



**KAMPALA INTERNATIONAL UNIVERSITY -WESTERN CAMPUS**

**FACULTY OF CLINICAL MEDICINE AND DENTISTRY**

**PREVALENCE, AWARENESS AND CHALLENGES ASSOCIATED WITH  
CONDOM USE AMONG ENROLLED NURSING STUDENTS AT KAMPALA  
INTERNATIONAL UNIVERSITY -WESTERN CAMPUS**

**BY**

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**133 Series**

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**OCTOBER, 2018**

**DECLARATION**

1, **LUSWATA HEBERT** declare that this research is my original work and has not been submitted to any institution of higher learning for any award.

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## APPROVAL

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## **DEDICATION**

To my beloved parents Mutebi Richard and Ndagire Flavia, plus the entire Family for all the inspiration, both emotional and financial support in my career path.

## **ACKNOWLEDGEMENT**

I thank the Almighty God for His grace and love towards me. This work would not have been successful if it was not for His mercy to me.

My special acknowledgement goes to my supervisor Dr Esther Nakasagga, for the outstanding tireless dedicated time and guidance throughout all the stages of this report.

Without the positive criticism and assistance, constructive comments and corrections, the success of this report would have been impossible.

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Finally, I thank my entire family and my wife Nalongo Claire Luswata ,our twins Wasswa Evan Luswata and Kato Ethan Luswata for their understanding, patience and encouragement throughout the years of my training and this research project.

May the Almighty God richly bless you all

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## **LIST OF ACRONYMS / ABBREVIATIONS**

AIDS	:	Acquired Immunodeficiency Syndrome
HIV	:	Human Immunodeficiency Virus
ARRM	:	AIDS Risk Reduction Model
STDs	:	Sexually Transmitted Diseases
STIs	:	Sexually Transmitted Infections
MOH	:	Ministry of Health
UBOS	:	Uganda Bureau of Statistics
UNAIDS	:	United Nations Programme on HIV/AIDS
MSM	:	Male Sex with Male
ABC	:	Abstinence, Be Faithfull Condom
WHO	:	World Health Organisation
UAIS	:	Uganda Aids Indicator Survey
KIU	:	Kampala International University
KIU-WC	:	Kampala International University Western Campus
MDGs	:	Millennium Development Goals
CSWs	:	Commercial Sexual Workers

## ABSTRACT

**Background:** Sexually transmitted diseases (STDs) are highly prevalent in developing countries. They greatly increase the risk of Human Immunodeficiency Virus (HIV) transmission therefore, constituting a major public health problem. Over one billion people are affected by HIV/AIDS worldwide with a higher prevalence among the adolescents and the young adults. Most countries around the world have put in efforts to combat AIDS. One of the most common tools employed is the use of condoms. Correct condom-use in sexual relations has proven effective against STDs. Despite decades of condom-use awareness, gaps still remain in the way the public receives and makes use of the information. Condom use among the young adults in Uganda is declining and the government is unable to meet the demand that exists. These instabilities about condom use have tempted the researcher to investigate the prevalence, awareness and challenges of condom use among enrolled nursing students at KIU-WC.

**Aim:** This study therefore, sought to determine prevalence, awareness and challenges associated with the practice of condom use among enrolled nursing students of Kampala International University

**Methods:** A prospective university-based cross-sectional descriptive study of enrolled Nursing students aged between 18-25 years at KIU-WC from November to December 2017. Information about demographic data, the practice of condom use, access to condoms and challenges associated with condom use was collected and analyzed using Epi-data analysis software.

**Results:** Results from the study revealed that 62.7% of students were aged between 18-21 years. There was a high level of awareness about condom use among enrolled nursing students (88.2%) and that they understood the importance of using condoms (89.1%). Despite the knowledge of condom use, majority of the students were reluctant to use the condoms. The proportion of students that embraced using condoms upon their first sexual encounter was below average (42.6%). The commonest challenges of condom-use were; negative HIV status of partners with limited fear for other STIs, association of condom-use with commercial sex and the high cost of condoms among others.

**Conclusions:** Students at KIU-WC have adequate knowledge about condom-use. However, they are reluctant to use them appropriately. There are several challenges associated with condom-use. There is need for implementation of specified; focused; continuous health education on condom use practices and to increase the availability of free condoms to students.

## CHAPTER ONE

### 1.0 Background of the Study

#### 1.1 Introduction

Sexually transmitted diseases (STDs) are highly prevalent in the world. They greatly increase the risk of HIV transmission therefore, constituting a major public health problem (Harman, 2011). Acquired Immunodeficiency Syndrome (AIDS) is one of the world's most destructive epidemics, having taken 3.1 million lives in 2005, including 570 thousand children (Gary et al 2005).

The prevalence of Sexually Transmitted Infections (STIs) is observed to generally increase in most developing countries. According to 2014 UNAIDS report, over one billion people are affected by HIV/AIDS worldwide. Most countries around the world have put in efforts to combat AIDS. One of the most common tools that have aided the drop in the rate of infection is the use of condoms with 79% condom use among sexually active males aged between 15-24years in Namibia, 74% in Gabon (UNAIDS report, 2014) and 47% in Uganda (Kyrgyzstan campaign, 2014). Correct condom-use in all sexual relations has proven effective against STDs

STDs are more common in adolescents and youth, who display a higher prevalence of risk behaviors (MOH, 2011). The AIDS Indicator Survey (2011) shows that the average age for first sexual intercourse in Uganda is 17 for women and 18 for men. At this age, young people should have information about reproductive health options like correct condom-use. Despite decades of condom-use awareness, gaps still remain in the way the public receives and makes use of the information (Agardh A, 2012)

For over two decades, the condom has played a central role in Uganda's official HIV prevention strategy. However, the country has yet to get it right, with condom use declining and government unable to meet the demand that exists. ([http://health.go.ug/docs/UAIS\\_2011\\_report.pdf](http://health.go.ug/docs/UAIS_2011_report.pdf)). According to the 2011 AIDS Indicator Survey, among respondents aged 15-49 who were sexually active in the preceding 12 months, 17 percent of women and 34 percent of men were engaged in pre-marital sex. Of them, only 29 percent of women and 38 percent of men reported using condoms during their most recent high-risk sexual encounter. The above and many more instabilities about condom use have tempted the researcher to investigate prevalence, awareness and challenges of condom use among enrolled nursing students at KIU WC.

## **1.2 Statement of the Problem**

UNAIDS report in 2014 showed 47% condom-use prevalence with an increasing HIV prevalence in the previous 2 decades of Abstinence, Be faithful, Condom use (ABC) strategy. Studies targeting university students in Uganda have shown a higher risk of inconsistent condom use (EAC/EALP, 2013 and Agardh et al 2012). These studies also indicated a high prevalence of risky sexual behaviour among university students in East Africa. This erratic Condom use with risky behaviours among students who are presumed to be knowledgeable about STIs and condom use is one that needs to be investigated.

The average age group at which enrolled nursing students join KIU WC is 17-20 years. By this time, most Ugandan men and women have had their first sexual intercourse as reported by The AIDS Indicator Survey 2011. Ugandan study showed that 86.6% of students at KIU were sexually active higher than other universities and of these 40% had their first sex experience at University with the highest prevalence of cross-generational relationships among sexually active students (EAC IRC Repository,2010).

At KIU, these young adults are in a very delicate time of their lives mainly because they come from controlled and / or strict environments to a community with minimal supervision because they are considered mature. They interact with different categories of individuals including the working class and fellow students among which are medical students. The inferiority complex experienced, the financial and social demands in the new community exposes the students to risky behaviours willingly or unwillingly. Some of the behaviours observed include, having unprotected sex and prostitution, among others. It's not clear whether these students are using protection. This exposes them to STIs among other health problems.

Despite these observations, there is no data on prevalence, awareness and challenges of condom-use among KIU-WC students.

## **1.3 Justification of the Study**

This study provide baseline data on the prevalence, awareness and practice of condom utilization among nursing students at KIU-WC.The results of this study will help the university set up policies that safeguard students from the complications of unprotected sex, help students learn about the gaps in the protection of their health through safe sexual practices

## **1.4 Objectives of the Study**

### **1.4.1 General Objective**

To determine prevalence, awareness and challenges associated with the practice of condom use among enrolled nursing students of Kampala International University.

