

**KNOWLEDGE AND ATTITUDE TOWARDS USE OF CONDOMS IN HIV/AIDS
PREVENTION AMONG WOMEN OF REPRODUCTIVE AGE (15-49) IN MAKINDYE
DIVISION**

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DECLARATION

I Muyama Doreen Loy hereby declare that the work presented in this dissertation is original and has not been presented elsewhere for any academic qualification. It is entirely my work whereby if any individuals' information has been used, has been quoted and references provided.

Name of Researcher; Muyama Doreen Loy **Signature**

Name of Supervisor; Apio Judith All Saints **Signature**.....

Date of Submission;

DEDICATION

This research report is dedicated to Ms. Namuhenge Maria Gorret, My parents; Mr. and Mrs. Teddy Walutsyo, Meg Styles and the entire Gretta Foundation, and all those who have cared for, facilitated and supported me.

Thank you very much and may the Almighty Lord bless you abundantly.

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LIST OF ACRONYMS

- ABC** - Abstain, Be faithful, Use condoms
- AHF** - Aids Health Care foundation
- AIDS** - Acquired immunodeficiency syndrome
- AMEN** - AIDS in Multi-Ethnic Neighborhoods
- CDC** - Centre for Disease Control
- HIV** - Human Immune Virus
- NHIS** - National Health Interview Survey
- PEPFAR** - President's Emergency Plan for AIDS Relief
- PMTCT** - Prevention of Mother To Child Transmission
- SPSS** - special Package for social sciences
- SRPS** - Sexual Relationship Power Scale
- STD** - Sexually Transmitted diseases
- STI** - Sexually Transmitted Infections
- U.S.A** - United States of America
- UNAIDS** - United Nations joint program on HIV/AIDS
- WHO** - World Health Organization

ABSTRACT

OBJECTIVE: To investigate the level of knowledge and determine attitude towards use of condoms in HIV/AIDS prevention among women of reproductive age (15-49) in Makindye Division, to help find new methods, or improve the old methods to improve the knowledge and attitude towards condom use, and therefore increase level of condom use among women of reproductive age in order to reduce the increasing prevalence of HIV/AIDS among women.

METHODS: The study was cross sectional in nature and used a combination of quantitative data collection technique. An interviewer administered questionnaire was administered using systematic random sampling technique to survey of 334 women of reproductive age in Makindye division, from which results were analyzed using SPSS at Descriptive level.

RESULTS: General knowledge about condom use in HIV prevention was high; (93.41%, 312/344) knew that HIV can be prevented by proper and consistent use of condoms. The attitude towards condom use was poor; (63.2%, 211/334) agreed that sex with a condom is unpleasurable, (59.6%, 199/344) agreed that it's embarrassing for a woman to ask the partner to use a condom during sex, approximately half of the respondents (49.4%, 165/334) agreed that sex with a condom is painful. (46.1%, 154/334) of respondents were afraid that they might get physical/verbal/emotional abuse from the partner if she suggested condom use. (48.5%, 162/334) agreed that religion affects their need to use condoms, and of these the majority (40.1%, 65/334) said condom use is against the will of God. Many participants (48%, 160/334) believed that it is unnecessary to use a condom with a long term partner. Level of condom use among respondents was low; although (88.62%, 296/334) had ever used condoms, most (52%, 154/296) of the respondents used condoms mostly to prevent pregnancy, almost all the respondents who reported to have ever used a condom were conversant with the male type of condom, majority (74.77%, 221/296) had not been using condoms consistently in the last six months. (52.4%, 175/334) said they were not planning to continue using condoms consistently, (46.7%, 156/334) of respondents confessed to have had unprotected sex because condoms are not available at the time of sex.

CONCLUSION: Despite the high levels of knowledge about condoms and condom use among women of reproductive age in Makindye division, several of them had a poor attitude towards condom use although some reflected a good attitude in relation to their condom use levels. The general low use was attributed to reasons like painful and unpleasurable sex associated with condoms in addition to the

embarrassment women felt both in purchasing or carrying a condom during sexual intercourse because they considered this to be is a man's responsibility.

