A STUDY ON THE IMPACT OF COHABITATION AMONG UNDERGRADUATE
STUDENTS IN KAMPLA INTERNATIONAL UNIVERSITY-WESTERN CAMPUS.

BY

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(BMS/0048/72/DF)

A RESEARCH REPORT SUBMITTED TO THE FACULTY OF CLINICAL MEDICINE
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AWARD OF BACHELORS DEGREE IN MEDICINE AND SURGERY OF KAMPALA
INTERNATIONAL UNIVERSITY.

OCTOBER 2014
DECLARATION

I hereby declare that this research and its findings are my original work and have not been presented for academic award or qualification in any institution of higher learning. Appropriate referencing has been made where citation of other peoples work has been done. I take full responsibility for unintended typographic errors or any shortcoming that may be found in this dissertation.

Signature:  

Date: 

ODHIAMBO TOBIAS OTIENO

SUPERVISOR

Signature:  

Date: 

MISS SARAH ONKOBA
DEDICATION

To my esteemed family and friends who are helping me make my dream come true.
ACKNOWLEDGEMENT

First, I present my praise and thanksgiving to the Almighty God for His grace this far.

Secondly, I would like to thank the entire administration of Kampala International University Teaching Hospital for their efforts directed towards the success of this exercise.

I would also like with gratitude, to acknowledge my research supervisor, Madam Sarah Onkoba for her guidance and support through the writing up of this project report.

With deep gratitude, I would love to thank my entire family for their unceasing love and support

Finally, I would like to acknowledge all my respondents for their cooperation.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECLARATION</td>
<td>i</td>
</tr>
<tr>
<td>DEDICATION</td>
<td>ii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENT</td>
<td>iii</td>
</tr>
<tr>
<td>ABBREVIATIONS</td>
<td>vii</td>
</tr>
<tr>
<td>CHAPTER ONE</td>
<td>1</td>
</tr>
<tr>
<td>1.0: Background</td>
<td>1</td>
</tr>
<tr>
<td>1.1 Problem statement</td>
<td>2</td>
</tr>
<tr>
<td>1.2 OBJECTIVES OF THE STUDY</td>
<td>2</td>
</tr>
<tr>
<td>1.2.1 Broad objective</td>
<td>2</td>
</tr>
<tr>
<td>1.2.2 Specific objectives</td>
<td>2</td>
</tr>
<tr>
<td>1.3 RESEARCH QUESTIONS</td>
<td>2</td>
</tr>
<tr>
<td>1.4 SIGNIFICANCE OF THE STUDY</td>
<td>3</td>
</tr>
<tr>
<td>1.5 SCOPE OF THE STUDY</td>
<td>3</td>
</tr>
<tr>
<td>CHAPTER TWO</td>
<td>4</td>
</tr>
<tr>
<td>2.0 LITERATURE REVIEW</td>
<td>4</td>
</tr>
<tr>
<td>2.1 FACTORS RESPONSIBLE FOR COHABITATION</td>
<td>4</td>
</tr>
<tr>
<td>2.2 THE IMPACT OF COHABITATION ON HEALTH</td>
<td>5</td>
</tr>
<tr>
<td>2.3 FACTORS THAT DISCOURAGE COHABITATION</td>
<td>6</td>
</tr>
<tr>
<td>CHAPTER THREE</td>
<td>8</td>
</tr>
<tr>
<td>3.0 RESEARCH METHODOLOGY</td>
<td>8</td>
</tr>
<tr>
<td>3.1 STUDY DESIGN</td>
<td>8</td>
</tr>
<tr>
<td>3.2 AREA OF THE STUDY</td>
<td>8</td>
</tr>
<tr>
<td>3.3 POPULATION OF THE STUDY</td>
<td>8</td>
</tr>
<tr>
<td>3.4 SAMPLING METHODS</td>
<td>8</td>
</tr>
<tr>
<td>3.4.1: Sample Size and Selection</td>
<td>8</td>
</tr>
<tr>
<td>3.4.2 Inclusion criteria</td>
<td>9</td>
</tr>
<tr>
<td>3.4.2 Exclusion criteria</td>
<td>9</td>
</tr>
<tr>
<td>3.5 DATA COLLECTION METHODS AND TOOLS</td>
<td>9</td>
</tr>
<tr>
<td>3.5.1 Quantitative methods</td>
<td>9</td>
</tr>
<tr>
<td>3.6 RELIABILITY AND VALIDITY OF INSTRUMENTS</td>
<td>9</td>
</tr>
<tr>
<td>3.7 DATA PROCESSING AND ANALYSIS</td>
<td>10</td>
</tr>
<tr>
<td>3.7.1 Quantitative analysis</td>
<td>10</td>
</tr>
<tr>
<td>3.8 ETHICAL CONSIDERATION</td>
<td>10</td>
</tr>
</tbody>
</table>
3.9 LIMITATION OF THE STUDY .............................................................................................................. 10
CHAPTER FOUR ........................................................................................................................................ 11
4.0 .......................................................................................................................................................... 11
DATA PRESENTATION .................................................................................................................................. 11
4.1 THE SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS .................................................. 11
4.2: FACTORS RESPONSIBLE FOR COHABITATION ............................................................................... 13
4.3: THE IMPACT OF COHABITATION ON HEALTH ............................................................................... 14
4.4: FACTORS THAT DISCOURAGE COHABITATION.............................................................................. 15
5.0 DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS OF THE FINDINGS ............................... 17
5.1 DISCUSSIONS OF THE FINDINGS ...................................................................................................... 17
5.1.1 Socio-demographic characteristics ............................................................................................... 17
5.1.2: Factors responsible for cohabitation .............................................................................................. 17
5.1.3: The impact of cohabitation on health ........................................................................................... 19
5.1.4: Factors that discourage cohabitation ........................................................................................... 19
5.2 CONCLUSIONS ................................................................................................................................... 20
5.3: RECOMMENDATIONS OF THE FINDINGS ....................................................................................... 21
REFERENCES ............................................................................................................................................. 22
QUESTIONNAIRE FOR RESPONDENTS .................................................................................................... 24
List of Tables