#### **1.42 Specific Objectives**

1. To determine the prevalence of condom use among enrolled nursing students at Kampala International University Western Campus
2. To assess the awareness levels of condom use among enrolled nursing students of Kampala International University Western Campus
3. To establish challenges associated with condom use among enrolled nursing students at Kampala International University Western Campus

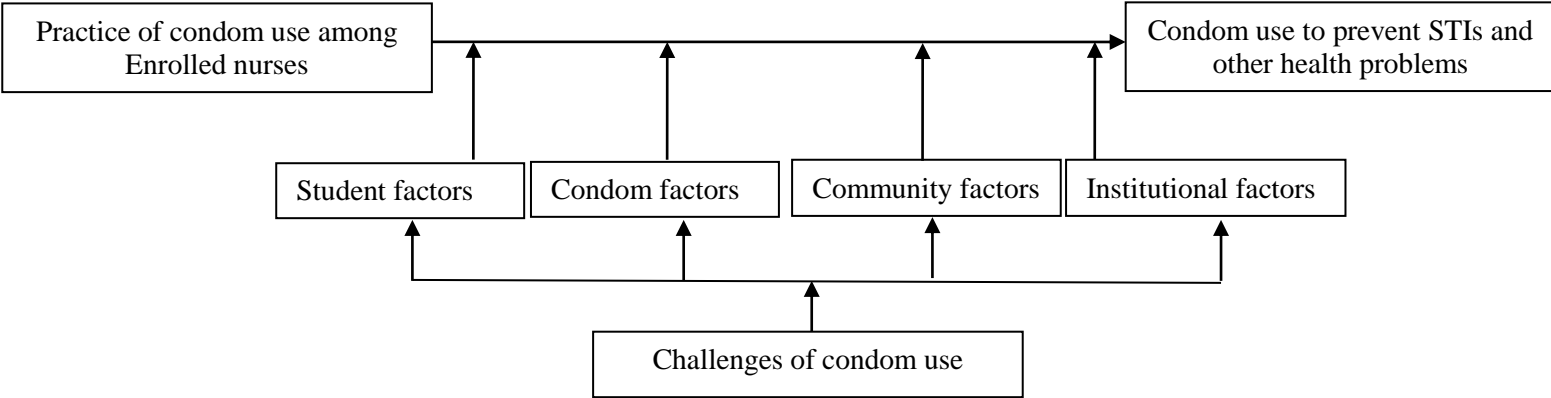
#### **1.5 Research Questions**

1. What is the prevalence of condom use among enrolled nursing students at Kampala International University Western Campus?
2. What are the awareness levels of condom use among enrolled nursing students of Kampala International University Western Campus?
3. What are the challenges associated with condom use among enrolled nursing students at Kampala International University Western Campus?

**CONCEPTUAL FRAME WORK**

**Problem**

**Dependent variable Outcome**



**Independent variables**

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter reviews literature related to the study. The literature presented was got from various sources which included text books, journals, newspapers and the internet

#### **2.1 Awareness of Condom Use**

##### **2.1.1 Condom Use Global View**

Condoms were shown to be over 90% effective in preventing pregnancy, the transmission of HIV and other sexually transmitted diseases (Stammers 2005:273). Several studies done among discordant couples who engaged in regular sexual activity support this finding (United States Department of Health and Human Services 2001; Weller and Davis 2003; Macaluso, Lawson, Hortin, Duerr, Hammond, Blackwell and Bloom 2003).

According to the Joint United Nations Programme on HIV and AIDS, (UNAIDS), knowledge of the effectiveness of condoms in preventing HIV transmission is high in most countries; however, many people still fail to use them consistently especially those who engage in high risk sexual practices. A survey commissioned by the united nations general assembly in 2007 and done in 64 countries, found high levels of knowledge related to condoms on average. However, on a differential analysis the level of knowledge in females was lower at 55% compared with the males at 70% (UNAIDS 2008:98).

##### **2.1.2 Knowledge about condoms in sub Saharan Africa**

Mufune (2005:676) reports that despite an intensified program to promote condom knowledge and use in Namibia, their acceptance and use remained low. According to UNAIDS (2008:98–99) knowledge of condoms is high in Namibia with rates over 60%. Bankole et al (2007:209-210) in a study of consistent and correct condom use among adolescents in four African countries (Malawi, Ghana, Burkina Faso and Uganda) found that those respondents who gave correct responses to questionnaire items were 50% and less in all the countries with a range from 26% to 50%. Questionnaires included items to test respondents' (adolescents') knowledge on how condoms should be worn, when they should be put on in relation to the sexual act and whether they could be used again. Knowledge on condoms depended on prior witnessing of demonstrations of their use and sex education sessions. In Somalia levels of knowledge related to condoms were quite low. Only 4% of

women in the ages 15-24 years and only 11% of adults knew the effectiveness of condoms in preventing HIV (UNAIDS 2008:98).

A study conducted in Kenyan schools revealed that majority 290 (75.1%) of the respondents had adequate knowledge while 24.9% were not knowledgeable about condom. The main sources of information on condoms were 198 (60.2%) school. Almost all 309 (89%) students knew that condom will prevent HIV/AIDS transmission. Most participants 259 (74.6%) knew that condom uses can prevent both pregnancy; STIs and HIV/AIDS; hepatitis-b virus. This is similar study reported in undergraduate students of public university in Kenya (Girma 2004, Nessdai 2011). 94.4% knew condom use prevents pregnancies and STIs which is similar with studies conducted in Mekelle city Ethiopia (Tadesse, 2013). But recent studies are slightly higher than the knowledge on condom uses to prevent pregnancies and STIs by 22.6 % from the study reported in Congo (Masoda, 2013). This might be related to the presences of HIV/AIDS clubs in the school.

In sub- Saharan Africa most people know about the condoms (Sohail, 2001), though Hart et al (1999) explain that its use is socially, culturally, and context bound. A study conducted in Tanzanian urban settings reports that there are underlying psychosocial barriers to condom use (Mnyika et al, 1995). It is also argued that non-use of condoms may be high even among the more educated sections in Africa (Peltzer 2001; Witte et al. 2003). This means that there is no relationship between condom use and the level of education.

In South African men and women of all ages are generally very aware of HIV, and almost all men (95%) and women (93%) have heard of AIDS, their knowledge about how to prevent HIV transmission is inadequate. A number of surveys have included questions on whether people know that using condoms in general, or more specifically, using a condom every time they have sex and limiting the number of sexual partners, can prevent transmission. The 2003 SADHS showed that most men (85.2%) but fewer women (71%) agreed that condoms reduce the risk of HIV infection (Beksinska 2012).

### **2.1.3 Knowledge of condoms in Uganda**

In a survey conducted on adolescent sexual and reproductive health in Uganda, it was revealed that knowledge of condoms was high among the surveyed youths under the age of 24 years and from rural areas. However only half of the respondents reported ever using a



condom. Morris, Wawera, Makumbi, Zavisca and Sewankambo (2000:737) report from Rakai District, a rural area in Uganda, that people who travelled regularly had a high level of knowledge and acceptance of condom use. This paper focused more on regular travellers and therefore little if any information was reported about the non regular travelling public.

It was reported in the 2001 demographic and health survey that there was a high level of knowledge among the respondents (over 80%), that condoms are a contraceptive device (UBOS and Macro 2001:51). Musinguzi, Kirungi, Opio, Madraa, Biryahwaho and Mulumba (2003:34) in their HIV surveillance across 56 Districts in Uganda report that by 2001 the level of knowledge of condoms was about 80% for men and 55% for females. This knowledge was high in people with a higher educational level and those who were residing in urban areas.

Ntozi et al (2003:113) found a good level of condom knowledge among adolescents using focus group sessions. The knowledge issues about condoms that came out of these discussions included checking for expiry dates on packs, using the condom only once, applying the condom on an erect penis, and checking if the condom does not have holes in it.

Bessinger, Katende and Gupta, (2003:17), reviewed data from surveys done in 1997 and 1999 in Uganda, on the role of mass media on the level of knowledge that condoms could protect against HIV and other sexually transmitted infections. They reported that those who got exposed to particular messages from the mass media about behaviour change had a high level of awareness that condoms could help in preventing sexually transmitted infections.

The Uganda Bureau of Statistics and Macro International (2007:193-195) reported that levels of condom knowledge among youths aged between 15 and 24 years to be above 70% overall for both sexes. However there are differences based on education, region and wealth index. Among the educated, those with a secondary level of education and more exhibited higher levels of knowledge. Opio et al (2008:324) reported an increase in condom knowledge among women from 65 to 68% over a four year period. This was especially evident in the rural areas. There was no change in knowledge levels among men however; the levels were higher in urban areas compared to rural areas.

Equipping youth with HIV/AIDS knowledge is a core element of most interventions or policies aimed at increasing condom use among youth. However, except for a few studies

(Anderson, 1990, Macdonald 1990), most research has shown a nonsignificant relationship or a weak relationship between greater HIV/AIDS knowledge and increased condom use (Zellner 2003). A meta-analysis also concluded that the effect of HIV/AIDS knowledge on condom use, though positive and significant, was small (Sheeran 1999). Thus, some researchers have argued that HIV/AIDS knowledge might be necessary but insufficient for changing condom use behavior (Morrison 1994).

The AIDS Risk Reduction Model (ARRM) was developed from existing social psychological models to characterize people's efforts to change their sexual behaviors related to HIV transmission. According to the ARRM, HIV/AIDS knowledge does not influence condom use behavior directly but through youth's cognitive process, such as in terms of perceived risk and intention to use condoms (Catania, 1990). This is in line with other widely used models or theories, including the health belief model. However, few studies have embodied this indirect relationship between knowledge and condom use through either their conceptual framework or statistical methods (DiClemente 1996, Maswanya 1999). Yet the few papers that are consistent with the ARRM indicate that there is a pathway from knowledge to condom use through attitudes and norms (Zellner 2003, Bachanas 2002).

