

THE PERCEPTION, ATTITUDE AND FREQUENCY TOWARDS CONDOM
USE AMONG STUDENTS IN KAMPALA INTERNATIONAL

UNIVERSITY - WESTERN CAMPUS,

BUSHENYI DISTRICT

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DECLARATION

I Lwanga Arthur, a student of diploma in clinical medicine and community health, declare that this research report is my original work and has never been presented for any award of academic qualification in any college or university.

Sign..... Date:.....

SUPERVISOR’S APPROVAL

This research report has been prepared under guidance of my supervisor;

Mr. Mwakio Warren

(DCM & CH, Bsc Public Health)

Sign:..... Date:.....

ACKNOWLEDGEMENT

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I would like to thank the entire staff of Kampala International University- Western Campus and more so the School of Allied Health Sciences who equipped me with relevant knowledge and skills to impact to the community.

Lastly, Special thanks go to my parents for their great support, guidance and encouragement towards my education as a whole. May the almighty bless you abundantly.

DEDICATION

I dedicate this dissertation to my mother **Nakimbugwe Joyce** and the entire family for their great love and prayers and also to my friends **Viola** and **Emmanuel** for their devoted time towards this project.

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ABBREVIATIONS

ABC- Abstinence, Be faithful and Condom use

FP- Family Planning

HBV- Hepatitis B Virus

HIV- Human Immune deficiency Virus

ISS- Immune Suppression Syndrome

KIU-TH- Kampala International University-Teaching Hospital

KIU-WC- Kampala International University-Western Campus

MOH- Ministry of Health

SAHS- School of Allied Health Sciences

STDs- Sexually Transmitted Diseases

STIs- Sexually Transmitted Infections

TASO- The AIDS Support Organization

UNAIDS-United Nations program on HIV/AIDS

UNPF- United Nations Population Fund

USAID-United States Agency for International Development

UTIs- Urinary Tract Infection

WHO- World Health Organization

OPERATIONAL DEFINITION OF TERMS

Cure: Being free from a condition or trouble / disease which has been initially a health problem.

Dependent variables: These are factors which cannot exist on their own and their results depend on the independent variables like age, time. An example of such variables includes condom use, which may depend on Age.

Disease: Is a condition or trouble of the living animal or plant that impairs the normal performance of a vital function.

Health: A state of complete physical, mental and social well-being of an individual but not the mere absence of disease or infirmity

Independent Variables: These are independent factors like age, sex marital status etc, which affect the outcome of the research project.

Infection: Invasion of a host by organisms such as bacteria, fungi, virus, protozoa etc with or without manifestation of a disease

Prevention: Done for the purpose of blocking rather than correction or cure of diseases.

Risk: This is a possibility of loss or injury at any time.

Safe: This is a state of being free from harm or risk.

Sexual Intercourse: The act by which a male and female get together to enjoy the gift of love.

Sexually Transmitted Infections: These are different kinds of infections transmitted only due to sexual intercourse with an infected person or partner.

Urinary Tract Infections: These are disease affecting only the Urinary Tract System.

ABSTRACT

BACKGROUND

The role of male condom for both contraception and prevention of STIs was established in Europe during the eighteenth century (Lewis, 2011). Its major role was family planning and control STIs (Omach P, Osma Benjamin, et al. 2011a). In sub-Saharan Africa, family planning has saved lives of women and children and has improved their quality of life (World Health Organization, 2012). In Uganda, condoms have played a central role in the official HIV prevention strategy for over two decades (Vasha Kibirige, 2014a).

PROBLEM STATEMENT

In Uganda, the Ministry of Health's condom programme coordinator Vasha Kibirige (2014a) reported that although Uganda requires 240 million condoms annuany, the public sector procures just half of that and some years, as few as 80 million. Recently, HIV within western region is said to having increased from 8% to 9% (MOH, 2016).

METHODOLOGY

In studying this phenomenon, the study used was quantitative with an exploratory cross-sectional approach. The study was conducted at Kampala International University-western campus located in Ishaka, Busenyi district along Mbarara-Kasese road opposite Basajjabalaba Primary and Secondary school with over 20,000 students from different parts of Africa. The Sample size was determined using a formula developed by WINE DANIEL which states that $N = \frac{(Z-QP)}{D^2}$. Using this formula, the calculated sample size was 100 students. Data collected was analyzed using calculators and computer applications like excel.

RESULTS

The results of the study showed that the general perception of students towards condom use was poor with most of them (59.4%) having a poor perception towards condom use and only 40.6% good perception. The general Attitude was fairly good with 58% of the students having good attitude and 42% having poor attitude. The general frequency of condom use was very poor with majority (50%) of students using condoms sometime. Only 22% used condoms always and the 28% did not use condoms. This group (28%) included majorly virgins.

CHAPTER ONE

1.0. INTRODUCTION

This chapter consists of the background information, problem statement, study objectives and the justification.