Table 4.1: Age of respondents.................................................................11
Table 4.2: Religious denominations of the respondents............................11
Table 4.3: Year of study of the respondents..............................................12
Table 4.4: Factors responsible for cohabitation.......................................13
Table 4.5: The impact of cohabitation on health......................................14
Table 4.6: Factors that discourage cohabitation.....................................15
ABBREVIATIONS

KIU-WC: Kampala International University-Western Campus

HIV : Human Immunodeficiency Virus

AIDS : Acquired Immuno Deficiency Syndrome

STIs : Sexually Transmitted Infections

PID : Pelvic Inflammatory Disease

CDC : Centre for Disease Control and Prevention

KAIS : Kenya AIDS Indicator Survey

UK : United Kingdom

US : United States
CHAPTER ONE

1.0: Background.

Cohabitation is when people live together in an emotional and or physically intimate relationship. The West Encyclopedia of American Law defines the term as couples who are not married while Abubakar et al., (2008) defines cohabitation as simply the act of a man and woman living together and having a sexual relationship without being married. Prior to 1970, cohabitation was illegal and even considered as a taboo in most states (Popenoe et al., 1999). Today, the practice has become common worldwide. In the United States, cohabitating couples account for 5.5 million households (A Few Facts on Cohabitation- (2001).

The trend has also increased rapidly in majority of the higher institute of learning, reason being the increase in the number of undergraduate students and the inability of the tertiary institutions in expanding and building new hostels which has forced several students to look for accommodation outside the campus. This has led to the emergence of an unacceptable trend in most of the universities in which male and female students cohabit in the same room. Some call it campus marriage but it would rather be called “cohabitation” among students, since it is an indecent act perpetuated off campus (Abubakar et al., 2008). Popenoe and Whitehead (2002) asserted that what makes cohabitation so significant is not only its prevalence but also its widespread and popular acceptance.

They went further to say that in recent students representational survey, nearly 66% of high school senior boys and 61% of the girls indicated that they agreed or mostly agreed with the statement claiming that it is usually a good idea for a couple to live together before getting married in order to find out whether they can really get along. Yet, cohabitation prior to marriage has been consistently associated with poorer marital communication quality, lower marital satisfaction and higher levels of domestic violence (Clarkberg, M, Ross, M. Stoltenberg and Linda J. W.1995).

On the 29th of July 2012, the observer newspaper in Uganda had an article entitled “cohabitation on the rise, fueling HIV rates”. A recent Center for Disease Control and Prevention survey dubbed ‘Risk factors for un planned sex among University students in Kampala, cites premarital sex as the factor perpetuating cohabiting among University students. This reinforces the findings of the 2010 HIV/AIDS sero behavioral survey which noted that most male students wanted to test the ir compatibility with a partner before they commit to a legal union, a decision that promotes cohabiting.