OPERATIONAL DEFINITIONS

A condom; is a thin sheath of rubber, or latex vinyl, or natural animal products placed on the penis before sexual intercourse (Uganda clinical guidelines, 2010)

Condom use among women to prevent HIV is the proper and consistent use of condoms during sexual intercourse by women to prevent HIV.

Knowledge about condoms in HIV prevention is information women have about condom use in HIV prevention.

Attitude towards condom use in HIV prevention is the way women perceive and feel about condom use in HIV prevention.

CHAPTER ONE

1.1 INTRODUCTION

Globally, a condom is an important method of prevention of sexually transmitted infections especially HIV/AIDS because of the mechanical barrier it provides to the genital tract during sexual intercourse (Jain et al., 2009).

The use of the condoms was traced back to several thousand years ago. 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. During eighteenth century, the technological development improved the quality of condoms. Rubber was developed as material because of its strength and elasticity. An estimated 4 million women use condoms while as many as 60% of all condoms are used outside marriage (Gardner et al., 2001).

1.2 BACKGROUND TO THE STUDY

Globally, the effectiveness of condoms in preventing STIs depends on the user. Previous studies showed that the risk of STIs is greater when condoms are not used correctly and consistently with every sexual act. However, when it's used every time and in the approved manner it could prevent up to 80 to 95% of HIV transmission (USAIDS, WHO, 2007). As the annual number of people newly infected with HIV continues to decline worldwide, there is stark regional variation (Global HIV/AIDS response, 2011). At the end of 2010, an estimated 34 million people were living with HIV globally, including 3.4 million children less than 15 years. There were 2.7 million new HIV infections in 2010, including 390,000 among children less than 15 years (Global HIV/AIDS response, 2011).

In a study done among sexually active individuals in the U.S. population to establish rates of condom use among both sexes, Condom use by men during past 10 vaginal intercourse events was slightly higher (21.5%) than that reported by women (18.4%) ([Reece M et al 2010](#)).

A cross-sectional survey on sexual activity of out-of-school female youth, and their knowledge and attitude towards HIV/AIDS and its prevention was done in Awassa in southern Ethiopia and found out that most (94.4%) study subjects knew about HIV/AIDS and its prevention that included condom use (Negussie Taffa, 2003).

In sub-Saharan Africa, HIV affects women disproportionately hence accounting for 60% of the HIV infections (UNAIDS, 2008). This is often attributed to biological reasons, socio-economic status, and lack of bargaining power preventing use of preventive measures (Dunkle et al. 2004). In western Africa, the number of women with comprehensive HIV knowledge is found to be 10-20% lower than men (Lowndes et al.2008), such differences have led to many prevention programs focused on women. Unless men and women share equal decision-making powers in their interpersonal relationships, there will still be increased HIV infections, and women will remain more vulnerable to HIV exposure (UNAIDS, 2004).

In fact, HIV prevalence in Uganda has risen from 6.4% to 7.3% in spite of receiving funding from the United States President's Emergency Plan for AIDS Relief (PEPFAR), Uganda is the only country reporting rise in HIV incidence, while other PEPFAR countries have consistently reported declines in HIV prevalence (<http://allarica.com/thread/comment>).

Despite the different methods that have been identified in prevention of HIV; for example ABC, which stands for "Abstinence, Be Faithful, or use Condoms," women still leave the responsibility to men (Okware, et al, 2005).

Uganda has curbed generalized epidemics, reducing the number of individuals' sex partners to have been more important than promoting the use of condoms (Hearst and Chen 2004). Other countries continue to have high rates of HIV transmission despite high reported rates of condom use among the sexually active

(Hearst and Chen 2004). The impact of condoms may be limited by inconsistent use, low use among those at highest risk, and negative interactions with other strategies (Hearst and Chen 2004).

