

**ACTORS AFFECTING EFFECTIVE USE OF CONDOMS AMONG ADOLESCENTS
OF MAYENGO PARISH, KAMUGANGUZI SUB COUNTY, KABALE DISTRICT**

BY

NIWAHEREZA ALEX

NSIN; N15/UO11/DNE/043

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

APRIL, 2017

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Abstract

Unsafe sex was very common among the youth as they got involved into unprotected and unsafe sex practices due to factors like lack of parental support and guidance, breakdown of parent-child communication and cultural factors among others. The purpose of the study was to identify the factors affecting effective use of condoms among adolescents of Mayengo Parish, Kamuganguzi Sub County, Kabale District. The study design was descriptive and simple random sampling procedure was used to select 40 respondents. Data was collected by use of a semi structured interview guide.

The findings showed that 40 (100%) were currently involved in a sexual relationship, 37 (92.5%) knew about the safe sex practices, 34 (85%) knew how to effectively use condoms, 35 (87%) agreed that not knowing about effective condom use had made them have live sex, 30 (75%) had ever had unsafe sex, 10 (25%) respondents said youth did not use condoms because they wanted to know how sex without a condom felt, 8 (20%) who wanted to show love to their partners, 24 (60%) sometimes used condoms while playing sex, 31 (77.5%) said cross generational sexual relationships were sometimes common in their area, 25 (62.5%) always felt shy to ask for condoms at the shop/hospital, 32 (80%) intended to use protection the next time they had sex, 34 (85%) had never been sensitized about the importance of using condoms.

The study concluded that although all the respondents were knowledgeable and had ever heard of safe sex practices and correctly described the effective way of using condoms, all the respondents were sexually involved. The majority of respondents had a very early sexual debut and had ever had unprotected/live sex due to various reasons including curiosity and wanting to know how it felt like when having live sex, peer pressure or wanting be like their friends, non-availability of condoms among many other factors. The majority of respondents had ever had unsafe sex.

The key recommendations included adequate nationwide sensitization programs on the dangers of unsafe sex as well as what they could do to ensure safe sex, offering adolescent friendly sexual and reproductive health services are increased such that services are brought within the reach of youth to improve utilization, ensuring that protective gears such as condoms were provided free of charge to youth and adequate sensitization about the importance of practicing safe sex practices.

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AUTHORIZATION PAGE

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Declaration

I, **Niwa hereza Alex**, declare to the best of my knowledge that this is my original work, done by myself and has never been submitted to this institution or any other institution for any academic award or grant and is being submitted with the approval of my supervisor;

Signature.....Date.....

NIWAHEREZA ALEX

(RESEARCHER)

Approval

This report has been developed directly under my supervision as institutional supervisor and I now approve it for submission.

Signature.....Date.....

(SUPERVISOR)

Dedication

I dedicate this piece of work to the almighty God for his love ,care, protection, courage and good health that has enabled me complete this research.

Heartily this work is dedicated to my mostly beloved mum, daddy, my lovely wife Kamusime Maclean and daughters AGNESS and FAITH for their love financial and moral support in my studies. Thank you and be rewarded abundantly.

Acknowledgement:

I extend my heartfelt sincere gratitude to the almighty God who offered me knowledge,wisdom,skills,strength and life throughtout my study period. I acknowledge the endless love and blessing that enabled me to surmount the challenges encountered during the period of study.

In special way I thank my wife MACLEAN KAMUSIME for the endless love ,guidance,financial support and taking care of the family while I was away for studies .Also great thanks to my beloved daughters AHEREZA FAITH and AHUMUZA AGNESS who missed fatherycare while I was away from them during the course.

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Definition of Terms:

Knowledge: Is the skill, the information, and understanding that a person has gained through learning or experience about condom use.

Adolescent: In study, adolescents are defined as those individuals aged between 12 - 19 years.

Condom: These are protective measures and interventions which offer dual protection to sexual partners against sexually transmitted infections and unwanted pregnancy.

Abbreviations

AIDS Acquired Immune deficiency Syndrome

HIV Human Immunodeficiency Virus

NGO Non-Governmental Organization

STD Sexually transmitted Diseases

STI Sexually transmitted Infections

WHO World Health Organization

KAP knowledge, Attitude and Practices

UDHS Uganda demographic and health survey.

MOH Ministry of health.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents the background, problem statement, purpose of the study, specific objectives, research questions and significance of the study.

1.1 Background

According to Jewkes et al, (2010), unsafe sex among the adolescents 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).

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).

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 adolescents 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 adolescents 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 (Prata et al, 2012).

However, a study done by Grosskurth et al, (2007) found out that despite the risks faced by adolescents 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 adolescents 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 adolescent friendly sexual and reproductive health services in promoting self-awareness. According to the study, the majority of these adolescents 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 adolescents remained a serious challenge. Teijlingen et al, (2008) stated that adolescents 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 adolescents 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 adolescents is inadequate. According to Kaaya et al, (2008), Ugandan adolescents were known to be poor users of contraceptives while according to the Uganda Demographic and Health Survey, contraceptive prevalence rate among adolescents 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.

1.2 Problem Statement

A study done by Grosskurth et al, (2007) found out globally, despite the risks faced by adolescents 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 while in Sub-Saharan Africa, as in much of the rest of the world, 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 revealed that condom use was very low among adolescents. In Uganda, 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, breakdown of parent-child communication, cultural factors, the lack of adolescents friendly sexual and reproductive health services, inadequate knowledge, misinformation and negative attitudes and misperceptions about sex, condom use, peer pressure, substance abuse as well as social economic factors like poverty among many others.