The unmarried youth in this study with greater contraceptive knowledge tended to have significantly higher consciousness of contraception and condom use. This is consistent with other findings from China. A study of university students in eastern China reported that 95.1% of students chose contraception as the main purpose for condom use, a much higher percentage than chose HIV prevention (30.6%) or prevention of sexually transmitted diseases (41.3%) (Ma et al, 2009). Furthermore, though only a few studies have discussed both HIV/AIDS and contraceptive knowledge, pregnancy prevention motivation has shown medium to strong effect sizes on condom use compared to other influencing factors (Sheeran, 1999).

## **2.2 Prevalence of condom use**

Condoms have been and are an integral part of HIV preventive measures worldwide and many countries have designed programs that encourage people to use them (Versteeg and Murray 2008:84). Despite this concerted effort, many people don't use condoms consistently (UNAIDS 2008:110). Wong, Lubek, Dy, Pen, Kros and Chhit (2003:163) in an investigative study in Siam, and Cambodia found a low level (58.7%) of condom use by sex workers in

comparison to the neighbouring countries of Thailand and Singapore; this was despite an almost 100% knowledge of the incurability of HIV infection and presence of programs on condoms established by authorities for these sex workers. The low level of condom use was partly due to paying clients refusing to use condoms and emotional attachment to their non-paying clients (boy - friends).

Ma et al (2002) in a prospective cohort study on STD and condom use in Guangzhou, China, found that there was an increase in consistent condom use among female sex workers from 30% to 82% over a period of 18 months. This was because the program provided them with knowledge about the transmission of HIV and the role condoms play in reducing that transmission. This increase in consistent condom use led to a decreased incidence of sexually transmitted diseases by an average of 78% over the same period of time.

According to recent surveys, however, including the survey on which the current study was based, only about 57% to 59% of young men and 48% of young women report having used a condom during their most recent sexual intercourse (Shisana et al 2010).

Although these percentages are much higher than in the past, they are lower than what would be necessary to curb the HIV/AIDS epidemic among young adults 15 to 24 years old.

In school youth greater than 60% had ever had sexual intercourse and condom use are found to be less with noncommercial sex partner than with commercial partners among in the school youth and commercial sex in relatively high among sexual active groups (FMOH, 2006)

Statistics compiled by UNAIDS shows that Middle East and North Africa are equally affected with HIV like other parts of the world. The main mode of HIV transmission in these regions is unprotected sexual contact, although injecting drug is becoming an increasingly important factor (and is the predominant mode of infection in at least two countries, Iran and Libya). Since the main mode of HIV transmissions is unprotected sexual contacts then this predicts low condom use (UNAIDS, 2000).

In explaining condom use situation, Gyarmathy and others add that while rates of HIV and STD infection in Eastern Europe is increasing rapidly, little is known about sexual behavior, including condom use, among Eastern European youths (Gyarmathy et al., 2002). Whereas,

Mednick puts a similar sentiment that, in United States where condom availability is pervasive, only 58% of sexually active youth use condoms (Mednick, 2006).

Few countries have documented percentage of condom use for their sexually active population. In Uganda for example, it was estimated to be 11% by year 2000, in Namibia it is 8.9% (MOHSS, 2003). For most of Sub Saharan African countries, it is estimated to be less than 15% (Meekers et al 2004) one of the most common tools that have aided the drop in the rate of infection is the use of condoms. Some of the developing countries where the prevalence of condom use is high include. Namibia where, in 2014 UNAIDS reported a 79% condom use by sexually active males between 15-24 years old. In Gabon where Campaign for condom use is championed by NGOs and other health organizations. UNAID in 2014 reported 74% of sexually active youths using condoms. In Cameroon, there is no specific information regarding the number of condom use among the youths, but UNAIDS estimates indicate that 64% of those aged between 15-24 years used condoms in 2014.

Condom use at last sex is a key indicator for progress toward the Millennium Development Goal (MDG) for combating HIV/AIDS. Since 2002, three comprehensive HIV surveys have been conducted by the South African Human Sciences Research Council (HSRC). Across the 3 surveys - conducted in 2002, 2005 and 2008 -- condom use at last sex in youth (14–24 years) increased from 57.1% to 87.4% as reported by men, and 46.1% to 73.1% reported by women.<sup>6,20–21</sup> Amongst men in the 25–49 age group, rates more than doubled – from 26.7% to 56.4%. Women aged 25 to 49 years who had reported lower rates than men in 2002 and 2005 had made greater gains, with 58.1 % using a condom at last sex in 2008 compared to 19.7% in 2002

In three Durban tertiary institutions, condom use among students at last sex was high -- 75%, yet consistent condom use was reported by only 24% of males and 28% of females,<sup>31</sup> however, this was measured as always using condoms since first sexual intercourse. This pattern continues in most studies where high rates of condom use at last sex are accompanied by considerably lower rates of consistent use. In a national study among SA youth aged 15–24, 52% used a condom at last sex, while fewer (33%) reported inconsistent condom use

A survey of youths between the ages of 10-24 years titled Condom use amongst out of school youth in a local government area in Nigeria' revealed that those who had ever had sexual intercourse were 74.9%. Of these, 56.5% used no protection while 29.0% used condoms. Up

to 78.6% have had sex within the preceding 12 months with 38.9% condom use. The major reason they gave for not using condom is that it reduces sexual enjoyment.

### **2.3 Condom Use Challenges**

The meanings people subscribe to condoms influence its use or non-use. Despite the knowledge of AIDS being nearly universal among youth, rates of condom use remain low (Stat Compilier, 2002; UNAIDS, 2000; Longfield et al., 2004; Mnyika et al., 1995). Several reasons have been expressed as factors contributing to low condom use. For example, in Tanzania condoms have been said to lessen sexual pleasure, associated with CSWs, and their use shows a low degree of trustworthiness and promiscuity (Mnyika et al., 1995). These factors have been expressed by condom users in most parts of the world (Meekers et al., 2001; Bhattacharya, 2004; Mufune, 2004; Witte et al, 2003, Tersbol, 2002, Fox, 2002).

Philpson et al (2001) argued that low condom use in Africa is due to high cost which majority cannot afford. According to Mufune (2005), nowadays African countries are promoting condom use at no cost through government /public health system and the social market at very low cost, yet consistence of condom use remains low. Other scholars contend that the issue of inability to buy condoms is not expected to be the case with fishermen and women as compared to farmers, fishermen and women access cash daily (Allison, 2004; Karukuza and Bob, 2005; Thaxton, 2005).

In study to correlate HIV positive youth and condom use in Nigeria, Nineteen percent of the respondents had different degree of difficulty in discussing condom use with their partners. Major reasons for this were: partners felt condom is unnecessary in stable relationship (45.7%), non-disclosure of HIV status (14.3%), suspicion of spousal infidelity (2.9%), and fear for possible negative reaction with their partner (27.1%). Respondents who are married are more likely to discuss condom use freely with their partners. About 28.4% had partners who refused condom use. Reasons for refusing condom use includes: reduction in sexual pleasure when condom is used (52.5%), no need for condom use in stable marital relationship (35.6%), pregnancy desire (5.1%) and preventing the suspicion of infidelity from their partners (Oladele David Ayoola, 2014).

The consistent condom use of 48.8% among HIV positive individuals is associated with previous condom use, male gender, lower educational status and knowledge of partner HIV status. Major reasons for nonuse of condom in this study were the belief that condom use

reduces sexual pleasure, poor knowledge of the importance in condom use even in HIV positives individuals and the desire for childbearing (Oladele David Ayoola, 2014).

In Kenya, it was found that people aged above 35 years did not use condoms when having sex with young girls. This is due to their misconceptions that young girls were at low risk of HIV and STIs. On the other hand, young girls lacked power to negotiate on condom use for safe sex. This was associated with fear to lose their relationship with old men who provided them with cash (Longfield et al, 2004). In other words, old men were girls' source of income.

In SA Access to condoms and non-barrier contraception is mandated to be a reproductive health right for children aged 12 and older. 18 Schools present the ideal venue for HIV and pregnancy prevention interventions, including education and access to condoms. The South African Department of Education (DOE) allows individual schools to decide whether condoms should be distributed and how; however, few schools have taken up the opportunity to provide condoms, due to concern that such access will encourage sexual activity. This limits condom access to a group who urgently need good HIV prevention options (Han, 2009).

Few studies undertaken in the last two decades in South Africa have investigated male condom acceptability, with most studies on male condoms focusing on use and predictors of use. In the early 1990s, a study among high school students in KwaZulu-Natal reported that condoms were disliked because they reduced sexual pleasure, called into question partners' fidelity, and challenged notions of masculinity. This study also raised the stigmatization of condoms, as they were seen to be linked to STIs (Abdool, 1992) As the HIV pandemic escalated in SA, the need for condom use has become more acceptable, and has been described as 'normative' in a study among higher education students (Maharaj 2006).

According to available literature it is not known why a section of the community equipped with knowledge of HIV/STIs prevention and practice don't use such preventive methods. Many health personnel for example doctors, public health officers, laboratory technicians e.t.c still get infected with HIV and other STIs and even get pregnant accidentally. It is this reason that tempted the researcher to investigate the awareness, prevalence and practice of condom use among nursing students at Kampala International University western Campus.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter presents the methodology that was used during the study. This includes the research design, study area, study population and size. Data sources and methodology of collection. Lastly it describes how data was analyzed and the constraints, which were encountered during the study

#### **3.1 Study design**

The study employed a cross sectional descriptive study design, quantitative in nature.