1.3 PROBLEM STATEMENT:

A study conducted in Uganda by Kabikira indicates that among the respondents the percentage of non-use of condoms was higher among the females (n=60) at 41 (68.4%) compared to males (n=66) at 36 (54.5%) and concluded that being female seemed to be associated with a greater probability of not using a condom; (F.Kabikira, 2010), This has pushed the HIV prevalence in Uganda up from 6.4% to 7.3% over the last five years (<http://allarica.com/thread/comment>). Adult males and females are the most affected, with females making the bigger proportion (UNAIDS, 2008).

Sifris & Myhre, considered the general stigmatization of sexually active women, Unpleasant taste and smell, Reduction of sexual pleasure for both men and women, Loss of erection, Condom use may be seen as a declaration of distrust or infidelity, Condom use may be seen as a sign of sexual "promiscuity", Fear of being identified as "high risk," or as part of a stigmatized population and general condom fatigue to be the real reasons why women have a negative attitude towards condoms. (J. Myhre et al, 2013)

A lot has been done to combat the pandemic, with various campaigns being launched. The ABC strategy is one such campaign that has focused on Abstinence, Faithfulness and condom use with the aim of reducing new infection rates among people. Despite all these, the prevalence rates are continuously taking an upward trend. However it is not easy to point at one particular reason for this trend.

Consistent, proper, and correct condom use is one way in which HIV spread can be prevented yet knowledge and attitude towards condom use among women of reproductive age has not been widely

studied. This study therefore seeks to answer this question with the aim of coming up with better strategies to combat the HIV spread among women of reproductive age.

1.4 OBJECTIVES OF THE STUDY

1.4.1 Main objective

To establish the levels of knowledge and attitude towards use of condoms among women of reproductive age in Makindye division.

1.4.2 Specific objectives

1. To find out the level of knowledge about condoms use among women of reproductive age in Makindye division.
2. To determine the attitude towards condoms use among women of reproductive age in Makindye division.
3. To examine the practices of condom use among women of reproductive age in Makindye division.

1.5 RESEARCH QUESTIONS:

1. What is the level of knowledge about condom use among women of reproductive age in Makindye division?
2. What is the attitude towards of condom use among women of reproductive age in Makindye division?
3. What are the practices of condom use among women of reproductive age in Makindye division?

1.6 JUSTIFICATION OF THE STUDY

Although a lot has been done in the fight against HIV/AIDS in Uganda, the pandemic is still threatening with an increase in prevalence. It was imperative to find out what is fueling this continuous upward trend in the prevalence of HIV, and why women remain the most affected group.

Whereas there are available antiretroviral medicines for the treatment of HIV, prevention is the one sure way that can bring down the prevalence. Strategies aimed at prevention, one of which include condom use, should be even more emphasized. It is therefore important to find out the level of knowledge and the attitude towards condom use among women of reproductive age (15-49) years.

1.7 SIGNIFICANCE OF THE STUDY

Finding out the knowledge and attitude on condom use among women of reproductive age is envisaged to bring about a better understanding of issues surrounding condom use among women.