According to MoH (2011), Mayengo Parish in Kabale District is one of the areas where many adolescents had ended up with problems like unsafe abortion, STIs and teen pregnancy despite MoH giving guidelines on adolescent reproductive health services. Despite the efforts made by government to sensitize and health educate adolescents about the dangers of unprotected sexual intercourse as well as improving on the supply and availability of protective gear such as condoms, unsafe sex practices among adolescents remained prevalent, thus this study aimed to identify the

factors affecting effective use of condoms among adolescents of Mayengo Parish, Kamuganguzi Sub County, Kabale District.

According to the Kabale District report for financial year 2014/2015, adolescents in Mayengo Parish, Kamuganguzi Sub County, Kabale District were already sexually active and most initiated sexual activities at a very young age, usually between 14 – 16 years, thus if this study was not carried out, many adolescents remained un sensitized about the dangers of inconsistent and incorrect use of condoms. Furthermore, the particular factors affecting effective use of condoms among adolescents would remain unknown and as such solutions would not be identified. The study, if carried out thus aimed to change the behaviors of adolescents positively such that they delayed sexual initiation, while those sexually active would adapt safe sex practices.

1.3 Purpose of the study

The purpose of the study was to investigate the factors affecting effective use of condoms among adolescents of Mayengo Parish, Kamuganguzi Sub County, Kabale District. This was an effort to improve upon their knowledge and practices as well as uptake of condoms among sexually active adolescents.

1.4 Specific Objectives

- 1) To assess the knowledge of the adolescents about effective use of condoms in Mayengo Parish, Kabale District.
- 2) To identify the attitude affecting effective use of condoms among adolescents of Mayengo Parish, Kabale District.
- 3) To identify the practices affecting effective use of condoms among adolescents of Mayengo Parish, Kabale District.

1.5 Research Questions

- 1) What knowledge do adolescents have about effective use of condoms in Mayengo Parish, Kabale District?
- 2) What attitudes affect effective use of condoms among adolescents of Mayengo Parish, Kabale District?
- 3) What practices affect effective use of condoms among adolescents of Mayengo Parish, Kabale District?

1.6 Justification of the study

This study served the purpose of highlighting the factors affecting effective use of condoms among adolescents of Mayengo Parish, Kabale District. This can greatly assist health workers and other concerned authorities like parents, teachers and religious leaders to work out more practical ways of improving adolescents' knowledge about the importance of consistent condom use.

The findings can assist the Ministry of Health and Health Planners and Policy makers by identifying the potential areas which still required policy improvements as well as the development of national sensitization programs targeted at adolescents highlighting the dangers of incorrect and inconsistent condom use.

The study assisted adolescents in Mayengo Parish, Kamuganguzi Sub County as they would be beneficiaries of improved and more appropriate sensitization and health education about the dangers of inconsistent and incorrect condom use.

The study provided a valuable literature for researchers who intend to undertake similar studies in future and also contributed to the available literature about the factors affecting effective use of condoms among adolescents.

The study was also a partial requirement for attainment of a diploma in Nursing.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents literature reviewed in relation with the specific objectives of the study including the knowledge of the adolescents about effective use of condoms, attitude affecting effective use of condoms among adolescents as well as the practices affecting effective use of condoms among adolescents.

2.1 Knowledge of adolescents about effective use of condoms

Lydie et al, (2014) documented in a study about adolescent sexuality and the HIV epidemic in Yaounde, Cameroon, where 451 adolescents 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 affecting effective use of condoms among adolescents

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 favours/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 affecting effective use of condoms among adolescents

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

3.0 Introduction

The chapter focused on methodology which included 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.

3.1 Study Design and rationale

The study design was cross sectional and descriptive, but data analysis was mainly quantitative. This design was appropriate because the data required in the study was collected once and for all.

3.2 Study setting and rationale

The study was conducted in Mayengo Parish, Kamuganguzi Sub County, Kabale District which is located in western Uganda and it has an estimated population of 370,500 (2012 estimate) people while Mayengo Parish has an estimated population of 7800 people. Many economic activities are carried out in Mayengo Parish and these include commercial and small scale agriculture, animal husbandry, poultry farming, food vending, restaurants, bars etc. The study setting was selected because the problem of poor condom use among adolescents was prevalent on the ground.

3.3 Study Population

The study targeted male and female adolescents aged between 12 – 20 years and residing in Mayengo Parish, Kamuganguzi Sub County, Kabale District.

3.4 Sample Size Determination

The study consisted of a sample of 40 respondents, including 20 male and 20 female adolescents aged between 12 – 20 years and residing in Mayengo Parish, Kamuganguzi Sub County, Kabale District. The sample size was determined by using Kish Leslie (1980) formula for descriptive studies,

Where n = the fraction of the accessible population is considered.

Where n = Desired sample size (if the target population is greater than 10,000)

z = Standard normal deviation at 95% confidence interval (i.e. 1.96).

p=Proportion of the target (percentage of sexually active adolescents in Mayengo Parish (44.2%) =0.442 (WHO 2014).

q= Is the proportion of p therefore $q= 1-p (1- 0.442= 0.558)$

d= Is the acceptable degree of error (marginal error = 0.05)

$n= (1.96)^2 \times 0.442 \times 0.558$

$(0.05)^2$

$n=500$

Since the target population under study is less than 10.000 the required sample size will be smaller and will be estimated as follows;

Where N is the total population=500. (Only half of the population will be studied due to lack of adequate funds, limited time and in order to minimize errors when a big population is studied).

$nf = 500$

$1 + (500/125)$

$n = 40.0$

$nf= 40$. Hence, the sample size was 40 respondents.

3.4.1 Sampling procedure

Due to the ready availability of respondents, the respondents for the study were selected by the use of simple random sampling procedure. In this procedure, the researcher wrote the 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. The box contained an equal number of 15 YES papers and 15 NO papers. Any respondent who picked a paper with the word YES written on it were requested to participate in the study. This continued until the total number of respondents to be interviewed per day was achieved.