#### **3.2 Study Area**

The study was conducted at Kampala International University Western Campus. This Campus is located in Ishaka town with in Bushenyi district Western Uganda, approximately 330 kilometers by road south west of Kampala. The coordinates of Kampala International's Western Campus are 0<sup>0</sup>32'19.0"S 30<sup>0</sup>08'440.0E. It offers health science courses and has an enrollment of over 5000 students from Uganda, Kenya, Tanzania, South Sudan, and Rwanda.

This study focused on prevalence, awareness and challenges of Condom use among enrolled Nursing students at KIU-WC. Those aged between 18-25 years were recruited to participate.

#### **3.3 Study population**

The study involved enrolled Nursing students at Kampala International University aged between 18-25 years at the time of data collection.

##### **3.3.1 Inclusion criteria**

Enrolled nursing students at KIU that consented to participate in the study.

##### **3.3.2 Exclusion Criteria**

Students who are not enrolled for Nursing at Kampala International University

This study was conducted between November and December 2017. All enrolled nursing students who were at Campus at the time of data collection were legible to participate. Those who consented were interviewed.

### 3.4 Sample Size

The appropriate sample size was determined using Kish Leslie formula below;

$$n = \frac{Z^2 \times P(1-P)}{d^2}$$

November and December;

n= sample size

Z=standard normal deviant at 95% confidence interval

P=percentage of KIU sexually active students (86%)

d=acceptable error (confidence level)

Z =1.96

P =86% =0.86 (According to EAC IRC Repository, 2010, 86% of the students at KIU were sexually active in the preceding 12 months).

d =0.05

$$n = \frac{1.96^2 \times 0.86(1-0.86)}{0.05^2} = \frac{3.8416 \times 0.1204}{0.0025} = \frac{0.46253}{0.0025} = 185$$

Therefore, the sample size was 185 respondents. According to Roscoe cited by Sekaran (2003), a sample size larger than 30 and less than 500 is appropriate for most studies

### 3.5 Sampling procedure

The study adopted convenience random sampling procedure. Whereby all students enrolled for Nursing were requested to participate. On reaching the Lecture rooms where students attend their lectures, the researcher first sought permission from lecturers. The researcher then selected any student and explain the intention of the study. Those who were willing to participate were interviewed and the researcher recorded their responses in the structured questionnaire.



### **3.6 Study variables**

#### **3.6.1 Dependent variable**

- Condom use as a preventive measure for STIs and contraception

#### **3.6.2 Independent variables**

- i) Challenges of condom use practice among nursing students at KIU
- ii) Awareness of condom use.
- iii) Prevalence of Condom use among nursing students

### **3.7 Data collection tool**

Data was collected using Interviewer- administered semi-structured questionnaires.

#### **Data collection**

The researcher interviewed the participants. The researcher introduced himself to University Administration and after sought permission from Lecturers in class at that moment. He then explained and sought consent from the participants before interviewing them. The responses for those who consented were then recorded in the questionnaires.

### **3.8 Quality Control**

#### **3.8.1 Pre-Testing of Questions**

Questions were pre-tested a week before data collection on 10 students studying at Kampala International University. This was done to ensure that the questions are correct. The designed information and changes were made.

### **3.9 Data Management and Analysis**

After interviewing each participant, the researcher cross checked questions for completeness. The data was coded before being entered in the data analysis sheet which was kept on password protected computers.

The researcher then entered data using Epi-data and analyzed it using Epi-data analysis. After analysis, data was presented in form of descriptive statistics where frequency tables, graphs and pie charts were derived and used to explain the findings.

### **3.10 Ethical considerations**

1. The topic was selected and presented for approval to Kampala International University Research Committee.
2. The proposal was developed under supervision and submitted for approval to KIU Research Committee.
3. A letter of introduction was sought from KIU-WC Research Committee.
4. Permission was sought from Head of Department for Nursing at KIU
5. Consent was sought from the Enrolled Nursing students before enrollment to participate in the study

### **3.11 Limitations**

- The study was incapacitated by lack of funds since the researcher is a student but funds were solicited from family and friends to make this work a success.
- Some respondents were reluctant to give such confidential information about themselves, since they consider condom use as a private practice however upon assurance of confidentiality by the researcher, they cooperated.

## CHAPTER FOUR

### PRESENTATION OF FINDINGS

#### 4.1 Introduction

The results presented are of 185 respondents who consented to participate. The findings are presented in form of frequency tables, figures and charts. Percentages are used to interpret the findings. The chapter therefore, provides the basis upon which meaningful conclusions were drawn.

#### 4.2 Social Demographic Characteristics of the respondents

Table 1 shows the distribution of participants by their age, marital status, religious affiliation, academic year of study and course enrolled for at university. The findings are summarized in table 1 below;

**Table 1: Distribution of respondents by their social demographic characteristics**

<b>Age group</b>	<b>Frequency</b>	<b>Percentage</b>
18-21	116	62.69
22-25	36	19.40
26-29	19	10.45
30+	14	7.46
<b>Marital status</b>		
Single	144	77.9
Married	41	22.1
<b>Religious affiliation</b>		
Protestant	65	35.3
Catholic	44	23.5
Moslem	27	14.7
Others	49	26.5
<b>Year of study</b>		
First year	103	55.9
Second Year	49	26.5
Third Year	33	17.6
<b>Course enrolled for</b>		
Certificate in General Nursing	139	75.0
Certificate in Midwifery	46	25.2

*Source: Field data 2018*

Findings from table 1 indicate that majority (62.69%) of the respondents were 18-21 years old, followed by 19.4 percent who were 22-25 years with a mean age of 22.6.

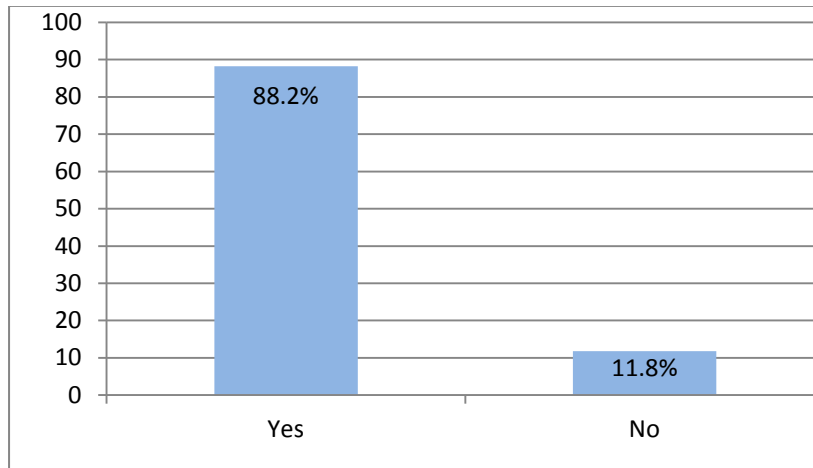
A large proportion (77.9 %) were not married. Majority (58.5%) were Christians, 14.7 % were Muslims while 26.5% belonged to other religious affiliations.

Majority of the participants were in their first and second academic years of study (55.9 and 26.5 percent). Further majority (75.0 percent) of the participants were enrolled for a certificate in general nursing against 25% who were enrolled for Midwifery.

### 4.3 Awareness about Condom Use

In this study the knowledge of students about condoms and condom use was revealed. Results are summarized in preceding tables;

**Figure 1: Showing respondents who have heard about condoms**



*Source: Field data 2018*

Findings from figure 1 indicate that a large proportion (88.2 percent) of the respondents had heard about a condom, only 11.8% indicated that they never heard of a condom before. Having established that a significant proportion had heard about the condom, this study further asked respondents to describe what a condom is. Findings are summarized in the table below;

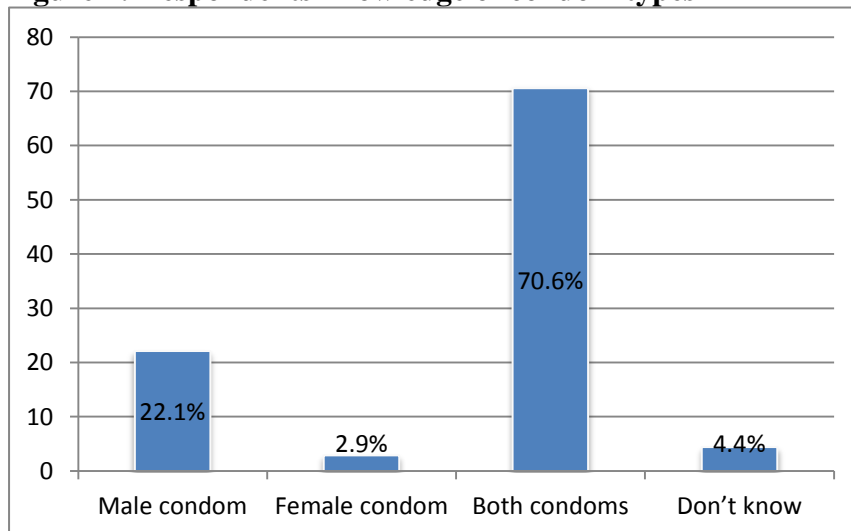
**Table 2: Distribution of respondents by their description knowledge of a condom**

Definition of a condom	Frequency	Percent
A family planning method	3	1.5
A life saving equipment	3	1.5
Protective gear for STIs during Coitus	106	57.3
Hollow elastic tubes	3	1.5
Lubricated smooth elastic rubbers	6	3.1
Rubber like polythene for protections against STIs	14	7.3
Tube like structure worn during Coitus	6	3.4
No response	45	24.5

*Source: Field data 2018*

Results from table 2 show that majority (57.3%) of the respondents described a condom as a protective gear for STIs during coitus, 7.3 percent called it a rubber like polythene for protection against STIs, 3.4% described a condom as a tube-like structure worn during coitus while 3.1% called it is a lubricated smooth elastic rubber. Having established description options, we further established the respondents' knowledge of condom types as shown in figure 2 below;

**Figure 2: Respondents knowledge of condom types**



*Source: Field data 2018*

Results from figure 2 above indicate that majority (70.6%) of the respondents knew about both the female and male condoms. 22.1% knew only of the male condoms while only 2.9% knew only of the female condoms. 4.4% of the respondents didn't know either of the condoms. Generally, the 95.6% of the students knew at least of one condom type.