1.1. BACKGROUND

The use of the condoms was traced back to several thousand years ago. According to Lewis (2011a), condoms were invented in the fifteenth century in response to syphilis epidemic in Europe. Since then, the texture of condoms was developed from different kinds of materials such as leather and animal gut (Dernnan, 2012). During eighteenth century, the technological development improved the quality of condoms. Rubber was developed as material because of its strength and elasticity. The role of male condom for both contraception and prevention of STIs was established in Europe during this century (Lewis, 2011b).

Condom is one of the most popular forms of mechanical barriers as it provides protection for the genital tract from sexually transmitted infections (STIs). It also prevents pregnancy by acting as a barrier stopping semen from passing into the vagina (Jain et al., 2009).

Worldwide condom use during sexual intercourse, an estimated 44 million couples use condom for family planning while as many as 60% of all condoms are used outside marriage (Gardner et al., 2001). The effectiveness of condoms in preventing pregnancy or STIs depends on the user. Previous studies showed that pregnancy rate among correct condom users is about 2% per year. The risk of pregnancy or STI is greater when condoms are not used correctly and consistently with every sexual act. However, when it is used every time and in the approved manner it could prevent up to 80 to 95% of HIV transmission (USAIDS, WHO, 2014). Condoms also reduce the risk of STIs spread by skin to skin contact, such as herpes and Human Papilloma virus.

In sub-Saharan Africa, family planning has saved lives of women and children and has improved their quality of life (World Health Organization, 2012). Men seem to play a powerful role in the reproductive decisions; their actions can have unhealthy and even dangerous outcomes on family planning (Dernnan, 2012). Likewise, a study which was conducted in Cameroon on family planning in 2003 showed that knowledge about condoms was patchy and although males knew

that there are some benefits in using condoms for family planning, of 84%, only 4.2% considered using this means of contraception.

In Uganda, condoms have played a central role in the official HIV prevention strategy for over two decades (Vasha Kibirige, 2014a). Since then, STIs were greatly lowered with the government's emphasis on additional ABC preventive strategy. Now experts say that if the country is to roll back to rising HIV prevalence, the condom must reclaim its place as one of the main components of Ugandans HIV prevention strategy.

1.2. PROBLEM STATEMENT

Following the past two decades, despite Uganda's stand on condoms to prevent STDs, the country has to get it right, with condom use declining and government unable to meet what demand does exist. The fact that there is a recorded increase in new HIV infections is a proxy indicator that the tool that is known to prevent HIV has been used in a relaxed manner. According to the Ministry of Health's condom programme coordinator Vasha Kibirige (2014a), although Uganda requires some 240 million condoms annuany, the public sector procures just half of that and some years, as few as 80 million. He added that condom use is erratic in Uganda, partly because they are not always available to users. Condoms are not on the essential drug list and therefore, for the public sector, condoms are not supplied as per available resources from UNFPA and USAID (Vasha Kibirige, 2014b).

Recently, WHO (2016) noticed a global rise in STIs despite strong interventions. According to the MOH (2016), there is an increase in HIV around the western region from 8% recorded in 2006 to 9%. This was attributed to the power use, perception and attitude of condoms.

Despite the free condoms campaign, there are rampant cases of criminal abortions common in the university premises, more than 30%, which have proved that there is a poor attitude and frequency towards condom use among students. A lot of proven STIs in KIU-TH have also showed a gap in the way students use condoms. Currently, there is provision of free condoms to students in the university but these stay unused and expire in the stores. It was therefore necessary to assess and determine the perception, attitude and frequency of condom use among students.

As a researcher, I am going to carry out a research in order to provide information towards this problem as a way to solve the existing gap.

1.3. STUDY OBJECTIVES

1.3.1. General objective

To assess the perception, attitude and frequency towards condom use among students in KIU-western campus, Bushenyi districts.

1.3.2. Specific objectives

1. To determine the perceptions towards condom use among students.
2. To assess the attitude towards condom use among students.
3. To establish the frequency of condom use among students.

1.4. RESEARCH QUESTIONS

1. What are some of the common perceptions towards condom use among students?
2. What is the attitude towards condom use among students?
3. What is the frequency of condom use among students in KIU-WC?
4. What is the level of sexuality knowledge of KIU-WC University students?

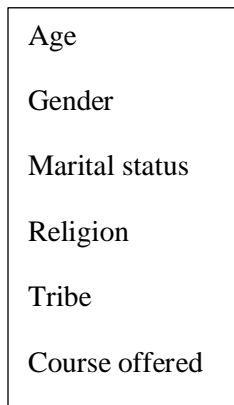
1.5. JUSTIFICATION

The increasing HIV prevalence in the western region and increasing unwanted pregnancies among students has left a question towards the use of common preventive measures such as condoms.