3.4.2 Inclusion criteria

The study included only adolescents aged between 12 – 20 years and residing in Mayengo Parish, Kamuganguzi Sub County, Kabale District who were available in the parish during the data collection days and had voluntarily consented to participate in the study.

3.5 Definition of Variables

The independent variables for the study included:

Knowledge of adolescents about effective condom use

Attitude affecting effective condom use

Practices affecting effective condom use

The dependent variables for the study included:

Effective condom use among adolescents

3.6 Research Instruments

The researcher collected data from the respondents using a questionnaire which was developed and pre-tested before the study. It had both closed and open-ended questions and was written in English. This tool was selected because the study population was literate and able to read, write and understand English.

3.7 Data Collection Procedure

The researcher administered the questionnaires to respondents from their various homesteads in Mayengo Parish, Kamuganguzi Sub County or any other suitable, safe and convenient place within the village. This helped improve and maintain privacy and confidentiality. Data was collected for 3 days and depending on the availability of respondents, the researcher interviewed at least 10 respondents per day.

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.

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 the Local Council administration of Mayengo Parish and seeking permission to carry out the study. After permission was granted, the local council chairperson introduced the researcher to the respondents. The study only commenced after the objectives of the study had been clearly and well explained to participants and they had understood and voluntarily consented to participate in the study. Respondents were assured of maximum confidentiality of all the information given and numbers were used instead of respondents' names.

3.9 Limitation 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 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 course works. The researcher overcame these limitations by considering only priorities.

3.10 Dissemination of results

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

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

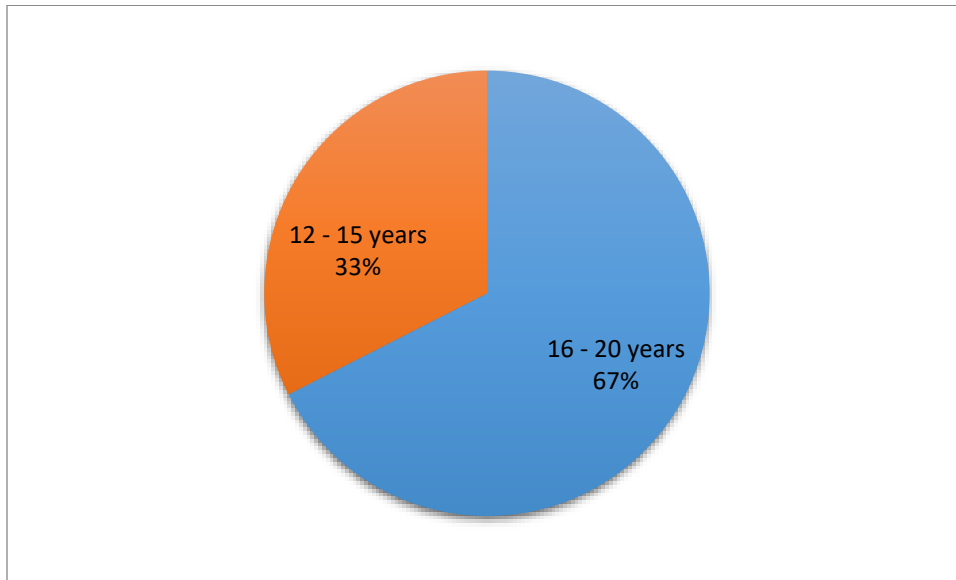
4.1 Introduction

This chapter presented results from respondents. The researcher gathered data from interview guides. The findings were analyzed and presented in form of tables, figures and graphs where frequency and percentages were used. The study interviewed a sample of 40 respondents.

4.2 Demographic and Social Characteristics

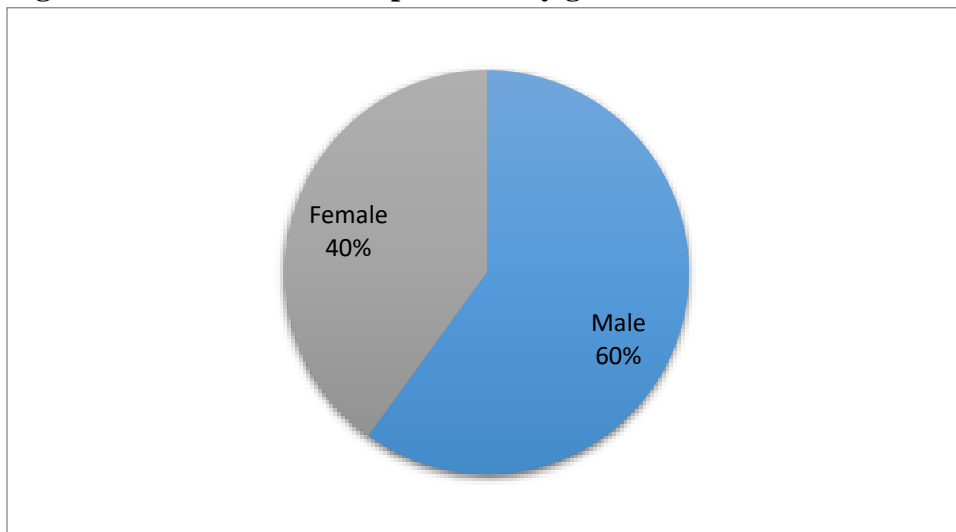
The interview guide included questions on demographic and social characteristics such as age, gender, marital status, level of education and occupation. This information was assessed to determine its relationship with the KAP affecting effective use of condoms among adolescents of Mayengo Parish, Kamuganguzi Sub County, Kabale District. The results were presented as follows.