This research intends to determine the health impact of cohabitation among undergraduate students in Kampala International University-Western campus (KIU-WC).
1.1 Problem statement

Since cohabitation is against the norms and values of our society, most students that live together do not allow their parents to know about it. This therefore exposes the students to all forms of risk and harm as they continue to cohabit. Health dimension aspect of the problem is worrisome. Cohabiting students will most likely engage in unprotected sex which could result in sexually transmitted infections and the much dreaded HIV/AIDS disease (Ogunsola et al., 2004). the female students may indulge in the use of oral contraceptive in order to avoid unwanted pregnancy. But when pregnancy does occur, sometimes, the female student is more likely to seek abortion as a way out. This may expose the female students to quack doctors who are not licensed practitioners and this may result in septic abortion associated with hemorrhage, sepsis and acute renal failure all of which endanger life.

Depression is a major consequence of cohabitation, the pains from such sexual break-ups is a factor in depression and suicide attempts among some young people. Bulanda and Lee’s (2005) noted that cohabiting women exhibited significantly more depressed symptoms than married women. Bulanda and lee’s talked about depression in relation to cohabiting women in general, but did not mention if the same challenge affect female students. This study therefore intends to find out the health challenges related to cohabitation in KIU-Western Campus.

1.2 OBJECTIVES OF THE STUDY

1.2.1 Broad objective

To assess the health impact of cohabitation among undergraduate students in Kampala International University-Western Campus.

1.2.2 Specific objectives

1. To establish the factors responsible for cohabitation among students.

2. To examine the impact of cohabitation on students health.

3. To identify the factors to discourage cohabitation among the students.

1.3 RESEARCH QUESTIONS

1. What are the factors responsible for cohabitation among students?

2. What is the impact of cohabitation on students’ health?

3. What are the factors discouraging cohabitation among the students?
1.4 SIGNIFICANCE OF THE STUDY

The understanding of the health impacts of cohabitation is critical to countries like Uganda which are experiencing an increase in population of undergraduate students. However, little research has been done in this part of the country.

This study will fill some gap in the literature on cohabitation among undergraduate students in Uganda. The study will bring to the fore the various reasons for cohabitation as well as provide a base for understanding the various consequences from cohabitation. When the findings of the study are made known, it will aid the university community as well as policy makers to understand the phenomenon and for adequate measures to be taken to bring the issue under control.

1.5 SCOPE OF THE STUDY.

The study was conducted among undergraduate students in Kampala International University-Western campus, Ishaka, Bushenyi district.

The time taken for the study was from June to September 2014.
CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 FACTORS RESPONSIBLE FOR COHABITATION

The increase in cohabitation is one of the most significant shifts in family demographics of the past century (Alo et al., 2008). The practice has become common, in the United States, cohabitating couples account for 5.5 million households (A Few Facts on Cohabitation, 2001). The majority of young people believe that it is a good idea to live with a person before marriage (Popenoe et al., 1999). Currently, nonmarital unions have become common because the meaning of the family has been altered by individualistic social values that have progressively matured since the late 1940s (Ogunsola et al., 2004).

In the general public, several factors have been shown to fuel the rapid rise in cohabitation;

To begin with, economic factors play an important role as a cause for cohabitation and the outcome of these unions. Partners of all income levels may move in together partly to save money, but those with the lowest income and education levels are the least likely to see their cohabitation result in marriage (Lichter et al., 2008). Majority of young adults believe that cohabitation provides a good test for compatibility. They argue that by cohabiting, one can actually get to know their partner well (Glenn et al., 2005).

A number of cohabiting couples believe that this practice lowers the likelihood of marital distress and divorce, once married (Johnson et al., 2002). A previous study indicated that people have replaced a more stable relationship union type (marriage) with a less stable union (cohabitation) -(Bumpass et al, 1991). Other factors that have been shown to promote cohabitation include societal value change and decline in the influence of religion (The Problem of Cohabitation 2001).

The trend has caught on in Uganda with the biggest known practitioners being university graduates and students in higher institution of learning (The Independent newspaper, October 29th 2008). According to that article, some of the students already cohabiting said they wanted to dodge rent, get food and survive.

Some said they cohabit because they lack family support and parental love. Others simply said they wanted to fit in as “it is fashionable” claims a third year Information Technology student at Makerere University.
Others who spoke to the independent said they cohabit because they are already betrothed to each other and are thus road testing. The 2010 HIV/AIDS sero-behavioral survey noted that most male students want to test their compatibility with a partner before they commit to a legal union, a decision that promotes cohabiting. ’Kefa Otiso in his book: Culture and Customs of Uganda, says the breakdown of social customs engendered by modernization has contributed to the rise of cohabitation in Uganda’s urban areas. He adds that high poverty levels are preventing many marriage-age people from meeting up-front cost of marriage like dowry, wedding and reception forcing them to cohabit.

