least developed and unstable countries, practice of safer sex by youths remained a serious challenge. Teijlingen *et*

al, (2008) stated that youths in these countries were under the influence of situations of poverty such as when the parents did not have money to satisfy them and their desires, cultural influences where the majority were forced into early sex while others did not believe in use of condoms while some of the adolescents according to the study had poor attitudes towards safe sex as they wanted to feel the pleasure of sex and still others got into unsafe sex under the influence of substance abuse. Furthermore, condom use among the youths had been reported to be very inadequate and it was estimated at only 4% in South Africa, Malawi and Ethiopia among others.

Studies done by Masatu *et al*, (2009) in East African countries such as Kenya and Tanzania found out that the situation did not differ much on the overall unsafe sex practices in Africa revealed that condom use was very low among adolescents and that among unmarried women aged 15–19, fewer than 15% use condoms in Tanzania and Kenya.

According to UDHS (2011), in Uganda, safe sex practice among the youths is inadequate. According to Kaaya *et al*, (2008), Ugandan youths were known to be poor users of contraceptives while according to the Uganda Demographic and Health Survey, contraceptive prevalence rate among youths is reported to be only 7.2% using any method. The majority of these poor safe sex practices are often influenced by low social economic status of the adolescents, cultural practices and beliefs which encouraged early marriage while the influence of cross generational sexual relationships had also been reported as a major influence of unsafe sex among the adolescents.

However, the outcomes of unsafe sex practices in Bushenyi district where KIU-TH is located include the increased prevalence of new HIV infections and increased prevalence of unwanted pregnancies among the youths. Therefore, the study is to timely look at the KAP on condom use among the youths so as to reduce the STI/HIV spread can be instituted.

1.2. Problem Statement

A study done by Grosskurth *et al*, (2007) found out globally that youths were greatly faced by risk to unsafe sex despite all the efforts to sensitize adolescents about the dangers of unsafe sex and inadequate utilization of protective measures such as condoms. In Sub-Saharan Africa, a high proportion of people become sexually active during adolescence and the mean age of sexual debut among 14–20-year-olds is 14.4 for boys and 15.9 for girls, hence becoming predisposed to the risks of unsafe sex due to young age at sexual commencement as well as lack of knowledge on effective condom use (Bulyuguti *et al*, 2011).

Furthermore, studies done by Masatu *et al*, (2009) in East African countries such as Kenya and Tanzania found out that the situation does not differ much on the overall unsafe sex practices in Africa. In Uganda, and Bushenyi in particular, unsafe sex is very common among the adolescents as evidenced in a study by Serwadda *et al*, (2013) which revealed that adolescents got involved into unprotected and unsafe sex practices due to factors like lack of parental support and guidance, peer pressure, substance abuse among many others evidenced by high rates of teenage pregnancies and HIV new infections.

1.3.Purpose of the Study

To determine the knowledge, attitude and practice towards condom use among youths attending Kampala International University- Teaching Hospital (KIU-TH).

1.4. Specific Objectives

1. To assess the knowledge on condom use among youths attending KIU-TH.
2. To identify the attitudes regarding condom use among the youths attending KIU-TH.
3. To determine the practices regarding condom use among the youths attending KIU-TH.

1.5. Research Questions.

1. What is the level of knowledge on condom use among youths attending KIU-TH?
2. What is the attitude on condom use among youths attending KIU-TH?
3. How is the practice regarding condom use by youths attending KIU-TH?

1.6. Justification of the Study.

This study was intended to assess the knowledge, attitude and practices on condom use among the youths attending KIU-TH. This was greatly to assist health workers and other concerned authorities like parents, teachers and religious leaders to work out more practical ways of improving the youths' knowledge, attitude and practices on condom use.

Similarly, the findings may assist the Ministry of Health (MOH) and Health Planners and Policy makers of which the majority are nurses in identifying the potential areas which still require policy improvements as well as the development of national sensitization programs targeted at youths highlighting the dangers of incorrect and inconsistent condom use.

On the other hand, the study was intended to assist youths attending KIU-TH as they would be beneficiaries of improved and more appropriate sensitization and health education about the dangers of inconsistent and incorrect condom use. This is to depend on the steps taken by the MOH and policy makers depending on the researcher's results.

More to say, the study provides a valuable literature for nursing researchers who intend to undertake similar studies in future and also the recommendations from this study may serve as a basis for further research.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This chapter presents literature reviewed in relation with the specific objectives of the study.

2.1. Knowledge on condom use among youths

Lydie *et al*, (2014) documented in a study about youths sexuality and the HIV epidemic in Yaounde, Cameroon, where 451 youths were interviewed, found out that the majority of respondents (69%) did not have sufficient knowledge on the use of condoms and the prevention of STD/STIs.

A study by Bagarukayo *et al*, (2010) about knowledge, attitudes and practices related to AIDS and sexuality of students and teachers of primary schools in Soroti District, Uganda that among adolescents, knowledge on the correct and consistent use of condoms was severely lacking. Furthermore, this lack of knowledge was further compounded by misinformation about sex, inaccuracies and myths about condoms and peer influence.

Similarly, studies done by Konde-Lule *et al*, (2009) in a review of adolescent sexual behavior and HIV-1 in rural Rakai district, Uganda revealed that despite the interventions to reduce the number of adolescents having early and unprotected/unsafe sex, it was revealed that fewer of the adolescents (32%), had adequate knowledge on the prevention of HIV and STD/STIs through correct and consistent use of condoms.

According to Hulton *et al*, (2009), in a study about perceptions of the risks of sexual activity and their consequences among Ugandan adolescents that most the majority of adolescents surveyed (67%) had inadequate knowledge on the correct and consistent use of condoms to ensure the

prevention of unwanted pregnancy and other infections such as HIV and STD/STIs. This was attributed to the mostly unsupportive environments adolescents lived in coupled with little parental, religious and community involvement.

In a study by Silberschmidt *et al*, (2011) in Dar es Salaam, Tanzania about adolescent girls, illegal abortions and "sugar-daddies", it was revealed that the overwhelming percentage (73%) lacked adequate knowledge on the correct and consistent use of condoms as well as the ability of condoms to offer adequate dual protection and prevention of HIV and other STD/STIs, yet they were frequently involved in unsafe sex as demanded by their sugar daddies.