Availability and access to condoms is an important determinant of sexual and reproductive health among sexually active population, and likelihood of condom use in populations with frequent non-committed relationships like at a university. There is wide variability in access to condoms in different populations. It was therefore important to understand the dynamics of condom availability at KIU. This section presents findings on availability and access to condoms among university students. Results are summarized in preceding tables;

**Table 3: Showing respondents’ awareness of condom sources**

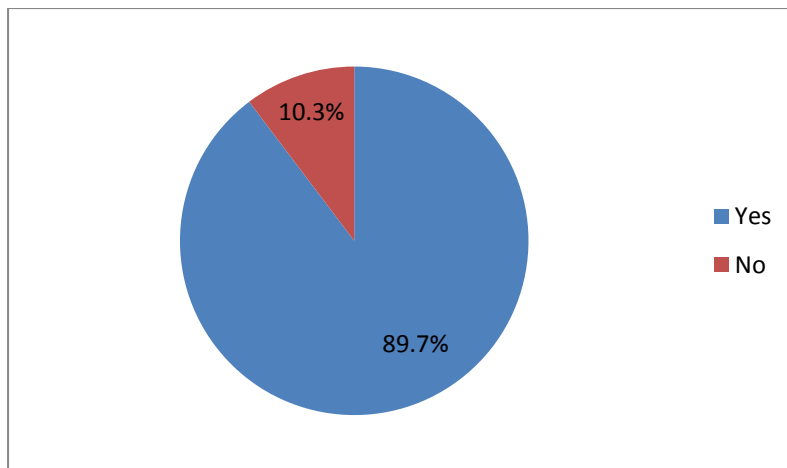
Awareness of Condom Source	Frequency	Percent
Yes	158	85.3
No	27	14.7
Total	185	100

*Source: Field data 2018*

Findings from table 3 show that most of the respondents (85.3%) had an idea of where to obtain a condom when needed while a few (14.7%) did not know where to acquire one.

Students who were aware of condom sources were further asked whether they were able to access the condoms Findings of the 158 respondents are summarized in figure 3 below;

**Figure 3: Pie chart showing respondents knowledge of condom sources at KIU**



*Source: Field data 2018*

Results from table 5 above show that almost all (89.7 percent) respondents knew where to obtain a condom around campus. Only 10.3% were not aware of places to obtain a condom.

Further in this study the respondents were asked to mention known places to obtain condoms in and around campus. Their responses are summarized below;

**Table 4: Known places for obtaining Condoms**

<b>Known places for obtaining condoms</b>	<b>Frequency( N=158)</b>	<b>Percentage</b>
Shop	18	26.5
Pharmacy	37	54.4
Market	6	8.8
Clinic	36	52.9
Hospital	57	83.8
Professional	31	45.6
Hotel	8	11.8
Canteen	7	10.3

*Source: Field data 2018*

Results from table 4 indicate that majority (83.8%) mentioned hospitals as the source of condoms. 54.4percent mentioned pharmacies while 52.9 % mentioned clinics. Other mentioned places included health professionals (45.6%), shops (26.5%) and hotels at 11.8%.

**Table 5: Showing Percentage Proportion of Respondents' knowledge of correct condom use**

<b>Response</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Prevent HIV transmission	28.8	57.6	10.6	3
Prevent sexually transmitted infections	34.8	50	10.6	4.5
Prevent pregnancy	47	42.4	7.6	3
Reduce people's chances of getting the HIV virus	50.8	40	6.2	3.1
Can be stored and used after 10 years	1.5	3	30.3	65.2
Can be used more than once	53	7.6	12.1	27.3
Have ever attended a condom demonstration session	34.4	23.4	21.9	20.3
Have holes in them that allow HIV to Pass through	6.1	25.8	40.9	27.3
Can not disappear in a woman's vagina	12.7	23.8	28.6	34.9
Have worms in them that result into rashes	14.3	22.2	28.6	34.9
HIV Virus cannot pass through a condom	24.2	40.3	19.4	16.1

*Source: Field data 2018*

Findings from table 5 above show that a large proportion (89.1 %) of respondents knew that condoms prevent HIV transmission. Majority (84.8% and 87.4 %) agreed that condoms prevent STIs and prevent pregnancy respectively.

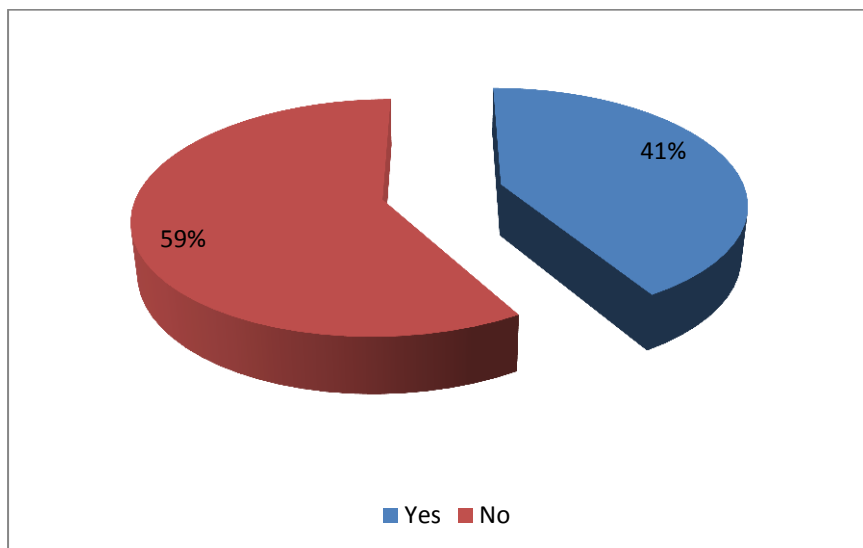
Further, results from table 5 indicate that almost all (95.8 percent) disagreed that condoms can be stored for over 10 years. Majority (60.6%) of the respondents agreed that a condom can be used more than once. Surprisingly, majority (60.6%) of the respondents agreed that a condom can be used more than once.

In addition, results show that majority (57.8 %) had ever attended a condom demonstration session, 68.1% did not agree that condoms have holes that allow the virus to pass through, 63.5% disagreed that a condom can disappear in a woman’s vagina. In addition, results show that majority (57.8 %) had ever attended a condom demonstration session, 68.1% did not agree that condoms have holes that allow the HIV virus to pass through. 63% disagreed that a condom can disappear in a woman’s vagina.

#### 4.4 Practice of Condom Use

Condoms are the only means of prevention of HIV by sexual transmission for persons who practice sex. In this study, we established condom practices among students and their responses. Results are summarized in preceding figures and tables;

**Figure 4: Showing respondents’ knowledge on whether a condom reduces sexual pleasure**



*Source: Field data 2018*

Results from the figure 4 above, indicate that 58.5 percent of respondents believed that condoms reduce sexual pleasure while a significant 41.5% believed the condom does not reduce sexual pleasure.

**Table 6: Action up on Partner’s failure to use a condom**

Action towards failure to use a condom	Frequency	Percentage
Practice without Condom	138	74.6
Stop sexual intercourse	44	23.9
Try convincing partner to use a condom	3	1.5
<b>Total</b>	<b>185</b>	<b>100</b>

*Source: Field data 2018*



Results from table 6 above indicate that the majority (74.6%) of the respondents would practice sexual intercourse when their partner failed to use a condom. Only 23.9 percent mentioned that they would boldly stop sexual intercourse while 1.5% would try convincing their partner to use a condom. In this study, despite the knowledge of condom, majority of students were likely not to use it.