A study at the University of Ibadan in Nigeria revealed that cohabitation is due to the increase in the number of undergraduate students and the inability of the School authorities to provide adequate hostel accommodation (Ogadimma et al., 2013). Others include; problems with roommates, lack of privacy and the need to be close and intimate with ones lover. Popenoe and Whitehead (2002) asserted in a recent students representational survey, nearly 66% of high school senior boys and 61% of the girls indicated that they agreed or mostly agreed with the statement claiming that it is usually a good idea for a couple to live together before getting married in order to find out whether they can really get along.

2.2 THE IMPACT OF COHABITATION ON HEALTH.

The participants in a cohabitation setting are not immune from the various problems that besiege it. Health dimension aspect of the problem is worrisome. Depression is a consequence of cohabitation among students as a result of the emotional aftermath of broken sexual relationships. The pain from such sexual break-ups is a factor in depression and suicide attempts among some young people.

Brown, Bulanda and Lee’s (2005) noted that cohabiting women exhibited significantly more depressed symptoms than married women but do not differ from un-partnered women. This is to say that cohabitation does not offer the same protective effect as marriage particularly for women. Similarly, cohabiting men report more depressive symptoms than married men. Lee (2007) also asserted that high rate of unstable relationship in cohabiting relationships can explain why levels of depression tend to be high for cohabiting couples.
Cohabiting students will most likely engage in unprotected sex which could result to sexually transmitted infections such as gonorrhea and syphilis and the much dreaded HIV/AIDS disease (Ogunsola et al., 2004). Experts in the Uganda AIDS commission say cohabiting partners are prone to catching the AIDS virus because they have limited chances of negotiating for safer sex for fear of rejection by their partners (The Independent newspaper, 29th October 2008). In March 15th 2011, reinhard Kaiser et al published a report for the Kenya AIDS Indicator survey (KAIS). It was entitled ‘Factors associated with HIV infection in married or cohabitating couples in Kenya’. The study showed that in 83.6% of HIV-infected Kenyans living in married or cohabitating relationships, neither partner knew their HIV status. On 29th July 2012, the observer newspaper in Uganda had an article entitled ‘cohabiting on the rise fueling HIV rates’. According to the 1992 National Health and Social life Survey, cohabiting couples have an average of about one additional sex act per month. 20% of cohabitating women say that they have had secondary sex partners while in that relationship (Harms et al., 2000).

Men and women who cohabit are more likely than married people to experience partner abuse, both physical and sexual. Assault is 62 times more likely among cohabitating couples (A Few Facts on Cohabitation 2001). 16% of cohabiting women reported that arguments with their partners became physical (The 1992 National Health and Social and life Survey). Ferguson, Horwood and Llnyskey, (1997) asserted that sexual abuses are associated with increased sexual risks like unwanted pregnancy. This practice of cohabiting has serious health issue especially to the female students who may indulge in the use of oral contraceptive in order to avoid unwanted pregnancy. But when pregnancy does occur, sometimes, the female student is more likely to seek abortion as a way out. This practice of seeking for abortion may lead to another problem of exposing the female students to quack doctors who are not licensed practitioners and this may result in a whole of health complications such as pelvic inflammatory disease(PID) and infertility with serious negative spillover effects in the long run (Ofoegbu et al., 2002).

2.3 FACTORS THAT DISCOURAGE COHABITATION

The majority of young people believe that it is a good idea to live with a person before marriage, yet Cohabiters experience more difficulty in their future marriages with adultery, alcohol, drugs, and independence than their non-cohabitating counterparts (Staton, 2003). On the 30th of June 2011, the Sun newspaper in the United Kingdom (UK) had an article entitled-‘How to avoid cohabitation’. The writer outlined various ways to reduce the prevalence of cohabitation: Couples can get to know each other
better even if they don’t cohabit. The key is to spend time with each other and have meaningful discussions about life’s issues.

There’s no better preparation for marriage than two people who love each other getting together on a regular basis, spending meaningful time together and planning their future in a mature atmosphere of mutual love and respect. It’s advisable that couples should not engage in pre-marital sex because of all the dangers associated with such lifestyles. Furthermore, when a girl falls pregnant, parents should not force her out of the home which could force her to cohabit with the man responsible for pregnancy. Parents also need to rethink their perspective on the dowry system and refrain from making it a commercial enterprise. The dowry should be a token of appreciation of the coming together of two families to celebrate their children’s hopes of a joyous future.