Similarly, Nyanzi *et al*, (2010) stated in a study about the negotiation of sexual relationships among school pupils in south western Uganda that the majority of adolescents had inadequate knowledge on the correct and consistent use of condoms for the prevention of unwanted pregnancy and HIV. This inadequacy in knowledge further led them to participate willingly in unsafe sexual practices. Furthermore, it was noted that due to lack of knowledge about the benefits of using condoms, the decision to use condoms or not would be made by the boyfriend or male sexual partner, and if the partner decided not to use protection, the girl had nothing she could do against that.

According to Olowosegun *et al*,(2008), in a study about the awareness of HIV/AIDS pandemic in selected fishing communities in North Central Nigeria where 100 male and female adolescents were surveyed and findings showed that the majority of respondents, 94% had insufficient knowledge about the correct and consistent use of condoms to ensure the prevention of HIV/AIDS.

2.2 Attitude towards condom use among youths.

Studies by Mwakagile *et al*, (2012) reported that although about three-quarters of the respondents surveyed thought that condoms are safe, they had negative attitudes towards their use. One-fourth equated condom use with lack of trust and one-third said they are difficult to use with new partners. However, findings further showed that males were significantly less likely than females to feel embarrassed about buying condoms (8% vs. 19%).

A review by Konde-Lule *et al*, (2009) about adolescent sexual behavior and HIV-1 in rural Rakai district, Uganda reveals that despite the interventions to reduce the number of adolescents having early and unprotected/unsafe sex, the majority did not adequately utilize condoms and many were still having unprotected sex mainly due to negative attitudes and misperceptions about condom use. This was evidenced in reasons for failing to use condoms during sex such as wanting to show love to their lover (35.3%), to know how it feels (32%), they were forced into it (11.2%) and wanting to be like their friends (8.8%).

Another study by Silberschmidt *et al*, (2011) about adolescent girls, illegal abortions and "sugar-daddies" in Dar es Salaam, Tanzania also noted negative attitude towards the use of condoms. This was attributed to factors such as cross generational sex, whereby sugar daddies and mummies always demanded for live sex, without protection and that adolescents were particularly vulnerable to pressures for early sex as they were persistently enticed into sex for favors/gifts/money and they did not want to lose support and favor of their sexual partners hence they neglected to use condoms.

However, Pacheco-Sánchez *et al*, (2007) contributed in a study about the meanings of sexuality and reproductive health in adolescents from Bogota, where findings revealed that adolescents had negative attitudes and beliefs towards condom use and these attitudes were highly influenced by

religious beliefs and outlook towards the use of condoms. It was noted that some religions did not support the use of condoms and were strongly advising against their use.

A study by Masatu *et al*, (2009) about the predictors of risky sexual behavior among adolescents in Tanzania, it was revealed that a considerable proportion of adolescents had negative attitudes and beliefs towards condom use. Furthermore, they expressed concerns that requesting condom use communicates distrust, while others believed that contracting STIs is inevitable as condoms sometimes break, cause injury and predispose to STIs.

Another study by Pickering *et al*, (2007) about sexual networks in Uganda as well as mixing patterns between a trading town, its rural hinterland and nearby fishing villages that adolescents were not using condoms due to negative attitudes towards their use. This was evidenced by the fact that adolescents in sexual relationships were embarrassed about buying condoms while others strongly believed that condoms diminished sexual pleasure.

2.3. Practices on condom use among youths

In a study by Ashman *et al*, (2013) about knowledge, attitudes and practices related to AIDS and STDs among adolescents in Honduras, Central America, the overwhelming majority (95.2%) of respondents had poor practices towards the effective use of condoms and they hence did not adequately utilize condoms.

Similar findings were reported by Ntozi *et al*, (2013) who revealed negative practices of adolescents such as not using protection every time they had sex or when they had sex with

prostitutes, sexual involvement with more than one partner (50%) which increased the risks of unprotected sex.

Ebhohimhen *et al*, (2008) stated in a systematic review of effectiveness of school-based sexual health interventions in sub-Saharan Africa that adolescents did not use condoms, yet they further revealed that one of the major practices which exposed adolescents to the risk of STDs through unsafe sexual practices was being concurrently involved multiple sexual partners yet this was shown to increase and raise the chances of acquiring sexually transmitted diseases and infections.

However, Quigley *et al*, (2007) documented in a study about sexual behaviors, patterns and other risk factors for HIV infection in rural Tanzania that poor practices such as low condom use was not a matter of condoms not being available as findings revealed that 62% of adolescent boys strongly believed that they had to have unprotected sex with their partners the first time to enjoy the pleasure and prove their manhood, while adolescent girls accepted unprotected sex to show their boyfriends love, faith and trust. Furthermore, these beliefs and practices were found to be highly prevalent beliefs among the adolescents yet they drastically raise the chances for contracting STD/STIs as well as the risk of unwanted pregnancy.

A study by Slaymaker *et al*, (2014) about monitoring trends in sexual behavior in Zambia, that the majority of adolescents surveyed did not have adequate practices with regards to condom use. This was attributed to the prevalence of cultural factors which affect safe sex practice as adolescent girls were expected to be docile and accepting and take direction from their male partners or spouses and this was noted to lead to inability to negotiate for use of protection such as condoms during sex.

Fleishman *et al*, (2010) reported in their study that the majority of adolescents surveyed did not have good practices with regards to condom use, yet the predominance of young, energetic and sexually active age groups within the fishing communities, coupled with the daily cash income from fish trade, and highly mobile nature of the fishermen and the availability of commercial sex traders are some of the practices which created conditions which heightened the risk for HIV/AIDS, unwanted pregnancy and also contributed to the prevalence of HIV/AIDS in fishing communities.

Similarly, Jewkes *et al*, (2010) revealed in their study titled showing roughness in a beautiful way and talk about love, coercion, and rape in South African adolescents sexual culture that coerced or forced sexual intercourse and rape without the use of condoms was a normal and acceptable act among the adolescents surveyed yet these very practices did nothing to help the prevention of STDs, but rather exposed adolescents to the dangers of unprotected sexual intercourse such as contracting STDs/STIs and unwanted pregnancies.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The chapter focuses on methodology which includes the 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, ethical consideration, limitation of the study, dissemination of results.

3.2 Study Design and rationale

The study design used was a cross sectional and descriptive in nature and data analysis was mainly quantitative. This is a type of observational study that analyzes data collected from a population or a representative subset at a specific point in time; it was preferred because it saves time and costs (Schmidt, 2008).