Figure 1: Distribution of respondents by age **n=40**



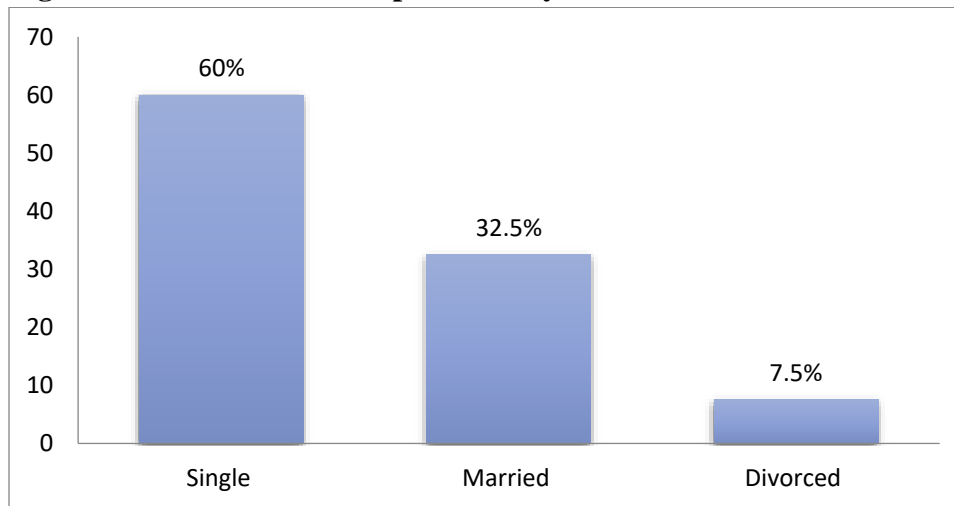
The majority of respondents 27 (67%) were in the age range of 16 – 20 years while the least 13 (33%) were in the age range of 12 – 15 years.

Figure 2: Distribution of respondents by gender **n=40**



The majority of respondents 24 (60%) were male while the least 16 (40%) were female.

Figure 3: Distribution of respondents by marital status **n=40**



Most respondents 24 (60%) were single, followed by 13 (32.5%) who were married while the least 3 (7.5%) were divorced.

Table 1: Distribution of respondents by level of education **n=40**

Level of education	Frequency	Percentage (%)
Primary level	6	15
Secondary level	22	55
Tertiary level	12	30
Total	40	100

More than half of the respondents 22 (55%) had attained secondary level education, followed by 12 (30%) who had attained tertiary level education while the least 6 (15%) had attained primary level education. Most respondents 30 (75%) were self-employed while the least 10 (25%) were house wives.

4.3 Knowledge of adolescents about effective condom use

Table 2: Social demographic characteristics.

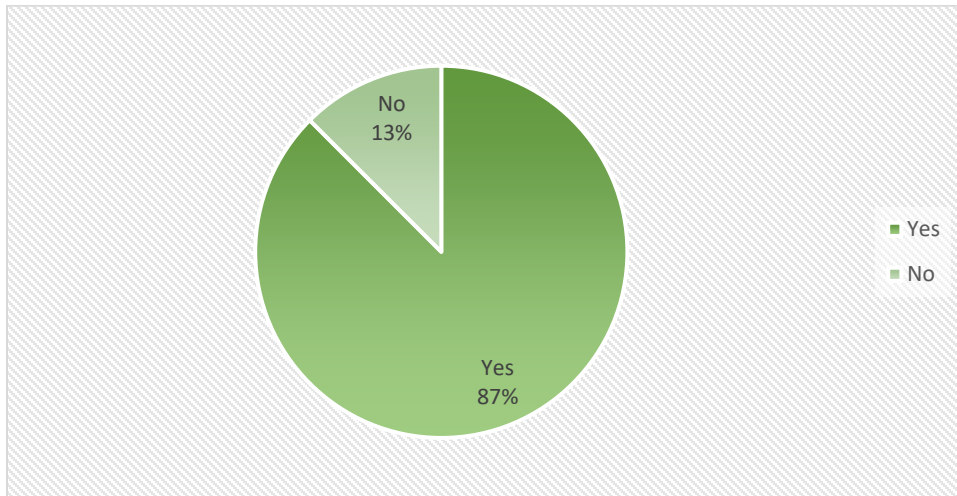
	Responses	Frequency	Percentage (%)
Distribution of respondents who were currently involved in a sexual relationship	Currently involved	40	100
	Not involved	0	0
Distribution of respondents who knew any safe sex practices	I know	37	92.5
	I don't know	3	7.5
Whether respondents knew how to effectively use condoms	I know	34	85
	I don't know	6	15

All the respondents 40 (100%) were currently involved in a sexual relationship.

The majority of respondents 37 (92.5%) knew about the safe sex practices while the least 3 (7.5%) did not know.

The majority of respondents 34 (85%) knew how to effectively use condoms while the least 6 (15%) did not know.