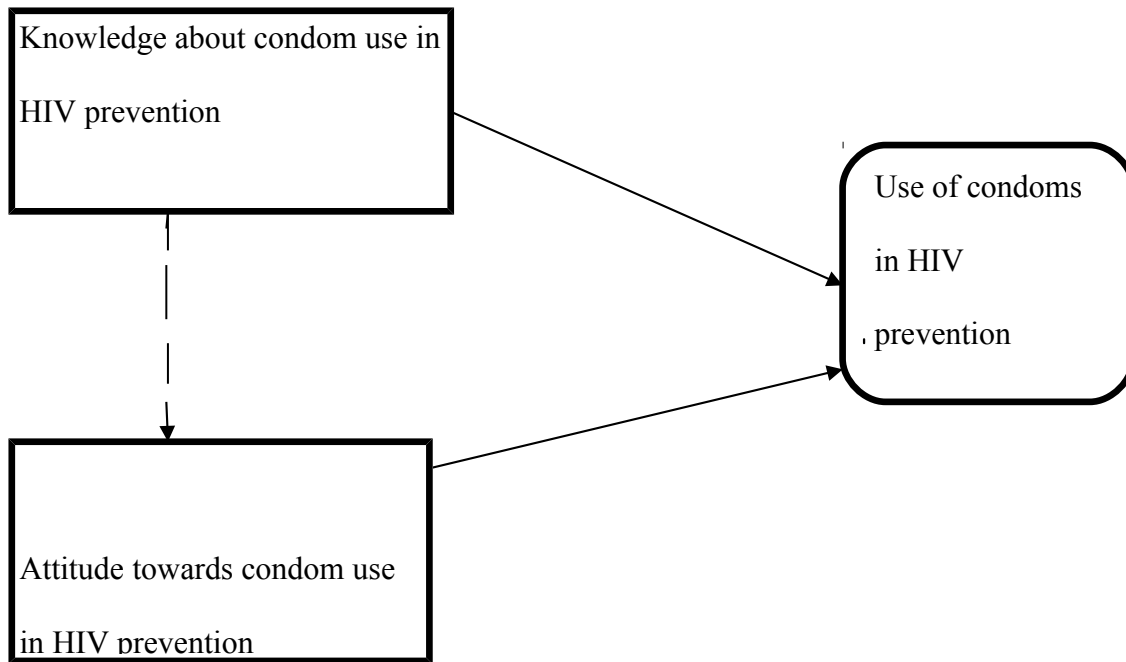
This means the results of knowledge in the study will be useful in formulating objectives to address the educational needs of women in Makindye division about condom use.

Attitudes that discourage condom use will be got from the results and recommendations made to address and suggest ways that promote behavior change towards condom use.

Results of the level of use will be used as a basis for formation of new policies on condom use and HIV prevention at large through designing innovative ways in which knowledge and attitude can be improved.

1.8

Figure 1: Conceptual framework



Description of the theoretical framework

Knowledge about condoms influences use of condoms in HIV prevention among women of reproductive age.

Attitude towards condoms affects use of condoms in HIV prevention among women of reproductive age.

Knowledge about condoms influences attitude towards condoms which intern affects the use of condoms in HIV prevention among women of reproductive age.

CHAPTER TWO

LITERATURE REVIEW

1.9 Introduction

In this chapter, the researcher reviewed key texts in the existing literature surrounding knowledge, attitude and condom use. Different researchers have written information in relation to condom use like in Newspapers and journal articles, books and the documentary exploring related literature.

As the search for new preventive technologies like HIV vaccines and microbicides continues to make progress, condoms still remain the key preventive tool for many years to come. Condoms are a key component of combination prevention strategies individuals can choose at different times in their lives to reduce their risks of sexual exposure to HIV (UNAIDS 2004). Increased condom use is considered to have played a role in the decline in HIV incidence in Africa since 2001 (UNAIDS 2011). When used consistently and correctly, the male condom is effective for the reduction of sexual transmission of HIV and of other sexually transmitted infections (UNAIDS, 2004). Condoms are of an advantage because they prevent both pregnancy and sexually diseases and HIV by preventing sperms from gaining access to the female upper reproductive tract and fertilizing the ova (Uganda clinical guidelines, 2010). Condoms are about 90% effective for preventing HIV transmission, (Hearst N, Chen S 2004).

Condoms are of two types, namely: The female condom and the male condoms.

The female condom is a soft plastic pre-lubricated sheath with an inner and outer ring which is inserted into the vagina before sexual intercourse; while the male condom is a thin sheath of rubber, or latex vinyl, or natural animal products. It is placed on the penis before sexual

intercourse (Uganda clinical guidelines, 2010). The male condoms are most preferred condoms, and they are the most bought on market and for this reason this study will focus majorly on male condom use amongst sexually active partners.