**Table 7 Showing Percentage Response of Students’ Perceptions on Condom use practices**

Response	Strongly Agree	Agree	Disagree	Strongly Disagree	
I have never used a condom	29.4	22.1	19.1	26.5	2.9
I always use a condom during sex	19.1	25	26.5	26.5	2.9
My partner uses a condom during sex	19.1	32.4	14.7	26.5	7.4
A condom does not give sexual pleasure	42.6	29.4	8.8	16.2	2.9
I am able to get a condom when I need one	42.6	35.3	14.7	4.4	2.9
I can show a friend proper condom use	35.3	33.8	13.2	14.7	2.9
It should not be put on when the penis is not erect	57.4	22.1	7.4	10.3	2.9
It can be used more than once	4.4	13.2	17.6	58.8	5.9
I don’t use a condom because i trust my spouse	13.2	25	26.5	32.4	2.9
I know how to use a condom correctly	23.5	39.7	16.2	17.6	2.9
I can apply jelly on a condom to boost lubrication	5.9	7.4	23.5	58.8	4.4

*Source: Field data 2018*

Findings from table 7 above table show that 51.5% agreed to have never used a condom, 44.1 percent agreed that they always use condoms during sex. Another 51.5% revealed that their partners use condoms.

Further a significant 77.9% revealed that they are able to get a condom when they needed one and 69.1% agreed that they are able to demonstrate to a friend proper use of a condom.

Also, results show that 79.5 percent agreed that a condom should be put on an erect penis, and a closer percentage (76.4%) disagreed that a condom can be used more than once.

Results also show that majority (58.9%) of the respondents disagreed that they didn’t use condoms because they trust their spouses.

A significant proportion (63.2%) of the respondents agreed that they knew how to use condoms correctly while 36.8% did not know how to use a condom.

**Table 8: Showing Respondents who had Discussions about condom**

Ever had a condom discussion	Frequency	Percentage
Yes	139	75

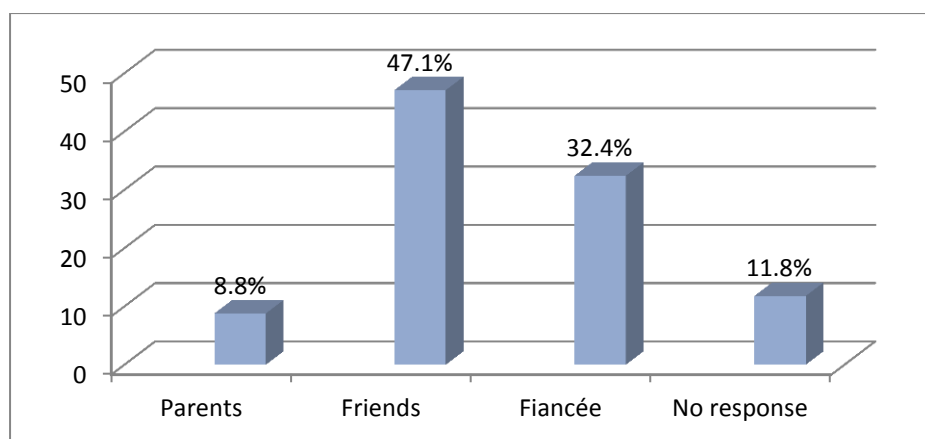
No	38	20.6
No response	8	4.4
<b>Total</b>	<b>185</b>	<b>100</b>

*Source: Field data 2018*

Findings from table 8 above table indicate that 75% had a discussion about condom use while 20.6% have never.

The study further established with whom the respondents had the condom discussion. Findings are summarized in the figure below;

**Figure 5 Showing with whom respondents discussed condoms**



*Source: Field data 2018*

Findings from figure 5 above show that most (47.1%) of the respondents discussed about condoms with friends, 32.4 percent discussed with their fiancées, while only 8.8% discussed with their parents about condoms.

#### **4.5 Prevalence of Condom use**

Condoms have been and are an integral part of HIV preventive measures worldwide and many countries have designed programs that encourage people to use them. Prevalence varies from area to area given social, cultural, economic environments and depending on reasons for use. During this study, the prevalence of condom use among students was established. Below are the results;

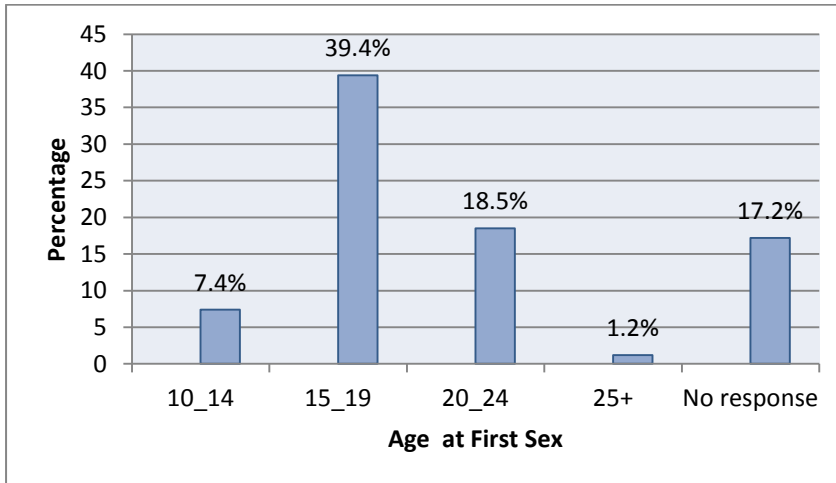
**Table 9 Showing Participants who had ever had sexual intercourse**

<b>Ever had sexual intercourse</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	155	83.8
No	22	11.8
No response	8	4.4
<b>Total</b>	<b>185</b>	<b>100</b>

*Source: Field data 2018*

Results from table 9 indicate that 83.8% who are the majority had ever had sexual intercourse. Only 11.8% had never while 4.4% did not comment.

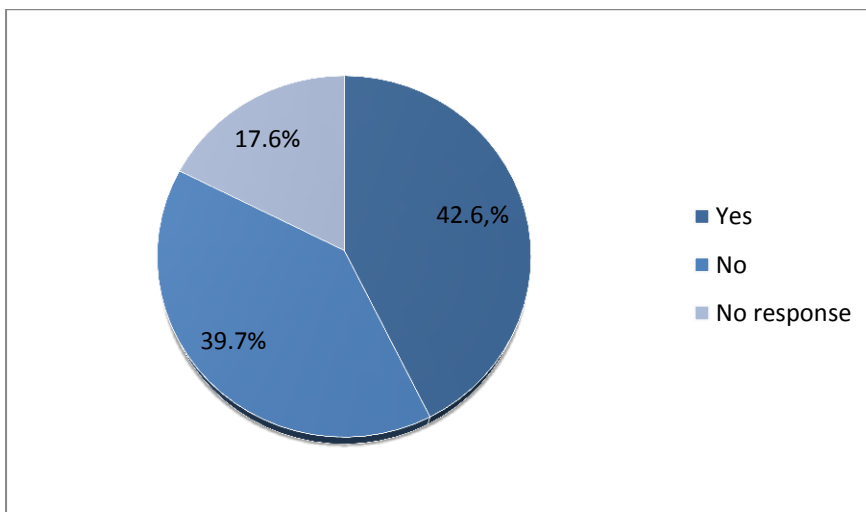
**Figure 6 Showing respondents’ age at first sexual encounter**



*Source: field data 2018*

Results from the table above indicate that most (39.4%) of the participants started intercourse between 15-19 years, followed by 18.5% who started with 20-24 years, while 7.4% of the respondents started at 14 years and below. The average age for sex initiation among the participants was 18.6 years.

**Figure 7: Showing whether respondents used a condom during the first sexual encounter**



*Source: Field data 2018*

Findings from figure 7 above revealed that 42.6 percent of the respondents used a condom during their first sex encounter while 39.7% did not use a condom. 17.6% didn't respond.

The study further investigated why respondents used condoms the last they were used. Their responses are summarized in the table below;

**Table 10: Reasons for using the condoms at the last sexual encounter.**

<b>Reasons for using a condom</b>	<b>Frequency</b>	<b>Percentage</b>
Did not use a condom	44	23.6
Protection of HIV	73	39.7
Protection of other STIs	93	50
Family planning	73	39.7
Adventure	3	1.5
My partner insisted	30	16.2
Current health education programme insists on this	16	8.8

*Source: Field data 2018*

Findings from table 10 show that 50 percent of the respondents used condoms to protect them from STIs, followed by 39.7% who used condoms for protection against HIV and Family planning respectively. Other respondents (16.2%) used condoms because their partners insisted, followed by 8.8% who used condoms because current health programmes insisted on it while 1.5% used them just for adventure. A significant 23.6% did not use condoms. These are vulnerable and at risk of catching and spreading STIs among fellow students and the community at large.

#### **4.6 Challenges of Condom Use.**

The meanings people subscribe to condoms influence its use or non-use. Despite the knowledge of AIDS and STIs being nearly universal among youth, rates of condom use remain low. Several reasons have been expressed as challenges that sideline condom use among students. Their responses are summarized in the table below;

**Table 11 Challenges of using condoms**

<b>Challenges of condom use</b>	<b>Frequency</b>	<b>Percent</b>
They lessen sexual pleasure	152	82.2
Associated with Commercial sexual workers	112	60.5
Their use shows a low degree of trustworthiness	55	29.7
They are expensive	98	53.0
Knowledge of partner HIV status	132	71.4
Poor knowledge of the importance in condom use	32	17.3
Fear to lose their relationship with old men	51	27.6
Desire for childbearing	5	2.7
Condom is unnecessary in stable relationship	75	40.5

**Source: Field data 2018**

Findings from table 11 indicate that almost all (82.2%) of the students mentioned that condoms reduce sexual pleasure. They also mentioned that using a condom means no sex at all.