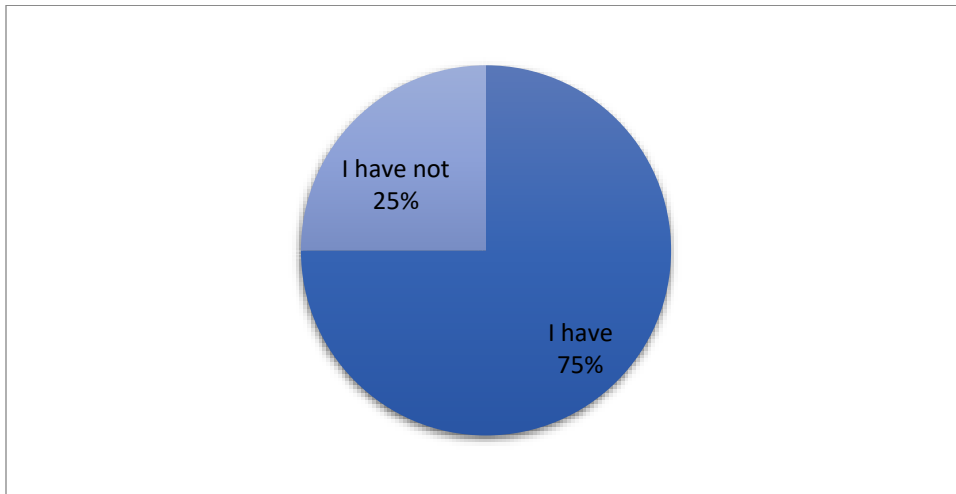
**Figure 4: Whether not knowing about effective condoms use made you to have live sex
n=40**



The majority of respondents 35 (87%) agreed that not knowing about effective condom use had made them have live sex while the least 5 (13%) disagreed.

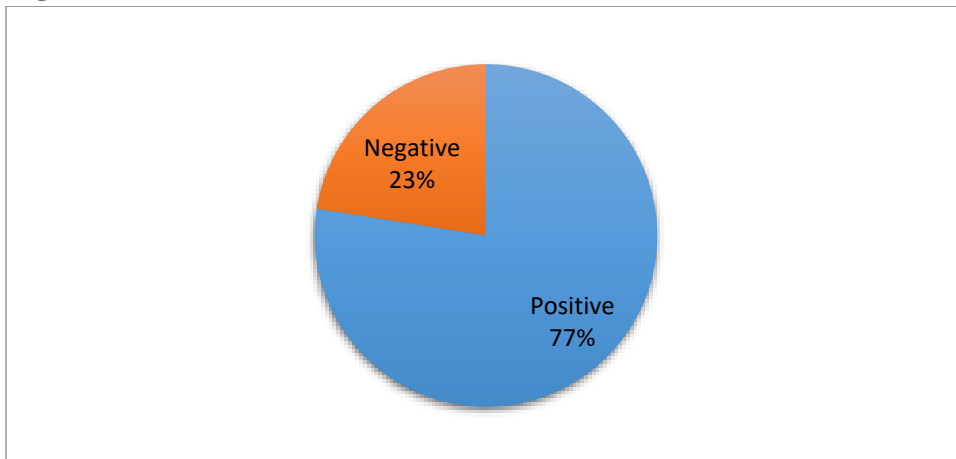
4.4 Attitude affecting effective use of condoms

Figure 5: Distribution of respondents who had ever had unsafe sex n=40



The majority of respondents 30 (75%) had ever had unsafe sex while the least 10 (25%) had never had unsafe sex.

Figure 6: Attitudes towards the use of condoms n=40



Most respondents 31 (77%) had positive attitudes towards the use of condoms while the least 9 (23%) had negative attitudes.

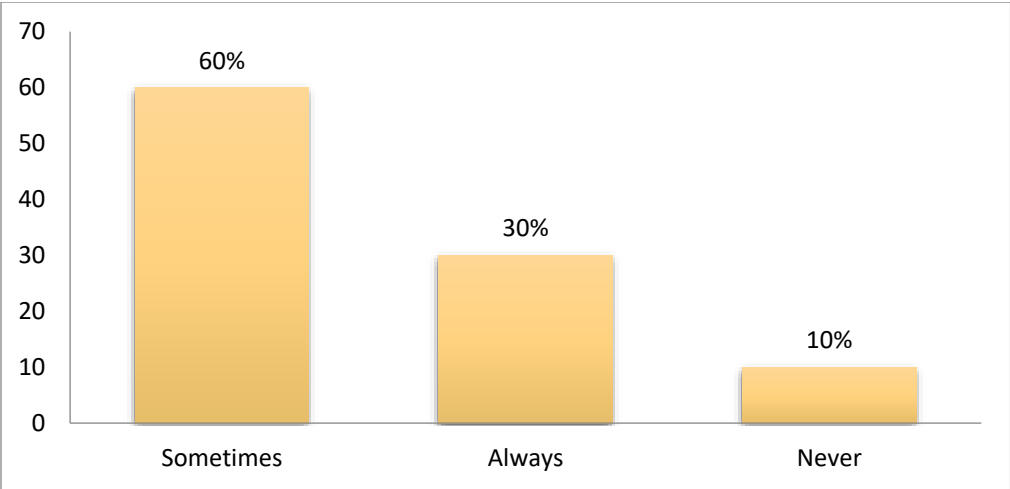
Table 5: Reasons why youth don't use condoms n=40

Reasons	Frequency	Percentage (%)
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To show love to their partners	8	20
To know how it feels	10	25
It promotes promiscuity	5	12.5
Condom use promotes mistrust	7	17.5
I am forced to have unprotected sex	3	7.5
I wanted to be like my friends	5	12.5
Unavailability of condoms	2	5
Total	40	100

A total of 10 (25%) respondents said youth did not use condoms because they wanted to know how sex without a condom felt, followed by 8 (20%) who wanted to show love to their partners, 7 (17.5%) said condom use promoted mistrust, 5 (12.5%) said condom use promoted promiscuity and they also wanted to be like their friends respectively, 3 (7.5%) said they were forced to have unprotected sex while the least 2 (5%) mentioned unavailability of condoms.