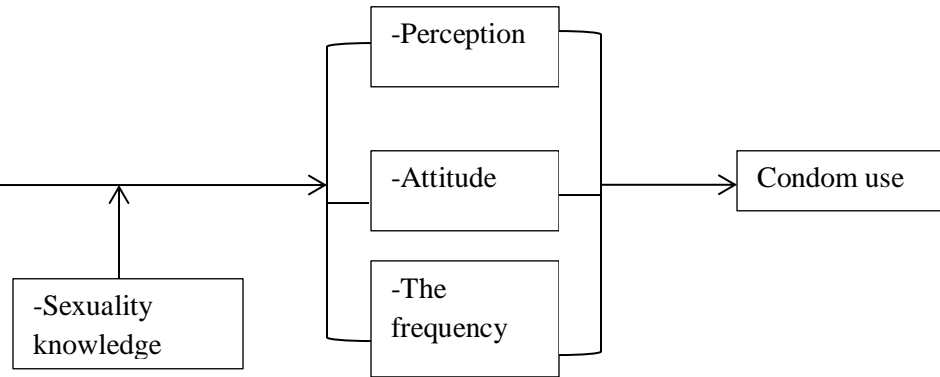
As a researcher, I will come up with appropriate data necessary to overcome or solve the existing problem. This data will be disseminated through KIU-WC and the university as a whole.

1.6. CONCEPTUAL FRAME WORK

INDEPENDENT VARIABLES



DEPENENT VARIABLES



CHAPTER TWO

2.0. INTRODUCTION

This chapter includes all the relevant literature about condoms use. Various sources of information such as previous studies done, reports and journals were explored on topics relevant to the study.

2.1. LITERATURE REVIEW

PERCEPTION TOWARDS CONDOM USE

The religious denominations have had a bad perception towards condom use basing on the likely outcome of possessing these protective gears. Reverend Federico Lombardi (2010), on behalf of Pope Benedict, reported that condoms predispose individuals to fornication and adultery but encouraged their use among HIV positive married individuals. Others may also see them as satanic possessions in relation to Christianity (Roberts and Fredrick et al., 2012).

In Uganda however, the catholic faith still strongly condemns condoms and they are absolutely out. The church will not advocate for use of condoms because sex is a gift from God and should strictly be in marriage (Vincent Karatunga, 2014). Abstinence for the unmarried and being faithful for the married ones is only what is accepted. Many leaders of the increasingly popular Pentecostal churches are also vehemently anti-condom. Popular preacher Martin Ssempe who has set condoms on fire during one of his sermons, are not only against condom use, but also heavily critical of high risk populations they consider immortal, including men who have sex with fellow men and sex workers.

Ziyani and Ehlers (2012) also reported that some girls in rural areas saw it ideal to have given birth early as at 18years since condom use and other contraceptives would delay child bearing and could cause sub fertility. Furstenberg FF Jr et al. (2011) reports condoms availability program to having increased sexual activity among students which was actually proved false by Sarah S. Long, MD (2014a) in the American Academy of Pediatrics. According to the AIDS Care journal, Okulate GT et al. (2010a) reports a common perception among the illiterates that a condom may get stuck in a woman's genitals and this may never be removed once it remains leading to cancer. In the same study, Okulate GT et al. (2010b) said that, students who received HIV education and prevention strategies had good perception towards condoms.

ATTITUDE TOWARDS CODOM USE

Condom possession is not one of the things everyone is pretty proud of (Donadio R. et al., 2010) despite the known good attitude among use. They are always hidden fur away from any ones rich because they are seen as evidence of prostitution leading to the poor attitude towards condom use. Mickel Gobler (2010) reported that people's attitude towards condom use decreases with increase in age. This is because the young are too much afraid of the outcomes of unprotected sex compared to the old. Oyedeji and Cassimjee (2016) reported that rural and most coloured girls experienced a form of oppression when it comes to contraceptives especially condoms.

Commonly, the use of these gears depends mostly on the two partners' self-esteem. That is, if one partner doesn't need it, the other may end up not using it either (James Oddaji, 2009). Youths whose parents completed collage had higher chances of using condoms compared to those whose parents did not complete collage (Jones OB et al., 2010). This was justified by Paul Winters (2007) who reported that attitude towards condom use was affected by the source of sexuality knowledge where parents had a bigger hand.

Other researchers reported that condoms use was affected by marital status. Omach P, Osma Benjamin, et al. (2011b) reported a significant deference in condom use among the single, married and divorced respondents. In the research done in Nigeria, they further showed that married partners used condoms sparingly compared to other marital status (Omach P, Osma Benjamin, et al., 2011c). Students' attitudes towards condom use increased dramatically after sex education, among those who had never had vaginal sex intercourse, according to Okulate GT et al. (2010c) but did not for those who had vaginal sex intercourse. This takes sexuality knowledge as a major factor affecting condom use among sexually active individuals and must be accessed among all condom use (Okulate GT et al., 2010d). Sarah S. Long, MD (2014b) also reported an increase in attitude towards condom use among males while there was no change among females, in the survey done during 2001.