3.3 Study setting and rationale

The study was conducted in KIU-TH which is located in Ishaka town (Ishaka-Bushenyi municipality), Bushenyi District, in western Uganda. KIU-TH is located along Mbarara-Kasese highway, estimated about 8.8 kilometers from Bushenyi town. KIU-TH is a multi-disciplinary teaching hospital for medical students, nurses and midwives, pharmacists to mention but a few. Despite its being a teaching hospital, it has become a referral hospital in the region because of its setting. It has over 250 staffs and has well developed wards and patients' health related facilities. For the purpose of the study, it has a youth medical clinic that offers adolescents friendly Reproductive services which will be of great significance for the researcher to gather data on condom use. Condom use among the youths is very low evidenced by persistent high levels of

STIs and unwanted pregnancies hence the reason for selection of this study population so that the KAP of youths on condom use in the area can be assessed.

3.4 Study Population

The study targeted male and female youths aged between 15– 24 years attending KIU-TH.

3.4.1 Sample Size Determination

The sample size was determined using Fisher's (1990) formula 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 as 1.96 for maximum sample size at 95% confidence interval.

P=50% (constant) or 0.5 since there is no measures estimated

Q= 1-p =1-0.5= 0.5 and,

d=degree of accuracy desired 0.12 or 0.12 probability level (at 95% confidence level). Therefore by substitution in the formula,

$$\frac{1.96^2 \times 0.5 \times 0.5}{0.12 \times 0.12} = 67$$

Therefore the sample size was 67 respondents

3.4.2 Sampling procedure and Rtionale

Due to the readily availability of respondents, the respondents for the study were selected by the use of simple random sampling procedure. In this procedure, the researcher wrote words YES and NO on pieces of paper, folded them, placed them in an enclosed box, shook it and then offered potential respondents an opportunity to participate in the study by picking a piece of paper from the box. Any respondent who picked a paper with the word YES written on it was requested to participate in the study. This continued until the total number of respondents to be interviewed per day was achieved. This method controled biasness since each participant had an equal chance to participate in the study (Schmidt, 2008).

3.4.3 Inclusion criteria

The study included youths aged between 15 – 24 years and attending KIU-TH, those who allowed to consent or assent to the study.

3.4.4 Exclusion criteria

Those who were sick, with known mental illnesses and those that did not consent were excluded from the study.

3.5 Definition of Variables

3.5.1 The independent variables for the study include:

Knowledge, Attitude and Practices of youths towards condom use

3.5.2 The dependent variables for the study include:

Use of condoms

3.6 Research Instruments

The researcher collected data from the respondents using a self administered questionnaire with sections A, B, C and D according to the study objectives. Section A asked participants of their demographic and social characteristics. The questionnaire had both open and closed ended questions. Closed ended questions required the participant to answer either a YES or a NO whereas the open ended questions, the participant was asked to answer according to their own view, with their own words and understanding. All questions were written in English. Prior to the study, the questionnaire was pre-tested in a tenth of sample size from Ishaka Adventist hospital (the hospital is located in Ishaka town, near KIU-TH) a week before collecting data and adjustment of questions were made accordingly to meet the intended study objectives.

3.7 Data Collection Procedure

Self administered questionnaires were used to collect data from respondents (youths) at KIU-TH as they came to be attended to.

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 mistakes found were corrected before leaving the area of study. Data management also included double checking all the questionnaires for completion before losing contact with the respondents. Data was kept in safe custody until the process of analysis began.

3.7.2 Data analysis and presentation

The study data was first analyzed manually, by use of paper and pens and tallying. Data was presented in form of tables, graphs and pie charts using Microsoft Excel 2010.

3.8 Ethical Considerations

A letter of introduction was obtained from the head of department, Kampala International University, Western Campus, introducing the researcher to carry out the study. The study only commenced after the objectives of the study had been clearly and well explained to participants to make them understand and have them voluntarily consent to participate in the study. Respondents were assured of maximum confidentiality of all the information given and numbers (codes) were used instead of respondents' names.

3.9 Limitations of the study

The researcher encountered financial constraints in gathering information from the internet and libraries as well as printing and transport costs. The researcher overcame this limitation by drawing up a budget which he 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 course works. The researcher overcame these limitations by considering only priorities.

3.10 Dissemination of results

The results were forwarded to UNMEB, Kampala International University, Western Uganda, another copy was given to the local council administration of Ishaka Municipality and the researcher also retained one copy for future reference.

CHAPTER FOUR

PRESENTATION OF RESULTS

4.0 Introduction

This chapter presents the results obtained from a sample size of 67 respondents. The study results are represented under the sub headings of socio-demographic characteristics, Knowledge of youths towards condom use, Attitudes of youths towards condom use and practice of youths towards condom use.

4.1 Socio-Demographic Characteristics of the respondents.

Table 1

N= 67

Socio-Demographic characteristics	Frequency(f)	Percentage (%)
Age of the respondents		
15-19	45	67
20-24	22	33
Gender of the respondents		
Male	29	43
Female	38	57
Marital status of respondents		
Single	57	86
Married	10	14

Divorced	00	00
Level of education		
No formal education	00	00
Primary level	10	15
Secondary level (O and A level)	52	78
Tertiary level	05	07
Occupation		
Students	43	64
House wife	03	04
Self employed	13	20
Employed	08	12
Civil servant	00	00

Table 1 shows that majority of the respondents 45 (67%) were aged between 15-19, and the rest 22 (33%) were aged between 20-24 years. The biggest percentages (57%) were females and the least percentages (43%) were males. Majority of these (86%) were single and 14% were married with none (00%) of them divorced. 10 (15%) had gone through primary education. Those that had both O'level and A'level certificates were 52 (78%) and those that were at Tertiary level were only 5 (07%). None (00%) of the respondents had no formal education.

Majority of the respondents 43(64%) were students. Only 3 (4%) were house wives, those that were self employed were 13 (20%). 8 (12%) were employed and none (00%) of the respondents was a civil servant.

4.2 Knowledge on condom use among youths

Figure 1: Have you ever got involved in a relationship?