The young people should not be swayed by the ever changing trends, the fact that most people cohabit doesn’t mean its right. Similarly, life cannot be lived by following one’s feelings because feelings are unstable. Feelings may be right today but wrong tomorrow. The only best thing is to follow the will of God rather than your feelings. There are several ways of cutting expenses, and cohabitation is certainly not one of them. People should pursue more legitimate means such as purposeful planning including avoiding impulse buying and indebtedness etc. last but not least, the presence of a child or children should not be the reason for two people to live together. Sex should be based on true love for each other and a commitment to marriage vows. One should first become husband or wife before becoming parents. Legal experts say Uganda’s law does not recognize these ad hoc marriage arrangements so those cohabiting would find it hard to legally challenge their partner on many issues if the need arose. Because of the growing number of cohabiting households, the proposed Domestic Relations Bill seeks to automatically make a two-year or longer cohabitation a legally recognized marriage. This provision apparently intends to protect children born of such marriages (The Uganda Independent newspaper, 29th October 2008).The high school years, in particular, can be a prime time for dealing with these issues, when dating, and the desire to date, are foremost in the minds of adolescents. During this time they can be given the spiritual foundation that helps them to make informed, faith-filled and life-giving choices throughout their lives. With this foundation, it can be hoped that couples will choose not to cohabit before marriage (Archdiocese of Miami, Marriage Preparation Guidelines, 1997; Diocese of Phoenix, Marriage Preparation Policy Handbook, 1998).Pope John Paul II asserts that pastors and the ecclesial community should take care to become acquainted with such situations and their actual causes, case by case. They should make tactful and respectful contact with the couples concerned and enlighten them patiently, correct them charitably and show them the witness of Christian family life in such a way as to smooth the path for them to regularize their situation (Familiaris Consortio 1981).
CHAPTER THREE

3.0 RESEARCH MEDOTHOLOGY

3.1 STUDY DESIGN.

The study design was a descriptive cross-sectional study. Descriptive study involves the systematic collection and presentation of data to give a clear picture of a particular situation. Cross sectional studies aims at quantifying the distribution of certain variables in study population at a point in time.

The design offers information about a population at a given point in time. It gave immediate knowledge and information on the subjects under study. Data sources from this study were entirely obtained from the questionnaires.

3.2 AREA OF THE STUDY

The study area was Kampala international university-Western Campus (KIU-WC) situated in Ishaka town which is located along Mbarara-Kasese highway 4Km from Bushenyi town. It’s a privately owned tertiary institution which offers certificate, diploma and degree courses in Medical and Art courses. KIU-WC is approved by the higher council of education and was accredited in January 2009.

Being an International university, it receives students from all over Africa with majority coming from Uganda, Kenya, Tanzania, Rwanda, Burundi, Zambia Somali and Nigeria.

3.3 POPULATION OF THE STUDY

The population of the study consisted of undergraduate students of KIU-WC because they were knowledgeable about the topic being researched about.

3.4 SAMPLING METHODS

3.4.1: Sample Size and Selection.

The study used a systematic sampling procedure; where by the researcher created an interval per the respondent to be studied.

\[ N \text{ the population of the study} \]

\[ M \text{ the sample size} \]

\[ k \text{ the number of intervals (i.e. every } k \text{th element is selected)} \]
For example assuming that the population size in the study area is 500 and the sample size is 100,

\[ N = 500 \]
\[ M = 100 \]
\[ \frac{N}{500} = \frac{100}{5} \]

This means that every 5th person was interviewed and given the questionnaire (Amin et al., 2005).

3.4.2 Inclusion criteria.

The study included all the male and female undergraduate students.

3.4.2 Exclusion criteria.

The study excluded all the postgraduate students, non-student male and females such as teaching staff and workers.

3.5 DATA COLLECTION METHODS AND TOOLS

3.5.1 Quantitative methods

The method used one hundred semi-structured questionnaires to get responses from the undergraduate students’ who were assumed to be the ones mostly affected by cohabitation. The method was precise and direct to the point.

3.6 RELIABILITY AND VALIDITY OF INSTRUMENTS

The study instruments were pre-tested before the actual field work so as to establish their validity and reliability.
3.7 DATA PROCESSING AND ANALYSIS

3.7.1 Quantitative analysis

Questionnaires were edited before leaving the field to check for uniformity, accuracy, completeness and consistency. Data was coded and analyzed using Statistical Package for Social Sciences (SPSS) program. Frequency tables were used to present the findings.

3.8. ETHICAL CONSIDERATION

A letter of introduction to the respondents was obtained from the university, the researcher then explained the purpose and benefits of the study to the respondents as well as the research assistants.

Confidentiality between the respondents was respected and none of them was coerce.

3.9 LIMITATION OF THE STUDY

- There was limited time; because the research was done when normal classes were going on.
- Financial challenges.
CHAPTER FOUR

4.0 DATA PRESENTATION

4.1 THE SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The socio demographic characteristics of respondents that were considered important in this study were; age, religion and the year of study. The table below presents the age of the respondents.