FREQUENCY OF CONDOM USE

The frequency of condom use was reported lower in Africa (27%) compared to other continents and in Uganda particularly, frequency was higher in Makerere University compared to other universities by 2014 (Somba et al., 2014; Kamal N, Huda F, 2014). A lot of factors have been

reported as leading cause of this indifference in recent researches, and among which include ignorance, sexual habits, illiteracy rate, poverty, lack of information and self-esteem (O. Smith Millers, 2015a).

O. Smith Millers (2015b) further reports that most condom users today have used condoms inconsistently or intermittently creating a more risk group. A research done in Cater by Kabbash (2007b) showed that marital status affected the frequency of condom use with the singles adhering more to these protective gears than the married. Ziyani and Ehlers (2006) also indicated that Health providers' attitudes also contributed to condom use depending on the health education they gave.

According to UNPF (2006), wide spread discrimination against men who have sex with fellow men and sex workers, keeps these high risk groups away from accessing vital HIV and STIs prevention services, including condoms and safe personal lubricants. The national HIV strategy does not even make any provisions for HIV prevention among these high risk groups. Activists say that including them would present legal challenges given that same sex activity and sex work are both illegal. No research has been done within the university to find out the root cause of these problems.

CHAPTER THREE: METHODOLOGY

3.0. INTRODUCTION

This chapter includes all various ways data was collected and the process of data collection. It also includes the population dealt with, different methods that were used while collecting data, data analysis and various ways of data interpretations.

3.1. STUDY DESIGN

The study was quantitative with an exploratory cross-sectional approach to assess the frequency, attitude and perception towards condom use among students.

3.2. STUDY AREA

The study was conducted at Kampala International University-western campus located in Ishaka, Busenyi district along Mbarara-Kasese road opposite Basajjabalaba Primary and Secondary school. The Area consisted of over 20,000 students from different parts of Africa but of which most of them are Ugandans.

3.3. STUDY POPULATION

The population to study included 100 students both girls and boys between 15-30 years of age at the University chosen randomly from any course, all types of social economic status, irrespective of the parity, who might be practicing and not practicing condom use and from 1st to 5th year, in order to determine the frequency, attitude and perception of students towards condoms regardless of their level of education within the campus, married or unmarried, male or female and religion independent.

3.4. SAMPLE SIZE DETERMINATION

Sample size was determined using a formula developed by WINE DANIEL which states that $N = \frac{(Z-QP)}{D^2}$

Where **P**= the proportion of the population with the desired characteristics =**0.5**

N=desired sample size

Z=standard deviation at the desired degree of accuracy =**1.96**

Q = (1-P) = **0.5**

D=the amount of error you are ready to accept =**0.1308**

Thus: $N = \frac{1.96 - (0.5 \times 0.5)}{0.1308^2} = 100$

N=100

3.5. SAMPLING METHODS

The method used was random to account for all students regardless of their religion, tribe, sex, status and course of study. A sample of students were chosen randomly anywhere at the university and given questionnaires with open ended questions which they answered within 15minutes and then collected afterwards.

3.6. INCLUSION AND EXCLUSION CRITERIA

3.6.1. INCLUSION CRITERIA

All participants had to be students of KIU-western campus from any country, between the ages of 15-30 years old and doing any course at the campus. All questionnaires that were returned within a day of collection and time of collection were considered relevant. According to the study design, quantitative data collected was much significant. Data recorded in English and all study's results relating to condom use were relevant.

3.6.2. EXCLUSION CRITERIA

Non students within the university like lecturers, other support staffs and students assisting in lecturing were not considered for the study. Students below 15 years and those above 30 years were not recognized as participants in the process. Each participant had to only participate only once for the project. Languages excluded were other languages apart from English. Questionnaires returned after a day of collection was considered irrelevant.

3.7. DATA COLLECTION METHODS

Data was collected using self-reported, open and closed-ended questionnaires presented to 100 students, to capture data relevant to the study's objectives and research questions. These were distributed equally among university students at campus and comprised of four sections capturing demographic data, perception, attitude and frequency towards condom use.

3.8. DATA ANALYSIS METHODS

Data collected using questionnaires was analyzed manually using calculators and other computer programs such as Microsoft word and Microsoft excel to create a statistical impression of the study which was presented in accordance to the study objectives.

3.9. DATA QUALITY CONTROL

Most of the information gathered during this study was based on data from WHO, MOH and from other known researchers, to assess the knowledge about perception, attitude and frequency of condom use.

3.10. DATA PRESENTATION METHODS

After analysis, data was presented in word and statistical formats such as tables, graphs and charts which included pie charts, in accordance to the study objectives.

3.11. ETHICAL CONSIDERATIONS

In ensuring safety of respondents and preventing violence of human rights, permission to carry out this study was sought from the SAHS Research unit of the university and the entire school of SAHS. Informed consent was also obtained from each of the respondents after a full and thorough explanation of the aim and potential benefits of participating in the study. Confidentiality was the back born of the study and no respondents' names, plus any other relevant information connected to the respondents such as registration numbers appeared on the questionnaires. Likewise, the researchers report only portrayed figures, statistics and discussions without giving any names. Respondents' were also free to withdraw at any moment in the process without any penalty.