N=67

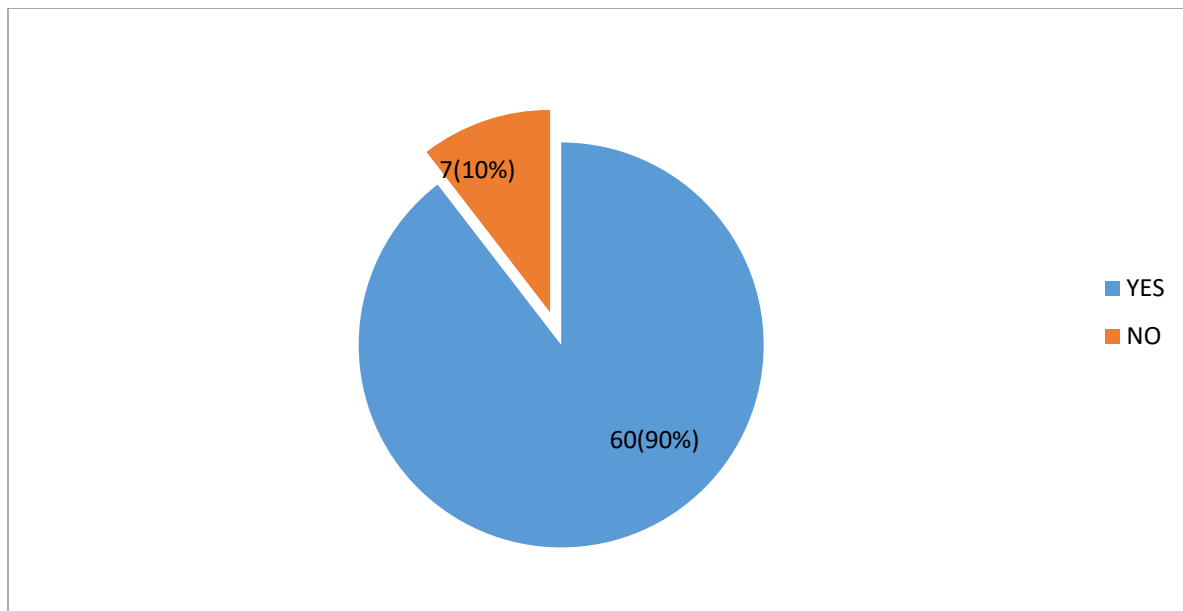


Figure 1 shows that majority of the respondents 60 (90%) had ever got involved in a relationship and only 7 (10%) had never engaged in any relationship.

Table 2: Have you ever heard of safer sex practices

N=67

Opinion	Frequency (f)	Percentage (%)
Yes	55	82
No	12	18
Description of safer sex practices by those who said yes.		
n=55		
A male condom	50	91
Diaphragm	5	9

Table 2 shows that majority of the respondents 55 (82%) had ever heard of safer sex practices and only 12 (18%) had not heard of safer sex practices. For those that said yes, majority 50 respondents out of the 55 said safer sex practices were all about using a male condom, scoring them 91%. Others 5 (9%) said safer sex practices included the use of a diaphragm.

Table 3: What makes condoms more effective?

N=67

Opinion	Frequency(f)	Percentage (%)
Using them consistently	26	39
Using them correctly	30	48
Avoiding errors when using them	11	16

Table 3 shows most of the options that the respondents gave in regard to the effectiveness of condoms. Majority of the respondents 30 (48%) said that condoms are effective if they are used consistently. 26 (39%) said: using them correctly. 11 (16%) said: avoiding errors while using them.

4.3 Attitude towards condom use among youths

Figure 2: What is your attitude towards the use of condoms?

N=67

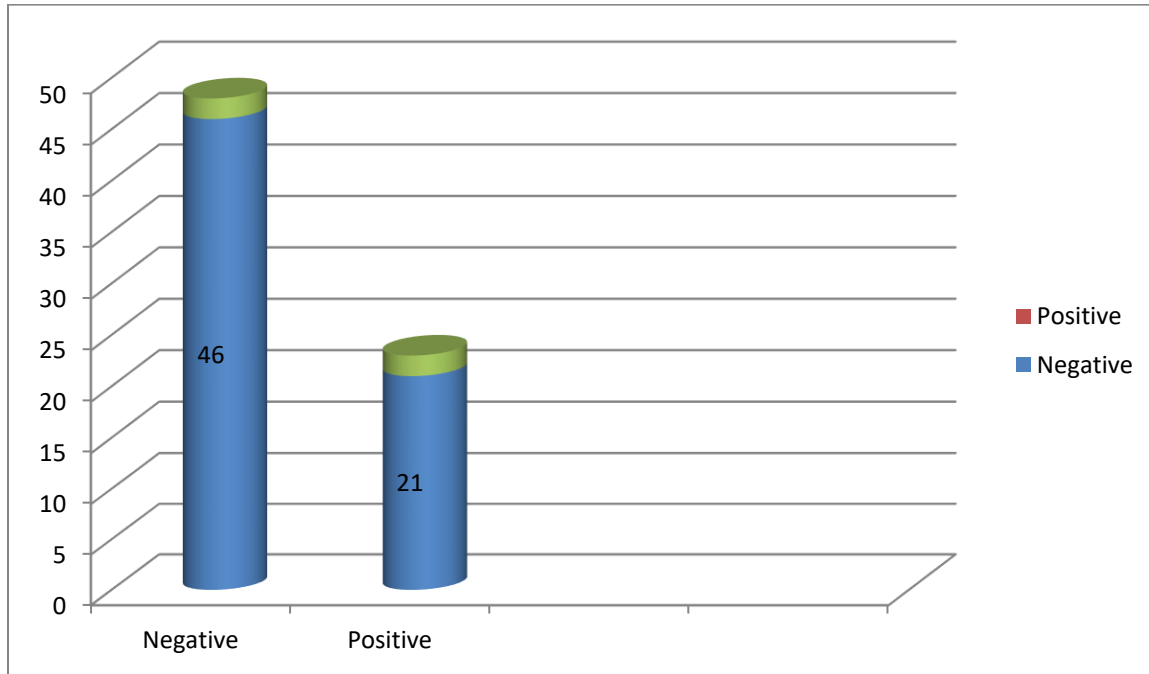


Figure 2 shows that majority (46) of the respondents had a negative attitude towards the use of condoms and only 21 had a positive attitude towards the use of condoms.

Table 4: Opinions on why youths' attitudes toward condom use is negative

n=46

Opinion	Frequency(f)	Percentage (%)
Condoms are painful	11	24
Condoms cause sores	12	26
Condoms reduce vaginal lubrication	09	20
Condoms make sex unpleasurable	14	30

Table 4 shows opinions that most respondents gave in regard to why their attitude towards condom use was negative. The majority (out of the 46) 14 (30%) said that condoms make sex unpleasurable, with 11(24%) reporting that condoms were painful. 12 (26%) reported that condoms cause them sores. 09 (20%) reported that condoms reduce vaginal lubrication.