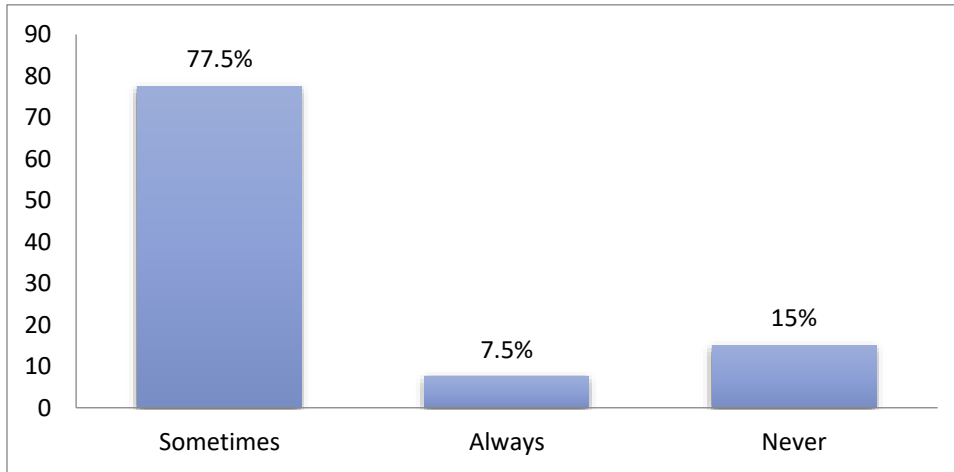
Figure 7: Whether respondents always used condoms while playing sex n=40



The majority of respondents 24 (60%) sometimes used condoms while playing sex, followed by 12 (30%) always used condoms while the least 4 (10%) never used condoms while playing sex.

The respondents who did not use condoms 28 (100%) reported that they wanted to know how live sex felt like and also wanted to show love to their partners.

Figure 8: Whether cross generational sexual relationships were common in the area n=40



The majority of respondents 31 (77.5%) said cross generational sexual relationships were sometimes common in their area, followed by 6 (15%) said these relationships were never common while the least 3 (7.5%) said the relationships were always common.

4.5 Practices affecting effective use of condoms

Table 6: Whether respondents felt shy to ask for condoms at the shop/hospital n=40

Responses	Frequency	Percentage (%)
Sometimes	13	32.5
Always	25	62.5
Never	2	5
Total	40	100

Most respondents 25 (62.5%) always felt shy to ask for condoms at the shop/hospital, followed by 13 (32.5%) who sometimes felt shy to ask for condoms while the least 2 (5%) never felt shy.

Table 7: Reasons why respondents felt shy to ask for condoms at the shop/hospital n=40

Reasons	Frequency	Percentage (%)
It's shameful yet am not married	6	15
Most shopkeepers are people from my vicinity	9	22.5
Because of the fear of elders	15	37.5
I don't want people to know that am going to have sex.	10	25
Total	40	100

Most respondents 15 (37.5%) felt shy to ask for condoms at the shop/hospital because they feared elders, followed by 10 (25%) who did not want people to know they were going to have sex, 9 (22.5%) said the shop keepers were people from their vicinity while the least 6 (15%) felt it was shameful yet they were not married.

Table: Social demographic characteristics.

	Responses	Frequency	Percentage (%)
Whether respondents intended to use protection the next time they had sex	Yes	32	80
	No	8	20
Whether respondents had ever been sensitized about the importance of using condoms	Yes	34	85
	No	6	15

Whether culture encouraged and motivated girls to negotiate for safe sex		35	88
		5	12
Whether religion supported use of condoms.	Yes	10	25
	No	30	75

The majority of respondents 32 (80%) intended to use protection the next time they had sex while the least 8 (20%) did not intend to use protection the next time they had sex.

The majority of respondents 34 (85%) had never been sensitized about the importance of using condoms while the least 6 (15%) had ever sensitized about the importance of using condoms.

The majority of respondents 35 (88%) said their culture did not encourage and motivate girls to negotiate for safe sex while the least 5 (12%) said their culture encouraged and motivated girls to negotiate for safe sex.

The majority of respondents 30 (75%) reported that their religion did not support the use of condoms while the least 10 (25%) said their religion supported the use of condoms.

CHAPTER FIVE
DISCUSSION, CONCLUSIONS, RECOMMENDATIONS AND NURSING
IMPLICATIONS

5.0 INTRODUCTION

This chapter presented the discussion of findings, conclusions and recommendations of the study which were obtained after data analysis. The discussion of findings has been arranged according to the research questions and it commences with the demographic and social characteristics.

Discussion of Findings

5.1.1 Demographic and Social Characteristics

The majority of respondents 27 (67%) were in the age range of 16 – 20 years while the least 13 (33%) were in the age range of 12 – 15 years (Figure 1). This showed that most respondents were still youth and as such were highly sexually active and required interventions such as sex education and efficient provision of condoms.

The majority of respondents 24 (60%) were male while the least 16 (40%) were female (Figure 2). This demonstrated that the study involved respondents of both genders as both were sexually active and would be in better position to respond to questions regarding the use of condoms.

Most respondents 24 (60%) were single, followed by 13 (32.5%) who were married while the least 3 (7.5%) were divorced (Figure 3). This showed that although most respondents were single, they were currently involved in sexual relationships and as such needed to possess adequate knowledge about safe sex practices.

More than half of the respondents 22 (55%) had attained secondary level education (Table 1). This showed that most respondents attained a fair level of education. However, at secondary level, they would be expected to be mature enough or expected to have ever heard of the risks of unsafe sex practices such as unwanted pregnancy as well as STIs/STDs.

Most respondents 18 (45%) were self-employed, followed by 9 (22.5%) who were students, 8 (20%) were civil servants while the least 5 (12.5%) were house wives (Figure 4). This showed that most respondents were involved in an income generating activity and this could potentially influence their ability to purchase and utilize condoms effectively.

5.1.2 Knowledge of youth about effective condom use

All the respondents 40 (100%) were currently involved in a sexual relationship . This study was in agreement with 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.