CHAPTER FOUR: RESULTS

4.0. INTRODUCTION

This chapter includes all the results of the data obtained from the study using specific data collection tools, data analysis and presentation so as to cover up the all objectives of the study. This data is represented in various forms including tables, graphs and charts.

4.1. DEMOGRAPHIC DATA

Table 1

Majority of the respondents, 64% were between 21-25 years of age. Females were more represented (59%) more than males (41%). Pentecostals were most represented with 31%. Majority of respondents were Banyankole (29%) and the least represented were Batooro.

AGE	FREQUENCY	PERCENTAGE
15-20	9	9%
21-25	64	64%
26-30	27	27%

SEX	FREQUENCY	PERCENTAGE
MALE	41	41%
FEMALE	59	59%

RELIGION	FREQUENCY	PERCENTAGE
ANGLICAN	26	26%
CATHOLIC	11	11%
PENTECOSTAL	31	31%
MUSLEM	30	30%
OTHERS	2	2%

TRIBE	FREQUENCY	PERCENTAGE
MUGANDA	24	24%
MUNYANKOLE	29	29%
MUKIGA	11	11%
MUSOGA	14	14%
MUTOORO	5	5%
MUGISHU	6	6%
OTHERS	11	11%

4.2. PERCEPTION TOWARDS CONDOM USE

4.2.1. A table to show participants response on price of condoms, its possession, effect on sexual activity and emergency when stack.

Table 2

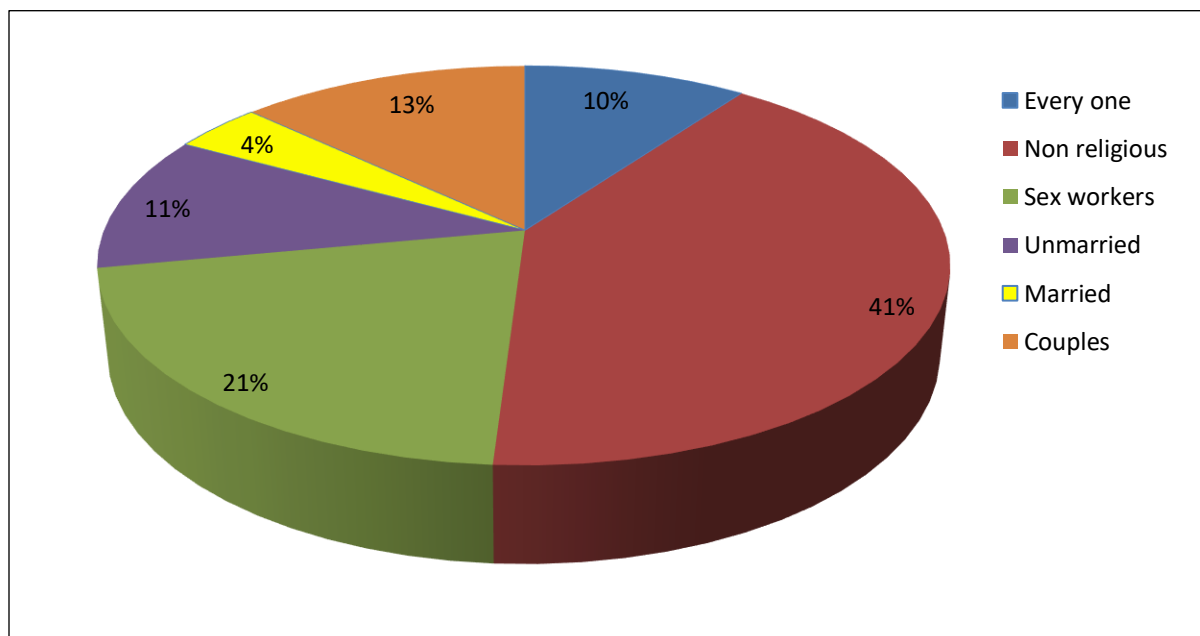
Most of the respondents (55%) reported that a stacked condom is a medical emergency.

PARAMETERS	AGREE	DISAGREE
THE PRICE OF A CONDOM IS FAIR	53%	47%
POSSESSION OF A CONDOM IS SATANIC	54%	46%
CONDOMS INCREASE SEXUAL ACTIVITY	51%	49%
A STACK CONDOM IS A MEDICAL EMERGENCY	55%	45%

4.2.2- A pie chart to show students response on who should possess a condom.

Figure 1

Majority of respondents (41%) reported that non-religious should possess condoms.



4.2.3- Dangers of possessing or using a condom.

Table 3

Most students (52%) saw condoms as a predisposing factor to sex.