The CDC, 2006 Came up with basic guidelines on how to use a Condom consistently and correctly as follows:

A new condom is used for every act of vaginal, anal and oral sex throughout the entire sex act. A condom is put on the tip of the erect penis with the rolled side out before any genital contact. The tip is pinched enough to leave a half-inch space for semen to collect, and while holding the tip, unroll the condom all the way to the base of the erect penis. After ejaculation and before the penis gets soft, the rim of the condom is gripped and carefully withdrawn. Then the condom is gently pulled off the penis, making sure that semen doesn't spill out. This used condom is wrapped in a tissue and thrown in the trash where others won't handle it.

However, if one feels the condom break at any point during sexual activity, stop immediately, withdraw, remove the broken condom, and put on a new condom.

1.10 Condom use among women in HIV prevention

In this study, condom use will be defined as the consistent use of condoms during sexual intercourse by women to prevent HIV.

Condom use is the most common, simplest, and most available method in prevention of HIV. WHO, 2012 showed doubling of condom use in developing countries due to increased accessibility through low cost and free distribution. To derive maximum benefit, condoms must be used correctly and consistently (UNAIDS 20004). Uganda has for the last six years been importing condoms from South Korea. The Ministry of Health said condom distribution over the

last five years was below the projected needs and population demands (Daily Monitor, 14th/Feb/2013).

1.11 Prevalence of condom use

The prevalence of condom use varies greatly between countries. Japan has the highest rate of condom usage in the world accounting for almost 80% use.

In Spain, a national household survey carried out among a representative sample of 9,984 women aged 15 years and over in order to describe the frequency of HIV sexual risk behaviors and condom use pointed out that among those who had casual sexual partners during the preceding 12 months, 38% had always used condoms (Castilla j, Barrio g, et al 2010).

A recent study was conducted by Matseke G, Simbayi L, et al to find out determinants of condom use in South Africa showed that there was no gender difference found in condom use: males (64.6%) verses females (60.4%) (Matseke G, Simbayi L, et al, 2012)

Elsewhere in Africa, prevalence of condom use by adults females aged 15-49 according to World Health Statistics between 2003 and 2007 was as follows, Burkina Faso had 44% in 2003, Cameroon had 35% in 2004, Cape Verde had 57% in 2005, Chad had 7% in 2004, Colombia had 31% in 2005, Congo had 23% in 2005, Ivory Coast had 41% in 2005, Democratic Republic of Congo had 8% in 2007, Gabon had 26% in 2005, Ghana had 35% in 2006, Guinea had 20% in 2004, Haiti had 21% in 2005, Madagascar had 16% in 2004, and had Mali 8% in 2007 (WHO,2011)

In Uganda according to the 2012 Aids Health care Foundation (AHF) report, about 32% Ugandans used condoms in 2012, indicating a 2% increase up from 2011 (Daily Monitor, 14/Feb/2013). About 100 million condoms are imported to Uganda annually but the condom status

report indicates that an estimated 119 million more male condoms were needed by June 2012 (Daily Monitor, 14th /Feb/ 2013).

A population study in Rakai, Uganda about HIV incidence and sexually transmitted disease prevalence associated with condom use was studied. Results revealed that only 4.4% reported consistent condom use and 16.5% reported inconsistent use during the prior year. Condom use was higher among younger, unmarried and better educated individuals, and those reporting multiple sex partners or extramarital relationships. Consistent condom use significantly reduced HIV incidence (Lutalo, Saifuddin, et al 2003).

Knowledge about condoms affects use of condoms. Good attitude towards condom use improves condom use; also, knowledge about condoms affects attitude, and therefore affecting the use of condoms.

1.12 Practices of condom use

A research carried out to investigate condom use among university females in the USA showed that about 44% reported lack of condom availability, Participants reported errors that could have contributed to failure such as using sharp instruments to open condom packages (11%), storing condoms in wallets (19%), and not using a new condom when switching from one form of sex to another (83%). The other 38% reported that condoms were applied after sex had begun, and nearly 14% indicated they removed condoms before sex was concluded. Problems included loss of erection during condom application (15%) or during sex (10%). About 28% reported that condoms had either slipped off or broken. Nearly 19% perceived, at least once, that their condom problems necessitated the use of a new condom (Crosby Richard et al, 2003). Similarly, a study titled Condom use and breakage among women in a municipal clinic in the USA by Albert A.F,