The majority of respondents 37 (92.5%) knew about the safe sex practices . This study was in line with Nyanzi et al, (2010) who 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.

The majority of respondents 34 (85%) knew how to effectively use condoms while the least 6 (15%) did not know . The respondents who knew 34 (85%) mentioned that they should first check the expiry date on the condom, then put it on an erect penis, play gently and remove it while the penis is still hard and dump in a pit latrine. This showed that respondents possessed some knowledge about the use of condoms. This study was contrary to 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.

The majority of respondents 35 (87%) agreed that not knowing about effective condom use had made them have live sex . This study was in line with 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.

5.1.3 Attitude affecting effective use of condoms

The majority of respondents 30 (75%) had ever had unsafe sex while the least 10 (25%) had never had unsafe sex . This demonstrated that many youth were highly exposed to the risk of unwanted pregnancy, STI/STDs and other consequences of unsafe sex. This study was in line with Nyanzi et al, (2010) who 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.

Most respondents 31 (77%) had positive attitudes towards the use of condoms while the least 9 (23%) had negative attitudes . The respondents who had positive attitudes towards the use of condoms 31 (100%) said the condoms helped protect them from getting sexually transmitted diseases and unwanted pregnancies while the respondents who had negative attitudes 9 (100%) mentioned that condom use delayed, the condom may remain inside and it reduced the amount of pleasure experienced during sex. This showed that most respondents were aware of the importance of condoms. This study was in agreement with Olowosegun et al, (2008) whose 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.

A total of 10 (25%) respondents said youth did not use condoms because they wanted to know how sex without a condom felt . This study was in line with 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.

A few respondents did not use condoms 8 (20%) because they wanted to show love to their partners . The present study was in line with Quigley et al, (2007) who 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 total of 7 (17.5%) respondents said condom use promoted mistrust . This study was in agreement with Mwakagile et al, (2012) who 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%).

Some respondents 5 (12.5%) said condom use promoted promiscuity and they also wanted to be like their friends respectively . This study was in agreement with 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.

A few respondents 3 (7.5%) said they were forced to have unprotected sex . This study was in agreement with Wood, Lambert and Jewkes (2010) who revealed in their study titled showing roughness in a beautiful way and talk about love, coercion, and rape in South African youth sexual culture that coerced or forced sexual intercourse and rape without the use of condoms was a normal and acceptable act among the youth 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.

The least respondents 2 (5%) mentioned unavailability of condoms . This study was supported by the study of 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.

The majority of respondents 24 (60%) sometimes used condoms while playing sex, followed by 12 (30%) always used condoms while the least 4 (10%) never used condoms while playing sex . The respondents who did not use condoms 28 (100%) reported that they wanted to know how live sex felt like and also wanted to show love to their partners. This showed that the overall use of condoms by respondents was poor and it highly exposed them to the risk of the various consequences of unsafe sex.

The majority of respondents 31 (77.5%) said cross generational sexual relationships were sometimes common in their area , which implied that many youth were highly exposed to the risk of the various consequences of unsafe sex as sugar daddies and sugar mummies always demanded

for live sex. This study was in line with 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.

5.1.4 Practices affecting effective use of condoms

Most respondents 25 (62.5%) always felt shy to ask for condoms at the shop/hospital, followed by 13 (32.5%) who sometimes felt shy to ask for condoms . Most respondents 15 (37.5%) felt shy to ask for condoms at the shop/hospital because they feared elders, followed by 10 (25%) who did not want people to know they were going to have sex, 9 (22.5%) said the shop keepers were people from their vicinity while the least 6 (15%) felt it was shameful yet they were not married . This study was in agreement with 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.

The majority of respondents 32 (80%) intended to use protection the next time they had sex . The respondents who intended to use condoms on next sex 32 (100%) said so because they wanted protection from unwanted pregnancy as well as STI/STD/HIV. This demonstrated that most respondents had good future intentions to use condoms.

The majority of respondents 34 (85%) had never been sensitized about the importance of using condoms . which implied that since most respondents had never been sensitized about condom use, they may continue to use unsafe sex practices.

The majority of respondents 35 (88%) said their culture did not encourage and motivate girls to negotiate for safe sex . This study was in line with 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.

The majority of respondents 30 (75%) reported that their religion did not support the use of condoms which could also limit the respondents' utilization of condoms. The current study was supported by Pacheco-Sánchez et al, (2007) who 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.

5.2 Conclusion

In conclusion, although all the respondents were knowledgeable and had ever heard of safe sex practices and correctly described the effective way of using condoms, all the respondents were sexually involved. The majority of respondents had a very early sexual debut and had ever had unprotected/live sex due to various reasons including curiosity and wanting to know how it felt like when having live sex, peer pressure or wanting be like their friends, non-availability of condoms among many other factors.

Most respondents faced various attitudes affecting effective use of condoms. The majority of respondents had ever had unsafe sex. Although most respondents had positive attitudes towards the use of condoms, a significant number had negative attitudes towards condom use and this was attributed to various reasons including wanting to know how sex without a condom felt, wanting to show love to their partners. However, others said condom use promoted mistrust and promiscuity while a few respondents were only forced to have unprotected sex. Furthermore, the issue of prevalent cross generational sexual relationships also significantly contributed to the unsafe sex practices in the area as sugar daddies and sugar mummies always demanded for live sex.

Respondents also faced practices affecting effective use of condoms. Most respondents always felt shy to ask for condoms at the shop/hospital and most reported that their cultures did not encourage and motivate girls to negotiate for safe sex which highly exposed girl children to the risk of unsafe sex practices as they were often required by culture to remain docile in these situations. Furthermore, most respondents reported that their religion did not support the use of condoms. However, despite the fact that most respondents had never been sensitized about the importance of using condoms, the majority of respondents intended to use protection the next time they had sex.