Table 4.1: The age of respondents

<table>
<thead>
<tr>
<th>RANGE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-20</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>21-25</td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>26-30</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>30 and above</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

From the above table, 63% of the respondents were aged between 21-25 years, followed by those between 18-20 at 23%. These were followed by those between 26-30 at 11%. Those aged 30 years and above stood at 3%.

Table 4.2: Religious denominations of Respondents

<table>
<thead>
<tr>
<th>RELIGION</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pentecostal</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Catholic</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Protestant</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Muslim</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Others</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

Table 4.2 above indicate that majority of the respondents were protestants (33%). At second place were the Catholics at 19%. These were followed by the other denominations such as Seventh day Adventist and the born again at 17%. The Muslims stood at 16% while the Pentecostals stood at 15%.
Table 4.3: Year of study of the respondents

<table>
<thead>
<tr>
<th>YEAR OF STUDY</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

From the above table, most of the respondents were 1<sup>st</sup> and 2<sup>nd</sup> years at 35% and 32% respectively. 3<sup>rd</sup> and 5<sup>th</sup> years followed at 15% and 9% respectively. Finally, the 4<sup>th</sup> and 6<sup>th</sup> years closed the tally at 5% and 4% respectively.
4.2: FACTORS RESPONSIBLE FOR COHABITATION

After identifying the important socio-demographic characteristics of the respondents, the researcher established the factors responsible for cohabitation.

Table 4.4: Factors responsible for cohabitation

<table>
<thead>
<tr>
<th>REASON FOR COHABITING</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>To test the compatibility of their partner</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>To save money</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Lack of accommodation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lack of family support and parental love</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>To avoid divorce, once married</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>To fit in since it’s fashionable</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Decline in the influence of religion</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>To be close and intimate to loved ones</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>Two or more of the above reasons</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>
The table above summarizes the various reasons for cohabitation. Majority of the respondents (32%) highlighted to be close and intimate to loved ones as the main reason why students’ cohabit. 21% of the respondents outlined more than one factor.

These were followed by 13% of people who highlighted lack of family support and parental love. To test the compatibility of one’s partner and to fit in both tied at 9%.

To save money and decline in the influence of religion followed at 8% and 7% respectively. No respondent singled out lack of accommodation as a cause but it appeared among the 21% who outlined more than one factor. To avoid divorce stood at 1%

**4.3: THE IMPACT OF COHABITATION ON HEALTH**

**Table 4.5: The impact of cohabitation on health**

<table>
<thead>
<tr>
<th>IMPACT</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Partner abuse (physical and sexual)</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Unwanted pregnancies</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Unsafe abortions</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>More than one impact</td>
<td>31</td>
<td>31</td>
</tr>
</tbody>
</table>

From the above table, 31% of respondents highlighted more than one impact. Unwanted pregnancy came second at 18%. Both STIs and partner abuse tied at 13% as was depression and HIV/AIDS at 10% each. Unsafe abortions closed the tally at 5%.
### 4.4: FACTORS THAT DISCOURAGE COHABITATION.

Table 4.6: Factors that discourage cohabitation

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide more hostels for female students</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Making accommodation affordable to students on campus</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Encouraging parents to regularly visit their children at campus</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Enlighten students during orientations about the dangers of cohabitation</td>
<td>57</td>
<td>57</td>
</tr>
<tr>
<td>More than one factor</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>
From the above table, majority of the respondents (57%) highlighted the need to enlighten students during orientations about the dangers of cohabitation as the most reliable means to reduce cohabitation. 21% gave more than one factor while a further 10% affirmed that encouraging parents to regularly visit their children at campus could be helpful. Making accommodation affordable to students on campus and Provision of more hostels for female students followed at 7% and 5% respectively.
CHAPTER FIVE

5.0 DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS OF THE FINDINGS

5.1 DISCUSSIONS OF THE FINDINGS

5.1.1 Socio-demographic characteristics

To begin with, 63% of the respondents were aged between 21-25 years, followed by those between 18-20 at 23%. These were followed by those between 26-30 at 11%. Those aged 30 years and above stood at 3%. In as much as the ages of the respondents were not predetermined, the study managed to capture the various age groups within the student community. This was considered an important aspect since the majority of young people believe that it is a good idea to live with a person before marriage (Popenoe et al., 1999).

In regard to religion, majority of the respondents were Protestants (33%). They were followed by the Catholics at 19% who were then followed by the other denominations such as Seventh day Adventist and the born again at 17%. The Muslims stood at 16% while the Pentecostals came last at 15%. The ability of the study to involve the various religious affiliations of the respondents’ added value to the research findings. One of the factors responsible for the rapid increase in cohabitation is the decline in the influence of religion (Explanations for Cohabitating, 2001).