▪ THEY ARE PREDISPOSING FACTORS TO SEX.	52%
▪ CONDOMS REDUCE SEXUAL SENSITIVITY.	41%
▪ CONDOMS ARE A SIGN OF UNTRUSTWORTHY TO THE OTHER PARTNER.	21%
▪ ONCE STACK IN A VIRGINAL CANAL, CAN COURSE INFECTIONS.	32%
▪ THEY ARE CONTRARY TO CHRISTIANITY.	22%

4.2.4- The general perception of respondents towards condom use

Table 4

Generally, 59.4% of the respondents had poor perception to condom use.

GENERAL SCORE OF PERCEPTION	PERCENTAGE
GOOD	40.6%
POOR	59.4%

4.3. ATTITUDE TOWARDS CONDOM USE

4.3.1. Table showing students' response on how to use a condom and its possession in public.

Table 5

35% of the respondents did not know how to use a condom.

QUESTIONS	YES	NO
DO YOU KNOW HOW TO USE A CONDOM?	65%	35%
WOULD YOU POSSESS A CONDOM IN PUBLIC?	51%	49%

4.3.2. Mood changes after intercourse without / with a condom.

Table 6

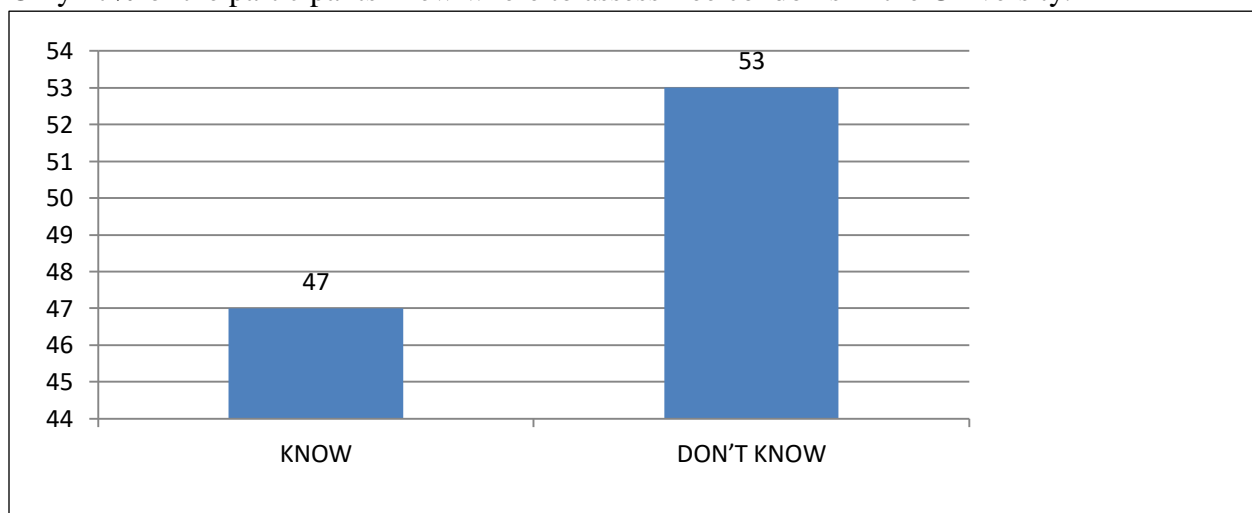
Most respondents felt safe after intercourse with a condom.

INTERCOURSE WITHOUT A CONDOM	SCORE
▪ WORRIED OF UNWANTED PREGNANCIES	64%
▪ AFRAID OF SEXUALLY TRANSMITTED DISEASES	71%
INTERCOURSE WITH A CONDOM	SCORE
▪ SAFE AND SECURE	79%
▪ FREE OF WORRY	65%

4.3.3. A bar graph to show students response on where to assess free condoms at the University

Figure 2

Only 47% of the participants knew where to assess free condoms in the University.



4.3.4. Tables showing the general attitude towards condom use.

Table 7

Generally, 58% of respondents had good attitude towards condom use.