5.4 Recommendations

5.4.1 Recommendations to the Ministry of Health

The Ministry of Health should ensure that there are adequate nationwide sensitization programs on the dangers of unsafe sex as well as what they could do to ensure safe sex.

The Ministry of Health should ensure that all health centers offering adolescent sexual and reproductive health services are well facilitated and funded in order to offer effective and quality services.

They should ensure that the number of health centers offering adolescent friendly sexual and reproductive health services are increased such that services are brought within the reach of youth to improve utilization.

The Ministry of Health should ensure that protective gears such as condoms are provided free of charge to youth.

5.4.2 Recommendations for administrators of Mayengo Parish

Administrators of Mayengo Parish should work hand in hand with health workers in the community to ensure that youth receive adequate sensitization about the importance of practicing safe sex practices through community outreaches.

5.4.3 Recommendations for youth in Mayengo Parish

Youth in Mayengo Parish should ensure they avoid risky practices such as early sexual debut as well as concurrent involvement with multiple sexual partners as this further exposes them to risks of contracting numerous diseases and complications such as unwanted pregnancy, which lead to unsafe abortion.

They should ensure they receive sensitization and education about the importance of adolescent sexual and reproductive health services.

They should encourage and motivate their friends to make adequate use of adolescent sexual and reproductive health services provided which sensitize and health educate youth about the importance of safe sex practices.

They should improve their health seeking behavior and adequately access and utilize youth friendly sexual and reproductive health services.

5.5 Implications to Nursing Practice

The implications of these findings to the nursing practice include the following:

Health workers, especially those working or residing in Mayengo Parish, have an important role to play in the reduction and prevention of unsafe sex practices. They should take every opportunity to educate, sensitize and encourage youth to delay their sexual debut, make use of safe sex practices such as male and female condoms as well as making adequate use of youth friendly sexual and reproductive health services.

Health workers should endeavor to work with NGOs and other interested partners to ensure ready availability of condoms in the village.

Furthermore, health workers in the village should also practically demonstrate to youth the correct and effective way to use condoms.

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Appendix I: Consent Form

Introduction.

My name is **Niwahereza Alex**, a student at **Kampala International University, Western Campus**. I am carrying out a study to identify the “factors affecting effective use of condoms among adolescents of Mayengo Parish, Kamuganguzi Sub County, Kabale District”

Purpose of the study.

To find out the KAP affecting effective use of condoms among adolescents of Mayengo Parish, Kamuganguzi Sub County, Kabale District, 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: **Niwahereza Alex**

Signature..... Date.....

Appendix II: Questionnaire

My name is **Niwahereza Alex**, a student at **Kampala International University, Western Campus**. I am carrying out a study to identify the “factors affecting effective use of condoms among adolescents of Mayengo Parish, Kamuganguzi Sub County, Kabale District”. You have consented to participate in the study and the information you will give is very valuable and will be treated with maximum confidentiality.

Instructions

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. 12 – 15 years
- b. 16 – 20 years

2) Gender

- a. Male
- b. Female

3) Marital status

- a. Single
- b. Married
- c. Divorced

4) Level of education

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

5) Occupation

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

Section B: Knowledge of adolescents about effective condom use

6) Are you currently involved in a relationship?

a. Currently involved

b. Not involved

7) Do you know of any safe sex practices?

a. I know

b. I don't know

8) Do you know the effective use of condoms?

a. I know

b. I don't know

9) If yes, state the correct and consistent way of using condoms.....

.....

10) Do you think not knowing the effective use of condoms is what makes you to have live sex?.....

.....

.....

Section C: Socio-economic factors affecting effective use of condoms

11) Have you ever had unsafe sex?

a. I have

b. I have not

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

a. Positive

b. Negative

13) If positive, give reasons why?.....

.....

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

.....

15) Why do adolescents don't use condoms?

- a. To show love to their partners
- b. To know how it feels
- c. To show faith and commitment
- d. Condom use promotes mistrust
- e. I am forced to have unprotected sex
- f. I wanted to be like my friends
- g. Others (specify).....

16) Do you always use condoms while playing sex?

- a. Sometimes
- b. Always
- c. Never

17) If a or c, give reasons why?.....

18) Are cross generational sexual relationships common in your area?

- a. Sometimes
- b. Always
- c. Never

Section D: Socio-cultural factors affecting effective use of condoms

19) Do you feel shy to ask for condoms at the shop/hospital?

- a. Sometimes
- b. Always
- c. Never

20) If a or b, why?.....

21) Do you intend to use protection the next time you have sexual intercourse?

- a. Yes
- b. No

22) Have you ever been sensitized about the importance of using condoms during sex?

- a. Yes
- b. No

23) Does your culture encourage and motivate your friends, especially girls to negotiate for safe sex?

- a. Yes
- b. No

24) Does your religion support the use of condoms?

- a. Yes
- b. No

25) Mention any other two socio cultural factors that affect correct use of condoms

i.....

ii.....

Thanks for your participation

Appendix III: Introductory Letter

Office of the Dean - School of Nursing Sciences

TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: NIWAHEREZA ALEX - DNS/E/3183/153/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 PRACTICES AFFECTING EFFECTIVE USE OF CONDOMS AMONG ADOLESCENTS OF MAYENGO PARISH, KAMUGANGUZI SUB-COUNTY KABALE DISTRICT**

Any assistance rendered to him will be highly appreciated.

Thank you in advance for the positive response.

Nabaliisa Susan
RESEARCH COORDINATOR



Nshunguashya Nelson
Chairperson L.C. III
Katuna Town Council

"Exploring the Heights"

Appendix IV: Map of Uganda showing Kabale District



Appendix V: Map of Kabale showing Mayengo Parish