The year of study of the respondents was an important element in the study as it eliminated biasness during the exercise. In a nutshell, it gave a clear view concerning the distribution of cohabitation within the undergraduate students’ community. Most of the respondents were 1st and 2nd years at 35% and 32% respectively. 3rd and 5th years followed at 15% and 9% respectively. Finally, the 4th and 6th years closed the tally at 5% and 4% respectively.

5.1.2: Factors responsible for cohabitation

Majority of the respondents asserted that the main reason for cohabitation is to be close and intimate to loved ones (32%). most of them agreed that it’s worthwhile to enjoy intimate moments with cherished ones as you prepare for the future.
Some of the respondents (21%) highlighted more than one reason why students cohabit. This is close to an earlier finding in Uganda (The Independent newspaper, October 29th 2008), according to that report, the students already cohabiting said they wanted to dodge rent, get food and survive. Some said they cohabit because they lack family support and parental love. Others simply said they wanted to fit in. “it is fashionable” claims a third year Information Technology student at Makerere University. Others who spoke to the independent said they cohabit because they are already betrothed to each other and are thus road testing.

In general, the people that gave a single reason for cohabitation, lack of accommodation was never highlighted as a factor but it later appeared as a reason among the 21% who asserted that there are multiple reasons why students cohabit. Lack of family support and parental love was also another major reason for cohabitation (13%). Some individuals said that in many occasions, the up-keep money they receive is not sufficient for their requirements. For this reason, it’s important to ‘couple up’ in order to share the cost of living.

To fit in and to test the compatibility of one’s partner both stood at 9%. Of the people that talked about testing the compatibility of a partner, a good number explained that its quit healthy to explore and learn some one before you finally say “I do”. This reflected the 2010 HIV/AIDS sero-behavioral survey which noted that most male students want to test their compatibility with a partner before they commit to a legal union, a decision that promotes cohabiting.

To save money and decline in the influence of religion followed at 8% and 7% respectively. The respondents who highlighted saving money asserted that cohabitation actually reduces the daily expenses to almost a half.

Concerning decline in religion, some individuals said that majority of church goers confuse courtship with cohabitation. In a nutshell, many people cohabit instead of courting. Finally, to avoid divorce came at 1%, with the individual insisting that by the time people are done with cohabiting, they would have ‘ironed’ their differences and could now settle in marriage.
5.1.3: The impact of cohabitation on health

Most of the respondents (31%) highlighted more than one impact of cohabitation on health. They affirmed that in as much as cohabitation seems to be harmless superficially, it can lead to serious health concerns which ultimately affect their academic performance. This was in line with Abubakar’s (2008) report which stated that students, whose major purpose of coming to the tertiary institution is to acquire knowledge turn around to combine “married life with academic life” usually face serious or great consequence of less level of concentration in school. This invariably affects their academic performances adversely.

Unwanted pregnancies came second at 18%. Reason given by some individuals was alarming; they claimed that at times, one may require proving their love by engaging in unprotected sexual intercourse. A practice that can lead to unwanted pregnancy.

Sexually transmitted infections (STIs) and partner abuse followed, both at 13%. The findings concerning partner abuse reflected the outcome of a previous study done in Europe, which indicated that assault is 62 times more likely among cohabitating couples (A Few Facts on Cohabitation, 2001). Depression and HIV/AIDS followed both at 10%. Most of the respondents who highlighted depression as a consequence of cohabitation added that the numerous love triangles as well as untimely break-ups among cohabiting couples were the main reason for the prevalence of depression. Basing on the existence of love triangles, it can be concluded that the STIs mentioned above also have their genesis from this behavior. Others said HIV/AIDS is their biggest worry since the other health concerns can be managed in the long run.

5% of the respondents noted that unsafe abortions was a big risk since most cohabiting couple don’t use protection during their intimate moments.

5.1.4: Factors that discourage cohabitation

Majority of the respondents (57%) mentioned the need to enlighten students during orientations about the dangers of cohabitation as the most effective means of reducing the practice among students. They claimed that once every one has been warned about the dangers of such unions, it will be up to them to either rule the practice in or out of their lives during their stay in campus.

A further 21%, indicated that at least more than one factor needed to be in place just to improve efficiency in cohabitation reduction. 10% of the respondents did not just approve parents to regularly visit their children at campus, they insisted that these visits should be impromptu so that cohabiting couples can easily be ‘smoked out.’
Making accommodation affordable to students and providing more hostels for female students followed at 7% and 5% respectively. This group of respondents reasoned that with affordability and more hostel rooms in place, especially for the ladies, cohabitation rates could be brought down considerably.