Table 5: Opinions on why youths' attitude towards condom use is positive.

n=21

Opinion	Frequency(f)	Percentage (%)
Reduces the risk for HIV/AIDS	08	38
Reduces risk for unwanted pregnancies	06	28
Reduces risk for other STIs and STDs	05	24
I don't trust my partner	02	10

Table 5 shows the most opinions the respondents gave in regard to why their attitude towards condom use was positive. 08 (38%), them being the majority reported that they feared the risk for HIV/AIDS, 06(28%) had a risk for unwanted pregnancies, 05 (24%) had a risk for other STIs and STDs and only 02 (10%) said that they had no trust for their partners.

4.5 Practices on condom use among youths.

Figure 3: Have you ever had unsafe sex?

n=60

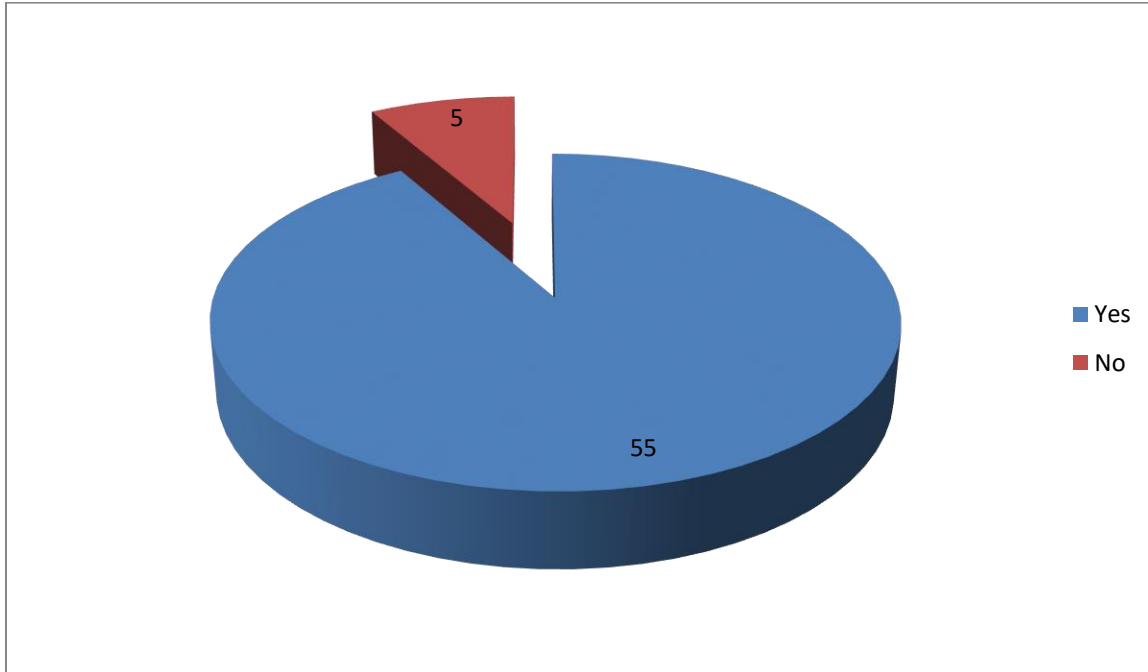


Figure 3 shows that majority of the respondents 55 (92%) had ever had unsafe sex and only 05 (08%) had never had unsafe sex.

Figure 4: Do you always have unsafe sex practices.

n=60

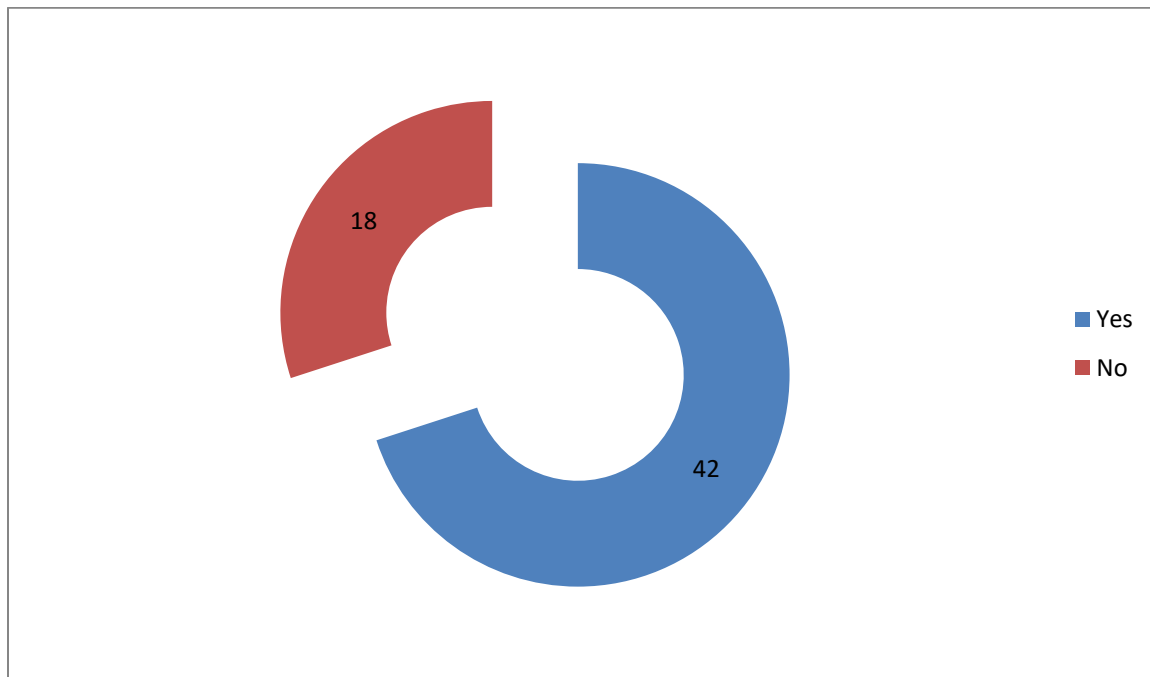


Figure 4 shows that majority 42 (70%) of the respondents always had unsafe sex and the minority 18 (30%) always had safer sex.

Table 6: Reasons why you always have unsafe sex.

n=42

Opinion	Frequency(f)	Percentage (%)
Condoms are painful and cause me sores	07	17
Condoms itch me	09	21
Unsafe sex is more pleasurable	12	29
Condoms burn and make me dry	06	14
I trust my partner	08	19

Table 6 shows that majority of the respondents 12 (29%) said that the reason as to why they always had unsafe sex was that unsafe sex was more pleasurable. 09 (21%) of these respondents said that condoms itch them, 06(14%) said that condoms burn them and make them dry. 07 (17%) of them reported that condoms are painful and cause them sores. 08 (19%) of these respondents reported that they don't use condoms because they trust their partners.