GENERAL SCORE OF ATTITUDE	PERCENTAGE
GOOD	58%
POOR	42%

4.4. FREQUENCY OF CONDOM USE

4.4.1. A table to show respondents frequency of condom uses.

Table 8

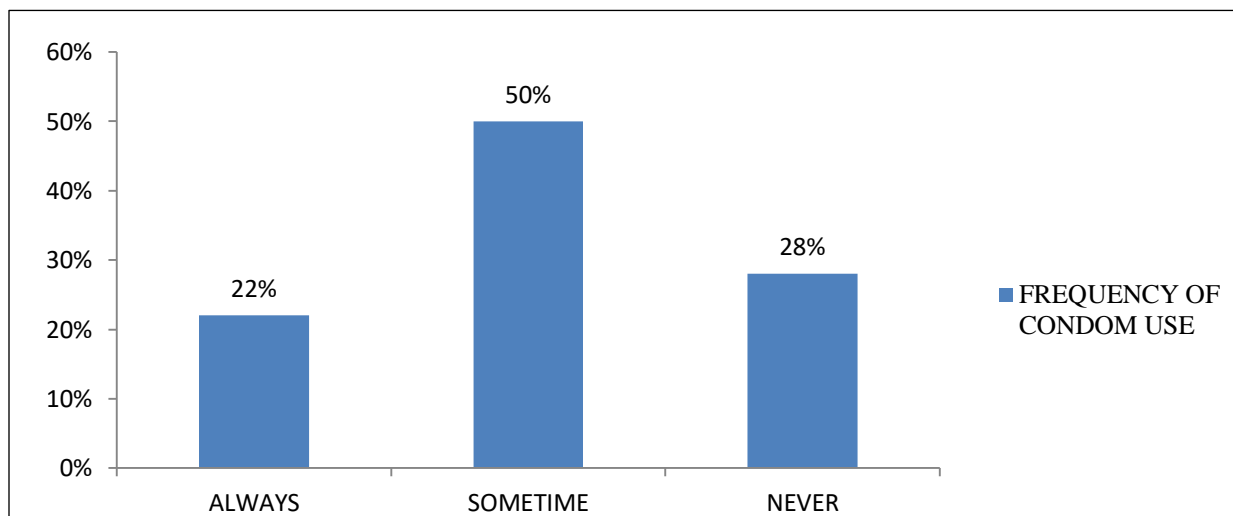
Majority of respondents had had sex more than once.

QUESTIONS	RESPONSE	SCORE IN PERCENTAGE
1 HAVE YOU EVER HAD SEX?	YES	72%
	NO	28%
2 FREQUENCY OF SEX	ONCE	11%
	TWICE	27%
	MANY TIMES	34%
3 HAVE YOU EVER USED A CONDOM?	YES	66%
	NO	34%
4 FREQUENCY OF CONDOM USE	ONCE	19%
	TWICE	29%
	MANY TIMES	24%

4.4.2. A bar graph showing the general frequency of condom use by respondents

Figure 3

Majority, 50%, of respondents used condoms sometimes and 22% used condoms always.



CHAPTER FIVE: DISCUSSION AND INTERPRETATION OF RESULTS

5.0. INTRODUCTION

This chapter includes discussions, interpretations of results and recommendations as to the study findings.

5.1. PERCEPTION TOWARDS CONDOM USE

The overall perception of respondents was accessed and graded in two forms. One either had a GOOD perception or POOR perception towards condom use.

Generally, among 100 participants, most of them, 59.4%, had a poor perception towards condom use with only 40.6% good perception. This shows that the general perception towards condom use among KIU university students is generally poor and shows a big gap in the way students use condoms. According to results, perception was affected more by sex and religion of the respondent as earlier reported (Hopkins, 2012).

As reported by Okulate GT et al. (2010a), most of respondents, 55% reported that a stacked condom is a medical emergency followed by those who said that it was satanic (54%) as reported by Roberts and Fredrick et al. (2012). Others (51%) thought that a condom would increase ones sexual activity. This was in line with studies by Furstenberg FF Jr et al. (2011) who also reported an increase in sexual activity due to condom possession. This myth has greatly affected condom use today. Only 53% thought that the price of a condom is fair.

Most Christian religions reported condom possession as satanic and thought that only the non-religious should possess these protective gears. Only 10% thought that everyone should possess a condom. 21% respondents reported that sex workers were the ones to possess condoms, 13% Couples, 11% un married and only 4% thought that even married partners should use condoms. All results were in line with studies by Jain A. P, Behere P et al. (2009).

5.2. ATTITUDE TOWARDS CONDOM USE

Attitude was assessed and scored in two categories. One had either a GOOD attitude towards condom use or a POOR attitude towards condom use.

Generally, 58% of respondents scored GOOD while 42% scored POOR during the overall assessment of the attitude towards condom use just like reports from Donadio R. et al. (2010).

This showed that the general attitude of students towards condom use is fairly good. Major factors which affected respondents' attitude were age and tribe. Other parameters didn't have significant effect on the attitude towards condom use.

However, among these, 35% respondents did not know how to use a condom and a group of 49% could not bear holding a condom in public. These groups showed a very poor attitude towards these protective gears. Majority of respondents, more than 50%, would feel good after intercourse with a condom and would feel bad after intercourse without a condom. This showed a good attitude towards condom use just as reported by Lewis M. A., Mindel A. (2011).

As Mickel Gobler (2010) reported, students of 26-30 had the poorest attitude with 5% score of good attitude and 22% poor attitude out of 27% participants. Banyankole respondents showed the worst performance with 24% out of 29% total respondents all having poor attitude and only 5% having good attitude.

5.3. FREQUENCY OF CONDOM USE

Frequency towards condom use was assessed and scored in three forms. Each respondent either used a condom ALWAYS, SOMETIMES, or NEVER used it at all. Respondents who used condoms always and sometimes were assumed to have had sex before. Those who had never used a condom before were assumed to be virgins. Thus, much emphasis was put on respondents who used condoms sometimes as the most group at risk due to this inconsistency.