Further the majority (71.4%) of the respondents said that they had challenges with partners whose HIV status was known. Students did not bother to use condoms when the partner was HIV negative, they did not care about other STIs. A considerable majority (60.5%) of the respondents said that condoms are associated with commercial sex. Students believed that condom use was for prostitutes or people with multiple sexual partners. Also the high cost of condoms (53.0%) limited their use. Students knew where to access condoms in public places however they did not trust the brands.

Other challenges faced by condom users were that condoms were unnecessary in stable relationship (40.5%), use of condoms showed a low degree of trustworthiness (29.7%) and poor knowledge of the importance of condom use.

Results also show that some students didn't want to lose their relationships especially with old men (27.6%). Hence students were practicing very risky behavior.

## CHAPTER FIVE

### DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

**5.1 Introduction** This chapter discusses and summaries findings from analysis of the data collected about Prevalence, Awareness and Challenges Associated with condom use among enrolled nursing students at Kampala International University Western Campus.

#### 5.2 Discussion of Results

##### 5.2.1 Awareness levels of condom use among enrolled nursing students of KIUWC

It was established in this study that there was a high level of awareness about condom use among enrolled nursing students. A large proportion (88.2 percent) of the students had heard about a condom. The students fairly described the condom as a protective gear for STIs during coitus (57.3%), a rubber like polythene for protection against STIs (7.3%), a tube-like structure worn during coitus (3.4%) and a-few called it lubricated smooth elastic rubbers (3.1%). While description of a condom differed, all definitions fit within a description of a condom as a flexible sheath usually made of thin rubber or latex designed to cover the penis or vagina during sexual intercourse for contraception or prevention of STIs (MOH 2003{b}:19).

The results of this study are similar to those of (UBOS and Macro 2001:51) where it was reported by majority that condoms are a contraceptive device. In another study in Kenya, most participants knew that condom use can prevent pregnancy; STIs and HIV/AIDS; hepatitis-b virus (Girma 2004, Nessdai 2011). Similarly, in this study condoms were described as protective gear, lifesaving equipment and rubber like polythene for STI protection.

It was also established that students had knowledge of both condom types that is, the male and female condom (70.6%). 22.1% knew only male condoms while only, 4.4% of the students didn't know either of the condoms. This implies that a male condom is much more known than female condom although they both serve the same purpose. Generally, the 95.6% of the students knew at least a condom type, so they were knowledgeable though use or applicability may be influenced by other factors.

Availability and access to condoms is an important determinant of sexual and reproductive health among sexually active population, and likelihood of condom use in populations with frequent non-committed relationships like at university. It was established in this study that

85.3% of the participants knew where to obtain a condom when needed. The condoms were accessible and could be obtained within university premises. Other places known to students as sources of condoms were hospitals (83.8%), Pharmacies (54.4%) and Clinics (52.9%) this implies that knowledge and information on accessibility to condoms was adequate among certificate nursing students. The results are in line with UBOS 2007 which reported that levels of condom knowledge among youths aged between 15 and 24 years to be above 70% overall for both sexes.

Findings revealed that enrolled nursing students understood the importance of using condoms. This was manifested by the 87.4% and 89.1% of participants who knew that condoms prevent unwanted pregnancies and HIV/ STI transmission respectively. These findings are similar to studies carried out in some of the Kenyan Universities where 89% and 94.4% of the undergraduate students knew that condoms prevent HIV/AIDS transmission and unwanted pregnancies respectively (Girma 2004, Nessdai 2011).

It was established that 57.8 % of enrolled students who participated had attended at least one condom demonstration session, 68.1% disagreed with the fact that condoms have holes that allow for virus transmission. 63.5% disagreed with the fact that condoms can disappear in a woman's vagina during sexual intercourse. This is in agreement with a study by UNAIDS which recommended that Knowledge on condoms depended on prior witnessing of demonstrations of their use and sex education sessions. Generally, results show that respondents had adequate knowledge about condom use.

### **5.2.2 Practice of condom use among KIU Students**

Prior studies have recommended condom use as a protection cover from STIs and pregnancy. Results from this study established that 58.5 percent of respondents believed that condoms reduce sexual pleasure. This implies that students were likely not to use condoms in favor of keeping their relationships despite the risks involved.

It was established in this study that HIV/AIDS knowledge does not influence condom use behavior directly. This was revealed by majority of the students (74.6%) who said that they would practice sexual intercourse regardless of failed condom use by their partner. The results held the same view as that of ARRM, where it was concluded that HIV/AIDS knowledge does not influence condom use behavior directly but through youth's cognitive process, such as in terms of perceived risk and intention to use condoms (Catania, 1990). In this study, despite the

knowledge of dangers of failure to use condoms, majority students were likely not to use it. This is evidenced by 74.6% who expressed that they would practice sexual intercourse regardless of failed condom use by their partner.

It was also established that students who did not use condoms first tested their partners, majority of enrolled nursing students (58.9%) disagreed that they didn't use condoms because they trust their spouses. This therefore means that not using a condom originated from results of an HIV test and not just trusting partners before sexual intercourse.

### **5.2.3 Prevalence of Condom use**

Condoms have been and are an integral part of HIV preventive measures worldwide and many countries have designed programs that encourage people to use them. Prevalence varies from area to area given social, cultural, economic and depending on reasons for use Uganda Bureau of Statistics and Macro International (2007:193-195). Majority (83.3%) of the respondents reported to have had at least one sexual intercourse, of these 39.4% had their first sexual intercourse during their teenage years (15-19 year of age). This implies that students enrolled at KIU are sexually active thus knowledge on condom use as a protective measure from sex related mishaps is important.

Further, it was established that a few students embraced the use of condoms. Only 42.6% of the students used a condom during their first sex encounter. This implies that many students were more likely not to use a condom at their first sex encounter which exposes them to STIs and unwanted pregnancies. Similar findings were reported by UNAIDs, a United Nations body that leads and inspires the world into the reduction of HIV infections. This body reported that many countries have designed programmes about condoms but despite this concerted effort, many people don't use condoms consistently. It reported that 60% men and 45.5 % women used a condom the last time they had higher-risk sex (UNAIDS, 2016). This is however, lower than the 42.6% condom usage rate reported from this study mainly because students reported that a negative HIV test result before sexual intercourse implied that your partner was safe from sexually transmitted diseases. Not using a condom also implied having trust for your partner.

The results concur with Longfield 2004, who concluded that despite the knowledge of AIDS being nearly universal among youth, rates of condom use remain low



There were varying reasons for using condoms, most importantly; they were used for protections against STIs and HIV, as well as for family planning. Other reasons mentioned were insistence of their partners, because current health programmes insisted on it while others wanted to try them out.

#### **5.2.4 Challenges of Condom Use**

The study established that several reasons have been expressed as factors contributing to low condom use. Almost all (82.2%) of the students mentioned that condoms reduce sexual pleasure. They attributed this to the fear of the possibility of the condom sliding off the penis during sexual intercourse. They also mentioned that using a condom meant no sex at all. More than half of the respondents (60.5%) associated condom use with Commercial Sex Workers (CSWs). These are some of the reasons that made condom use challenging. Similar to a study carried out in Tanzania, it was established that condoms have been said to lessen sexual pleasure, associated with CSWs, and their use shows a low degree of trustworthiness and promiscuity (Mnyika et al., 1995).

About half of the respondents (53.0%) reported that the cost of the condoms was high. One packet of condoms ranged between 1500 to 5000 shillings. This they said was too expensive and discouraged them from using condoms. Our study finding on cost of condoms is similar to studies like Philpson (2001) that attributed low condom use to high costs which majority cannot afford. Information from Ministry of Health records also revealed that the increased condom use has come with an inevitable increase in their prices. In most supermarkets and stores, the price was estimated to range from 2,000 to 10,000shillings (Ministry of Health report, 2018). This is costly for the average student.

However, different from our study, Mufune (2005), reported that, despite African countries promoting condom use by provision of free condoms in hospitals and other public places through government /public health system policy implementation, consistence of condom use remains low.

Students also asserted that condoms were unnecessary in stable relationships and illustrated the level of untrustworthiness. Similar findings were reported in one Nigerian study that correlated HIV positive youths and condom use. About 19% of participants had a different degree of difficulty in discussing condom use with their partners, reasons for this were; partners felt condom is unnecessary in stable relationship, non-disclosure of HIV status,

suspicion of spousal infidelity, and fear for possible negative reaction with their partner (Ayoola David, 2014), In this study it was established that A few of the respondents (27.6%) did not want to lose their relationships especially with old men. They mentioned that they did not want to lose the financial benefits from not allowing to use a condom.

### **5.3 Conclusions**

The students at KIU west campus have adequate knowledge about condoms and condom utilization. Knowledge about condoms is important for HIV/AIDS and STIs prevention and control. Despite the presence of adequate knowledge, students had less condom use practice and the study highlighted some risky sexual practices. This might be related to relaxed awareness towards condom use practice that needs to be addressed.

The survey found that while overall awareness about Condoms was high among students, they still practiced risky sexual behaviors. For example, female student had sexual relationships with older men with whom they could not use condoms for fear of loss of financial benefits.