5.2 CONCLUSIONS

Majority of the respondents were aged between 21-25 (63%), followed by those between 18-20 (23%). The least group were those above thirty years (3%). Most religious affiliations of the respondents were captured by the study and Protestants and Catholics took the top spot at 33% and 19% respectively. Islam and other religious denominations were fairly represented while Pentecostal closed the group at 15%.

Most of the people interviewed turned out to be 1st and 2nd years with their tally standing at 35% and 32% respectively. 3rd and 5th years were fairly represented while 4th and 6th years closed the tally at 5% and 4% respectively.

To be close and intimate to loved ones was the main fuelling factor for cohabitation (32%), followed by those who asserted that cohabitation results from more than one factor (21%). Lack of accommodation was never singly selected but it only appeared among the respondents that highlighted more than one reason for cohabitation.

Concerning the impact of cohabitation on health, majority of the people interviewed agreed that the effects are numerous and that they ultimately have a bearing on the academic status of an individual (31%). Unwanted pregnancies followed at 18%, STIs and partner abuse tied at 13% each and so was depression and HIV/AIDS at 10%. Unsafe abortions closed the tally at 5%.

57% of the respondents affirmed that to enlighten student during orientations was the best measure to reduce cohabitation. These were followed by those who stood for more than one measure to reduce the practice. 10% of the people strongly agreed with the idea of encouraging parents to regularly visit their children at campus. Making accommodation and provision of more hostels for female students closed the tally at 7% and 5% respectively.
5.3: RECOMMENDATIONS OF THE FINDINGS

Basing on the outcome of the study, the searcher recommended the following factors to help cut down the rates of cohabitation among undergraduate students in KIU-WC.

The institution should provide a platform on which parents or guardians of the students will be advised on the need for them to always find time to visit their children on regular basis. This will enable parents to have the opportunity to assess their social life on campus as well as magnify the family love and support that might have been compromised by distance.

Secondly, Students should be adequately enlightened during orientations about the dangers of cohabitation. When this is done appropriately, the new students will be well informed and can easily choose not to indulge in such unions.

For the greater good, The University authority must find a way of regulating and monitoring the conducts of the students who live off campus with the help of the community leaders within the neighborhoods where students live.

The universities should strengthen its counseling unit so that students can easily meet social councilors whenever they are in danger or being abused.

And since prevention is better than cure, the University authority should provide more hostels for female students; it also needs to make accommodation more affordable to students on campus.

Last but not least, the various religious leaders should organize regular seminars to shed more light on relationships, dating, courtship as well as family life. This will indeed equip the young people as they struggle to achieve their academic dreams.
REFERENCES


5. Ogadimwa, 2013, Cohabitation among University of Ibadan Undergraduate students


11. The Ugandan Observer online newspaper, 29th July 2012.

12. The Ugandan Independent online newspaper, October 29th 2008.

13. The United Kingdom online Sun newspaper, 30th June 2011.


19. William Harms, 2000, Cohabitation’s negative effects.
QUESTIONNAIRE FOR RESPONDENTS.

A STUDY ON THE HEALTH IMPACT OF COHABITATION AMONG UNDERGRADUATE STUDENTS IN KAMPALA INTERNATIONAL UNIVERSITY-WESTEN CAMPUS.

Tick the appropriate choice(s)

1. AGE

   18-20 [ ]
   25-26 [ ]
   26-30 [ ]
   30 and above [ ]

2. RELIGION

   Pentecostal [ ]
   Catholic [ ]
   Protestant [ ]
   Muslim [ ]
   Others [ ]

3. YEAR OF STUDY

   1st [ ]
   2nd [ ]
   3rd [ ]
   4th [ ]
   5th [ ]
   6th [ ]

4. Why do people cohabit

   To test the compatibility of their partner [ ]
   To save money [ ]
   Lack of accommodation [ ]
   Lack of family support and parental love [ ]
   To avoid divorce, once married [ ]
To fit in since it’s fashionable [ ]
Decline in the influence of religion [ ]
To be close and intimate to loved ones [ ]

5. What are the impacts of cohabitation on health

Depression [ ]
Sexually transmitted infections [ ]
HIV/AIDS [ ]
Partner abuse (physical and sexual) [ ]
Unwanted pregnancies [ ]
Unsafe abortions [ ]

6. What are the factors that can reduce cohabitation

Provide more hostels for female students [ ]
Making accommodation affordable to students on campus [ ]
Encouraging parents to regularly visit their children at campus [ ]
Enlighten students during orientations about the dangers of cohabitation [ ]

THANK YOU VERY MUCH FOR YOUR COOPERATION.