Generally, majority of respondents (50%) used condoms sometimes and 22% used condoms always. 28% of all participants showed that they had never had sex before. Results were as expected following the reports from MOH (2016) about increase in HIV and rampant abortions among students. This draws much attention for the need to increase health education and awareness towards condoms use and their importance in controlling STIs, so as to reduce on the number of respondents who use condoms sometimes and increase the number of those who use them always.

Among these respondents, 72% had had sex before and 28% had never. Among the 72%, 11% had had sex once, 27% twice and 34% more than two times. 66% respondents had used condoms before and 34% had never giving the 6% respondents who had sex without a condom. A total of

50% had used condoms inconsistently while only 22% had used them consistently just as reported by O. Smith Millers (2015b).

Following religion, results were in line with religious teachings of Christianity as reported by Vincent Karatunga, (2014) who said that the Church could not advocate for condom use among unmarried. However, 8% of the Muslims used condoms always, 20% used them sometimes and 2% had never used them making them the most high risk group.

CONCLUSION

The general Perception was poor (59.4%) with female sex, Pentecostals and Eastern tribes as the major risk groups. General attitude towards condom use was fair with more than half (58%) of good attitude. But still, much set back was noticed among the age of 26-30 and Western tribes. Frequency to condom use was generally poor with majority of respondents using condom sometime (50%) and only 22% who use them always. Much inconsistency was noticed among Muslims and Western tribes.

This makes Religion and tribe as major factors affecting condom use with western tribes the major risk groups.

RECOMMENDATIONS

Religious dominations should find a way to sensitize their followers about condom use instead of trying to abolish them.

Parents should educate their children about sexuality as this is to help improve contraceptives and sexual knowledge before.

More awareness and Health Education about myths and miss conceptions about condom use and sensitization about unprotected sex should all be done to improve the reluctant way of condom use noticed and ensure more and constant supply of condoms.

A lot of awareness and health education talks are needed to educate the students and the community about increasing sexually transmitted infections with HBV, HIV and other sexually transmitted infections on the raise.

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APPENDICES

APPENDIX 1: CONCENT FORM

I am Lwanga Arthur (DCM/0098/143/DU), a third year student offering a Diploma in Clinical Medicine and community health at KIU-WC, carrying out a study on the frequency, perception and attitude towards condom use among students in Kampala International University -western campus, Bushenyi district.

Your participation in this study is completely voluntary and at no costs. You have a right to say no or change your mind at any time and withdraw from the project. This research project is intended to provide data about the above topic and draw the attention of the authorities in charge about the frequency, perception and attitude towards condom use among students in Kampala International University -western campus, Bushenyi district.

All information that is to be obtained in this study will remain confidential and will not be disclosed to any one with or without your permission.

Signature of participant

Date

.....

.....

APPENDIX 2: QUESTIONNAIRE

Please tick appropriately.

SECTION.1

BIODATA

1. Age of the respondent.....

2. Sex of the respondent.

Female

Male

3. Martatus of the respondent.

Single

Married

Divorced

4. Tribe

Muganda

Mukiga

Munyankore

Musoga

Mutooro

Mugishu

Others

unspecified.....

SECTION.2

PERCEPTIONS TOWARDS CONDOM USE

1. The price of a condom is fair.

AGREE

DISAGREE

2. Possession of a condom is satanic.

AGREE

DISAGREE

3. Condoms increase ones sexual activity or libido

AGREE

DISAGREE

4. A stacked condom in a woman's genitals is a medical emergency

AGREE

DISAGREE

5. Whom do you think should possess a condom?

Every one

Couples

Non-religious

Unmarried

Married

Sex workers

6. What may be the dangers of possessing or using condoms?

.....
.....
.....

SECTION.3

ATTITUDE TOWARDS CONDOM USE

1. Do you know how to use a condom?

Yes

No

2. Would you possess a condom in public?

Yes

No

3. What mood changes would you get after intercourse **without** a condom?

.....
.....
.....

4. What mood changes would you get after intercourse **with** a condom?

.....
.....

5. Where do you access free condoms in the university?

.....

SECTION.5

FREQUENCY OF CONDOM USE

1. Have you ever had sex?

Yes

No

2. If yes, how many times?

Once

Many times

Twice

3. Have you ever used a condom?

Yes

No

4. If yes, how often?

Once

Many times

Twice

APPENDIX 3: WORK PLAN

No	ACTIVITIES	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
1	Research proposal writing and acceptance						
2	Collection of data, data clearing and organization						
3	Data analysis and interpretation						
4	Preparation of the draft of the report						
5	Writing of the final report and submission of the report						

APPENDIX 4: MAP OF UGANDA SHOWING THE STUDY AREA



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APPENDIX 5: A MAP SHOWING THE STUDY AREA