Table 7: Reasons why you cannot have unsafe sex.

n=18

Opinions	Frequency(f)	Percentage (%)
Reduces risk for HIV/AIDS	7	39
Reduces risk for unwanted pregnancies	5	28
Reduces risk for other STIs and STDs	4	22
I don't trust my partner	2	11

Table 7 shows answers that majority of the respondents gave in regard to why they could not have unsafe sex. Majority 07 (39%) of the respondents said that the they could not have unsafe sex due to the risk for HIV/AIDS. 05 (28%) said that their fear was the risk for unwanted pregnancies and 04(22%) there fear was risk for other STIs and STDs. Only 02 (11%) of the respondents said that they don't trust their partners, therefore that is the reason as to why they always had safe sex.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion of the study findings

5.1.1 Demographic Characteristics

Out of the 67 respondents, majority; 45 (67%) were aged between 15-19 and the rest 22 (33%) were between 20-24 years. 15-19 years is a period of transition to sexual maturity which involves a lot of challenges that require guidance from adults or else may receive information from wrong sources. Bagarukayo *et al* (2010) asserts that lack of information among the youth was characterized by misinformation about sex inaccuracies and myths about condom use and peer influence.

Majority 38 (57%) were females and only 29 (43%) were males. It is usually uncommon for females to dominate quorum in utilization of reproductive services despite being the majority in population due to female marginalisation. Females coming up to utilize adolescent friendly services is of an advantage because females are the most vulnerable to sexual abuse therefore coming up in large numbers indicates females empowerment. 57 (86%) were single with 10 (14%) married and none (0%) was divorced. Majority 52(78%) had gone through both O and A'level (secondary course) and 05(7%) had been through tertiary institutions and none (0%) had no formal education. 43(64%) were students, 13 (20%) were self employed, 08 (12%) and none was a civil servant.

5.1.2 Knowledge on condom use among youths.

Majority 60 (90%) admitted having been involved in a relationship where as only 07 (10%) of the respondents had not started sexual relationships. This is risky because youths lack information

regarding sex, and getting involved in sexual relationships put them into a risk to HIV/AIDS and STIs and unwanted pregnancies. Silberschmid *et al* (2011) revealed that 73% of youths who had initiated sexual relationships lacked adequate knowledge and could not effectively bargain for safer sex due to cross generation sex. Interestingly, 82% had heard about safer sex and knew that safer sex involved condom use. This is different from what Hulton *etal* (2009), Silberschmid *et al* (2011) Olowosegun *et al* (2008) in which all studies majority of the youths had inadequate knowledge on condom use. Majority of the respondents 30 (48%) said that condoms are effective if they are used consistently. 26 (39%) said: using them correctly. 11 (16%) said: avoiding errors while using them. This is of great importance that the youths know that condoms are effective when they use them consistently and correctly. However, it is of less importance for one to know that condoms are effective and one doesnot use as 46 (67%) of the respondents have a negative attitude towards condom use and 42 (70%) still have unsafe sex and only 25 (30%) are the only ones who always have safer sex. A study by Ashman *et al*, (2013), findings revealed that the overwhelming majority (95.2%) of respondents had poor practices towards effective use of condoms and they hence did not adequately utilize condoms.

5.1.3 Attitudes towards condom use among youths.

Majority of the respondents 46 (68%) had a negative attitude and only 21(32%) had a positive attitude towards condom use. A similar study by Pacheo-Sanchez *et al.*, (2012), about the meanings of sexuality and reproductive health in adolescents from Bogota, where findings revealed that adolescents had negative attitudes and beliefs towards condom use and these attitudes were highly influenced by religious beliefs and outlook towards the use of condoms. It was that some religions did not support the use of condoms and where strongly advising against their use.

Majority of the respondents 14 (30%) of the respondents said that condoms make sex unpleasurable. 12 (26%) revealed that condom caused them sores whenever they had sex whereas 09(20%) reported that condoms reduced vaginal lubrication and 11 (24%) said that condoms were painful to them during sex.

5.1.4 Practices on condom use among youths.

It was also found out that the respondents knew the risks of having unsafe sex amidst the many reasons portrayed as negative attitude towards condom use where 46 (69%) said that they had a negative attitude towards condom use. Majority 07 (39%) of the respondents said that they could not have unsafe sex due to the risk for HIV/AIDS. 05 (28%) said that their fear was the risk for unwanted pregnancies and 04(22%) their fear was risk for other STIs and STDs. Only 02 (11%) of the respondents said that they did not trust their partners, therefore that is the reason as to why they always had safe sex. This was of great importance in that most of the respondents knew the problems or effects of failure to use a condom though the majority just deliberately refused to use them during sex. Similarly, a study by Ashman *et al*, (2013), findings revealed that the overwhelming majority (95.2%) of respondents had poor practices

It was also found that majority of the respondents 50 (92%) had ever had unsafe sex and only 05 (08%) are the only ones that had never had unsafe sex. More still, study results indicated that most of the respondents 42 (70%) were still having unsafe sex. This is still a challenge in that despite teachings and awareness creation on the risks of having unsafe sex practices, youths have cared less to opt for safer sex. A study by Ntozi *et al*, (2013) revealed that adolescents had negative practices of not using condoms each time they had sex or even with prostitutes.

When the respondents were asked for their continued having unsafe sex, major opinions that were raised by the majority were that; majority of the respondents 12 (29%) said that the reason as to why they always had unsafe sex was that unsafe sex was more pleasurable. 09 (21%) of these respondents said that condoms itch them, 06(14%) said that condoms burn them and make them dry. 07 (17%) of them reported that condoms are painful and cause them sores. 08 (19%) of these respondents reported that they don't use condoms because they trust their partners.

Respondents were asked to give in their opinions for why they cannot have unsafe sex.07 (39%) to reduce the risk for HIV/AIDS. 05 (28%) said that their fear was to reduce risk for unwanted pregnancies and 04(22%) there fear was risk for other STIs and STDs. Only 02 (11%) of the respondents said that they don't trust their partners. This is of a great significance in that majority of the youths knew the challenges that can arise due to unsafe sex practices.