Over three quarters of respondents had ever had sexual intercourse. In addition, most students had had recent sexual intercourse, which implies that the majority of university students are sexually active. Average age at first sexual intercourse was 18 years, therefore students initiate sex before they join the universities. On the other hand, however, a significant proportion of students join the universities before initiating sex.

There was a general observation that condom use among sexually active students was low. Based on the behavior profile observed among students, there is a likelihood that HIV in universities may increase.

### **5.4 Recommendations**

There is need to increase access to HIV/AIDS and Reproductive Health services for students. The following recommendations on priorities for scaling up condom use services in universities are made;

There is need to implement specified; focused; continued and strengthened health education on condom use practices; along with knowledge and attitudes. Promoting condoms has to be

one of the strategies of HIV/AIDS prevention process. Thus; emphasis has also to be given towards avoiding other high-risk sexual behaviors. This can be done through Information, Education and Communication (IEC) materials posted closer to the students.

KIU should strategically use of other media that is accessible to students for mass-communication on condom use including radios and TVs and innovations using media like mobile phones and computers.

Designing messages that promote faithfulness and commitment in temporary relationships for sexually active students

Designing messages that promote abstinence, secondary abstinence and delay of sexual intercourse among specific sub-groups of students who are already practicing these behaviours

Developing messages that target gender misconceptions in relationships as well as sexual and gender-based violence for both male and female perpetrators

Increasing the frequency of messages that discourage frequent partner change, transactional sex and cross-generational sex

Increasing the frequency of messages that promote condom use in all non-marital sexual relations, and especially in high risk sexual acts

Increasing the availability of free condoms by increasing condom service delivery points in universities as well as distribution programmes for free condoms

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**APPENDIX 1; BUDGET FOR THE STUDY**

S/NO	ACTIVITY	ITEMS REQUIRED	Qty	Unit Cost	TOTAL
1.	Developing a proposal	<ul style="list-style-type: none"> <li>○ Printing</li> <li>○ Internet</li> <li>○ Photocopying</li> <li>○ Questionnaire</li> <li>○ Binding</li> </ul>	<ul style="list-style-type: none"> <li>○ 50pgs</li> <li>25</li> <li>○ 10 pgs</li> <li>○ 180pgs</li> <li>○ 3copies</li> </ul>	<ul style="list-style-type: none"> <li>1,000</li> <li>2000</li> <li>1500</li> <li>200</li> <li>4,000</li> </ul>	<ul style="list-style-type: none"> <li>50,000</li> <li>50000</li> <li>15,000</li> <li>36,000</li> <li>12,000</li> </ul>
	<b>Sub total</b>				<b>163,000</b>
2.	Equipment & stationery	<ul style="list-style-type: none"> <li>○ Reams of paper</li> <li>○ Pens</li> <li>○ Stapler</li> </ul>	<ul style="list-style-type: none"> <li>○ 3</li> <li>3</li> <li>○ 1</li> </ul>	<ul style="list-style-type: none"> <li>15,000</li> <li>500</li> <li></li> <li>5,000</li> </ul>	<ul style="list-style-type: none"> <li>45,000</li> <li>1,500</li> <li>5,000</li> </ul>
	<b>Sub total</b>				<b>51,500</b>
3.	Transport		2	25000	50,000
4.	Data organization, analysis & presentation				150,000
5.	Data access & binding				30,000
6.	Printing & photocopying	(1 Draft & 3 final copies)	150pgs	2,000	300,000
7.	Miscellaneous	1			80,000
	<b>Grand Total</b>				<b>824,500</b>



## APPENDIX 11; APPROVAL



**KAMPALA INTERNATIONAL  
UNIVERSITY - WESTERN CAMPUS**

P O BOX 71, ISHAKA UGANDA  
Tel: +256 200923534  
www.kiu.ac.ug

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**OFFICE OF THE DEAN  
FACULTY OF CLINICAL MEDICINE & DENTISTRY**

08/12/2017

TO WHOM IT MAY CONCERN

**RE: LUSWATA HERBERT (BMS/0050/132/DU)**

The above named person is a fifth year student at Kampala International University pursuing a Bachelor of Medicine, Bachelor of Surgery (MBChB) Programme.

He wishes to conduct his student research in your community.

**Topic:** Prevalence, awareness and challenges associated with condom use among enrolled nursing students at Kampala International University -Western Campus

**Supervisor: Dr. Esther Nakasaga**

Any assistance given will be appreciated.

*S-O Akib*  
08 DEC 2017  
**Dr. Akib Surat O**  
Deputy Executive Director/Assoc Dean (FCM & D)

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"Exploring the Heights"  
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**APPENDIX 111; Consent form**

Kampala International University Western Campus: Faculty of Clinical Medicine and Dentistry

Study title; PREVALENCE, AWARENESS AND CHALLENGES ASSOCIATED WITH CONDOM USE AMONG ENROLLED NURSING STUDENTS AT KAMPALA INTERNATIONAL UNIVERSITY WESTERN CAMPUS

Introduction

I am Luswata Herbert a medical student in MBChB program in fifth year and carrying out the above research for completion of a bachelor of medicine and surgery. Am working with Dr. Esther Nakasagga an ENT Specialist.

You are being requested to volunteer in this research study ,and provide information by answering the questions listed in the questionnaire attached. Take as much time as you need.

The information you are providing, is going to be used to understand the prevalence, awareness and challenges associated with condom use among enrolled nursing students at KIU western campus, and this will help to formulate interventions which will be used to overcome these problems .

I will not add your identity whatsoever to this questionnaire and therefore all the information you are providing will be confidential.

Print name of adult participant

Signature of adult participant/legally

Date

.....  
.....

.....

Print name of person obtaining Consent.

Signature.

Date

Luswata Herbert

.....

.....

## APPENDIX 1V;QUESTIONNAIRE

### Section A: Social Demographic Characteristics

1. What is your age? .....
2. Marital status
  - a) Single
  - b) Married
3. Religion
  - a) Protestant
  - b) Catholic
  - c) Moslem
  - d) Others (specify).....
4. What course are you enrolled for?  
.....

5. Which year of study are you?  
.....

### Section B: Awareness about Condom Use

6. Have you heard about condom?                      Yes                      No
7. If Yes, What are condoms?  
.....
8. Do you know any person or place from which you can obtain a condom?
  - a) Yes
  - b) No
9. Is there access to get a condom from your School?
  - a) Yes
  - b) No
10. Which place or person do you know where you obtain condom? (tick all that apply)
  - a) Shop

- b) Pharmacy
- c) Market
- d) Clinic
- e) Hospital
- f) Health professional
- g) Hotel
- h) Canteen

11. How many types of condom do you know?

- a) Male condom
- b) Female condom
- c) Both condoms
- d) Do not know

12. Indicate the extent to which you agree or disagree to the following statements

SA = Strongly agree; A= agree; D= Disagree; SD = Strongly disagree

<b>Correct use of Condoms:</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>
Will prevent HIV transmission				
Will prevent sexually transmitted infections				
Will prevent pregnancy				
Can reduce people's chances of getting the HIV/AIDS virus				

<b>To what extent do you agree with the following statements?</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>
Condoms can be stored and used even after 10 years				
Condoms cannot be used more than once				
I have ever attended a condom demonstration session				
Condoms have holes in them that will allow HIV to pass through				
Condoms cannot disappear in a woman's vagina				
Condoms have worms in them that result into rashes				
The HIV virus cannot pass through a condom				

13. Do you believe condom can reduce sexual pleasure?

- a) Yes
- b) No

14. If your friend cannot volunteer to use condom what do you do?

- a) Stop sexual intercourse
- b) Try to accept to use condom
- c) Practice sexual intercourse without using condom
- d) Others

**Section C: Practice of condom Use**

15. Indicate the extent to which you agree or disagree to the following statements

SA = Strongly agree; A= Agree; D= Disagree; SD = Strongly disagree

To what extent do you agree with the following statements	SA	A	D	SD
I have never used a condom				
I always use a condom during sex				
My partner uses a condom during sex				
Using a condom does not give sexual pleasure				
I am able to get a condom when I need one				
I am able to demonstrate to a friend proper condom use				
Condoms should not be put on when the penis is not erect				
Condoms can be used more than once				
I don't use a condom because I trust my spouse				
I am confident that I know how to use a condom correctly				
I can apply petroleum jelly on a condom to increase lubrication				

16. Have you ever discussed about condom

- a) Yes
- b) No

17. If yes, for the above question with whom?

- a) With parents
- b) With friends
- c) With fiancé

**Section D: Prevalence of condom use**

18. Have you ever had sexual intercourse? Yes  No

19. If yes, at what age was your first sex encounter? Yes

20. The last time you had sexual intercourse, was a condom used? Yes  No

21. How many times have you had sex during the last 12 month? So what happens if none last month but several the months before?

State the number of times

22. How many times did you use a condom in the last month?

State the number of times

23. Why did you use a condom the last time if you used one?(You can tick more than one option).

- a) Did not use a condom
- b) Protection of HIV
- c) Protection of other sexually transmitted infections
- d) Family planning
- e) Adventure
- f) My partner insisted
- g) The current health education programme insists on this

Other (Specify)



**APPENDIX VI: MAP OF BUSHENYI DISTRICT SHOWING THE LOCATION OF KAMPALA INTERNATIONAL UNIVERSITY.**



**Thank You**