5.2 Conclusion

From this study, the majority 55 (82%) had good knowledge about condom use as they had ever heard about safer sex practices and 91% of those that had heard about safer sex practices knew that it was about condom use. However, 9% had little knowledge about safe sex as they related it to being diaphragm use. Furthermore, they knew using condoms consistently, correctly and avoiding errors would make condoms more effective.

On the issue of attitude, this study identified majority 46 (69%) had negative attitudes towards condom use as they believed it causes pain, sores, reduction of vaginal lubrication and making sex unpleasurable. Nevertheless, those that had positive attitude were 21 (31%) and believed condom use would reduce HIV/AIDS and other STDs reduce unwanted pregnancy and also never trusted their partners.

Furthermore, majority of the respondents had poor practices towards condom use as 55 (92%) had ever had unsafe sex where as 42 (70%) still do have unsafe sex and only 25 (37%) are the only ones that employ safer sex practices. However, respondents believed that condoms are painful, itch, cause sores and make sex unpleasurable. These were the reasons why they never used condoms at all.

5.3 Recommendations

1. The MOH should ensure that youths are equipped with adequate knowledge about condom use and in so doing; it will be of help to change their attitude through scheduling a lot more educative sessions and programs to teach these youths about the merits of having safe sex. These health education talks can be done at community level, parish level or even conducted in schools (secondary schools, tertiary institutions or even universities).
2. There is need for all health units to have special rooms for youths and which must have good proximity in order to attract more youths to utilize reproductive health services, and to teach them on the importance of having safer sex and the risks of unsafer sex practices.
3. Finally, it is very crucial that right from home parents teach their children on how to make good/constructive friendships and avoid peer pressure and this must be stressed by teachers in schools and institutions so as to reduce on the influence of peer pressure into unwanted actions that may put the reproductive health of the young generation at risk.
4. Practicing nurses should intensify health talks on safer sex practices and reasons as to why it is important for health. This will be one way of increasing awareness of youths on the significance of using condoms and change their attitude to being positive about condoms.

5. Condom use is one way to fight HIV/STs. Therefore practicing nurses should take charge and make it an effort to see to it that condoms are available at the reach of everyone in the community.

6. Finally, Bushenyi district is recommended for future researchers so as to come up with factors promoting or hindering safer sex practices in this population.

5.4 Implication to nursing practice.

This study will be of help for nurses to come up with strategies on how to improve youths' attitudes and practices towards condom use and in the fight for reducing cases of HIV/STIs.

REFERENCES

Agyei, W., Epema, E., Lubega, M (2012). Contraception and prevalence of sexually transmitted diseases among adolescents and young adults in Uganda. *Int j Epidemiol.*21 (5): 981-8.

Annete, M., Paiva, V., Peres, C., Paul, J., Hudes, M., Hearst, N. (2012). Evaluating an AIDS sexual risk reduction program for young adults in public night schools in Sao Paulo, Brazil. *AIDS*, 11 (Sup. 1): S121-127.

Ashman, M., Tercero, D., Altamirano, S., Lu, Y., Beach, R., Baum, M. (2013). International Conference on AIDS. *IntConf AIDS*.8:200

Babalola, S., Brown, J., Vondrasek, C. (2010). Factors affecting sexual practices of adolescents in West Africa, a positive deviance approach. *East African Medical Journal* 77 (1) 15-29.

Bagarukayo, H., Shuey, D. (2010). A study of Knowledge, attitudes and practices related to AIDS and sexuality of students and teachers of primary schools in Soroti District. Uganda: Africa Medical and Research Foundation.

Bulyuguti, D., Luhumba, D., Nnko, S., Nyonyo, V., Schupink, D. (2011). HIV/AIDS and STD health promotion in Tanzania fishing villages. *AIDS STD Health Promotion Exchange*, 2: 3-7.

Ebhohimhen, V.A., Poobalan, A., van Teijlingen, E.R. (2008). Systematic review of effectiveness of school-based sexual health interventions in sub-Saharan Africa. *BMC Public Health*,

Fitaw, Y., Worku, A., (2012). High risk sexual behavior and pattern of condom utilization of the Gondar College of Medical Sciences students *Ethiop J Health Dev*16 (3): 335-338.

Fleishman, J., Morrison, J.S. (2010). Fatal vulnerabilities: reducing the acute risk of HIV/AIDS among women and girls. Washington, DC: CSIS HIV/AIDS Task Force, Center for Strategic and International Studies.

Hulton, L.A., Cullen, R., Khalokho, S.W. (2009). Perceptions of the risks of sexual activity and their consequences among Ugandan adolescents. *Stud Fam Plann.*:31–35.

- Kaaya, S.F., Leshabari, M.T., Mbwambo, J.K. (2008). Risk behaviours and vulnerability to HIV infection among Tanzania adolescents. *J Health PopulDevCtries*, 1:51-60.
- Konde-Lule, J., Wawer, M.J., Sewankambo, N.K., Serwadda, D., Kelly, R., Li, C., Gray, R.H., Kigongo, D. (2009) Adolescents, sexual behaviour and HIV-1 in rural Rakai district, Uganda. *AIDS*.11–791.
- Lutalo, T., Koenig, M.A., Zablotska, I., Nalugoda, F., Wagman, J., Gray, R. (2010). Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda. *IntFam Plan Perspect*, 30:156-63.
- Lydie, N., Robinson, N.J., Ferry, B., Akam, E., De Loenzien, M., Zekeng, L., Abega, S. (2014). Adolescent sexuality and the HIV epidemic in Yaounde, Cameroon. *J BiosocSci*, 36:597-616.
- Masatu, C.M., Kazaura, M.R., Ndeki, S., Mwampambe, R. (2009). Predictors of Risky Sexual Behavior among Adolescents in Tanzania. *AIDS Behav*, 13:94-99.
- Moenieba, I., Hara, M. (2010). Impact of HIV/Aids in selected fishing communities in South Africa. *AIDS Behav*22 (15) 26-40.
- Mwakagile, D., Mmari, E., Makwaya, C. (2012). Sexual behaviour among adolescents at high risk for HIV-1 infection in Dar es Salaam, Tanzania. *Sex Transm Infect*, 77:255-9.
- Prata, N., Vahidnia, F., Fraser, A. (2012). Gender and Relationship Differences in Condom Use Among 15–24-Year-Olds in Angola. *International Family Planning Perspectives* 31 (4) 15-34.
- Ntozi, J.P., Najjumba, I.M., Ahimbisibwe, F., Ayiga, N., Odwee, J. (2013). Has the HIV/AIDS epidemic changed sexual behaviour of high risk groups in Uganda? *Afr Health Sci*, 3:107-16.
- Nyanzi, S., Pool, R., Kinsman, J. (2010). The negotiation of sexual relationships among school pupils in south western Uganda. *AIDS Care*.13:83.
- Olowosegun, T., Sule, A.M., Sanni, O.A., Onimisi, H.O., Olowosegun, O.M. (2008). Awareness

of HIV/AIDS Pandemic in Selected Fishing Communities in North Central Nigeria. *Afr Health Sci*, 25 (17) 28-39.

Pacheco-Sánchez, C.I., Rincón-Suárez, L.J., Guevara, E.E., Latorre-Santos, C., Enríquez-Guerrero, C., Nieto-Oliver, J.M. (2007). Meanings of sexuality and reproductive health in adolescents from Bogota. *Salud Publica Mex*, 49:45-51.

Pickering, H.M., Okongo, A., Ojwiyu, D.Y., Whitworth, J. (2007). Sexual network in Uganda mixing patterns between a trading town, its rural hinterland and nearby fishing villages. *Int. J. STD AIDS*, 8: 495-500.

Quigley, M., Munguti, K., Grosskurth, H. (2007) Sexual behaviours patterns and other risk factors for HIV infection in rural Tanzania: a case-control study. *AIDS*, 11:237-48.

Serwadda, D., Smith, J., Nalagoda, F., Wawer, M.J., Sewankambo, N., Konde-Lule, J., Lutalo, T., Li, C., Gray, R.H. (2013). Education attainment as a predictor of HIV risk in rural Uganda: results from a population based study. *Int J STD AIDS*.10:452.

Silberschmidt, M., Rasch, V. (2011). Adolescent girls, illegal abortions and "sugar-daddies" in Dar es Salaam: vulnerable victims and active social agents. *SocSci Med*, 52:1815-26.

Slaymaker, E., Buckner, B. (2014). Monitoring trends in sexual behaviour in Zambia. *SexTransm Infect*, 80(Suppl 2):ii85-90.

Tobey, J., Torrell, E., Thaxton, M., Crawford, B., Kalangahe, B., Issa, A., Madulu, N. (2011). HIV/AIDS and Threats to Coastal Biodiversity in Tanzania: Cross-Sectoral Dimensions of http://www.crc.uri.edu/download/Final_threats_assessmen.pdf

Wood, K., Lambert, H., Jewkes, R. (2010). "Showing roughness in a beautiful way": talk about love, coercion, and rape in South African adolescents sexual culture. *Med Anthropol Q*, 21:277-300.

Schmidt, CO; Kohlmann, T (2008).“When to use the odds ration or the relative risk?”

International journal of public health. 53(3): 165-167. PMID 19127890.doi 10. 1007/s00038-008-7068-3.

APPENDICES

Appendix I: Consent Form

Introduction.

My name is **Gabula John Cosmas**, a student at **Kampala International University, Western Campus**. I am carrying out a study to determine the “knowledge, attitude and practices by youths attending KIU-TH on condom use, Ishaka municipality, Bushenyi District.”

Purpose of the study.

To determine the knowledge, attitude and practice towards condom use among youths attending Kampala International University- Teaching Hospital (KIU-TH), Ishaka Municipality, Bushenyi district, western Uganda so as to come up with measures to improve effective condom use among sexually active adolescents. Your contributions will be highly considered confidential; do not write your name and phone number on this questionnaire. The information to be generated from you will give a considerable meaning to the purpose of the study.

Statement of consent.

The purpose and nature of this study has been explained to me and I thoroughly understand that my participation in it is voluntary, with no harmful effects and any information/views/responses given will be treated with utmost confidentiality and only used for the purpose indicated above.

I therefore sign down, to show consent for my approval to participate in it.

Signature/thumbprint..... Date.....

I have explained to the best of my knowledge the purpose and nature of this study and what it completely entails to the participant and his/her consent has been without force or any other form of coercion

Name: **Gabula John Cosmas** Signature..... Date.....

Appendix II: Questionnaire

My name is **Gabula John Cosmasa** student at **Kampala International University, Western Campus**. I am carrying out a study to determine the “knowledge, attitude and practices by youths attending KIU-TH on condom use, Ishaka municipality, Bushenyi District”.

Instructions

CODE _____

- 1. Please endeavor to respond to all questions asked
- 2. Answer as truthfully as possible to enhance data quality

Section A: Demographic and Social Characteristics

1) Age

- a. 15 – 19 years b. 20 – 24 years

2) Gender

- a. Male b. Female

3) Marital status

- a. Single b. Married c. Divorced

4) Level of education

- a. No formal education c. Primary level
b. Secondary level d. Tertiary level

5) Occupation

- a. House wife c. Self employed
b. Civil servant d. Others (specify).....

Section B: Knowledge on condom use among youths

- 6) Have you ever got involved in a relationship? YES NO
7) Have you heard of safer sex practices? YES NO

8) If yes, what is it?.....
.....

9) What makes condoms more effective? Mention as many as you can.
.....

Section C: Attitude towards condom use among youths.

10) What is your attitude towards the use of condoms?

a. Positive b. Negative

11) If Positive, give reasons why?.....
.....

12) If negative, give reasons why?.....
.....

Section D: Practices on condom use among youths.

13) Have you ever had unsafe sex? YES NO

14) Do you always have unsafe sex? YES NO

15) If yes, give reasons why you always have unsafe sex?
.....

16) If no, give reasons why cannot have unsafe sex?
.....
.....

Thanks for your participation

APPENDIX III:

APPENDIX V: INTRODUCTION LETTER

Office of the Dean - School of Nursing Sciences

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: GABULA JOHN COSMAS - DNS/0002/143/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 PRACTICES ON CONDOM USE AMONG YOUTHS ATTENDING KAMPALA INTERNATIONAL UNIVERSITY- TEACHING HOSPITAL, ISHAKA MUNICIPALITY, BUSHENYI DISTRICT, WESTERN UGANDA.**

Any assistance rendered to him will be highly appreciated.

Thank you in advance for the positive response.

Nabalijisa Sarah
RESEARCH COORDINATOR



Noted and allowed. Please allow the bearer to collect data.



"Exploring the Heights"

APPENDIX IV:

A MAP OF UGANDA SHOWING LOCATION OF BUSHENYI DISTRICT WHERE KIU-TH IS LOCATED.



APPENDIX V

MAP OF BUSHENYI DISTRICT SHOWING WHERE KIU-TH IS LOCATED



LOCATION OF KIU-TH