et al (2007) showed that 36% of the 106 subjects had experienced at least one condom breakage, where by Condom breakage occurred in approximately 1 out of 100 acts of intercourse using condoms, with a lifetime breakage rate of 10 per 1000 condom uses and a past year breakage rate of 8 per 1000 condom uses. Breakage rates did not differ substantially by age. Reasons given for the breakage included: anal intercourse, minimal foreplay, and breakage prior to ejaculation. Therefore women need to be taught on how best condoms can be used to reduce the likelihood of breakage (Albert A.F, et al 2007).

In Seville in Spain, a study focused in sexual behavior among socially women indicated that 22% and 15% of participants had made consistent use of condoms in vaginal sex in the last year with occasional and regular partners respectively. There was a greater likelihood of inconsistent condom use with occasional partners among users who had had oral sex, and who does not know of HIV status of their partner (Carles M.J, 2007). A similar study in India found out that 2/3 and 3/4 of men and women respectively practiced consistent condom use with regular sexual partners citing feelings of personal responsibility to protect the health of the partner desire to prevent acquisition and transmission of sexually transmitted infections, and the belief that condoms are needed for antiretroviral therapy to be effective ([Venkatesan Chakrapani](#), et al 2010)

In addition to that, Dennis et al's study of 2003 on condom use as a function of time in new and established adolescent sexual relationships from the STD and primary care adolescent health clinics in Indianapolis showed that in 126 days of the study, participants reported 3248 coital events, of which 42% involved use of a condom, more first coital events in runs associated with new partners 66% than in runs associated with established partners 54% involved use of a condom. Of runs involving new partners, 27% were single sexual encounters. Protected coital events decreased in new relationships to the point that, by 21 days, condom use in new

relationships was indistinguishable from those in established relationships 43% and 41%, respectively (Denis et al, 2003).

Furthermore, results from a study carried out among 1,928 females in Karnataka India showed that 11.4% of participants reported at least one condom break in the previous month. And these were to be much more likely to be under 20 years, divorced, separated, widowed, regular alcohol users, those who mostly entertained clients in lodges and rented rooms, applied the condom at last use, inconsistent condom users and if they had never seen a condom demonstration. This research emphasised that younger and more marginalized females are most vulnerable to condom breakage (Brandly J, et al 2010).

In South Africa, a study to investigate knowledge and sexual practices with reference to correct use of condoms among 206 first year South African University female students. Results indicated that one third (29.2%) of the sample reported never using condoms, 35.4% always, 19.8% regularly and 8.5% irregularly in the past three months ([Peltzer K](#), 2003).

Another study in Tanzania to identify predictors of having only one sex partner in the last year and to assess use of condoms among women of reproductive age in Dar-es-Salaam, 2285 women were interviewed at 3 representative clinics, only 4.6% of women interviewed were regular users of condoms, while 19.8% were occasional users ([Kapiga SH](#), et al, 2003).

Last but not least, a cross sectional population surveys conducted in four cities in sub-Saharan Africa countries of Yaoundé, Cameroon; Cotonou, Benin; Ndola, Zambia; and Kisumu, Kenya that aimed at interviewing a random sample of 1000 men and 1000 women aged 15-49 years in each city on characteristics of non-spousal partnerships in the past 12 months. Results showed that Data on condom use were available for 4624 non-spousal partnerships. In the four cities, the

proportion of partnerships in which condoms were used always or most of the time ranged from 10.7 to 25.9% when reported by women. Based on the reports from women, condom use was associated with higher educational level of the female partner in Kisumu and Ndola (Lagarde E, et al 2004).

Lastly, in Uganda the National AIDS Indicator Survey, launched on 18 September 2012 highlighted that there is infrequent condom use despite increasing HIV rates, the research found out that only 36.2% of women and 52.9% of men between 20 and 24 used a condom during their last sexual intercourse in the past 12 months. Among those who had more than two partners in the past 12 months, only 23.4% of women and 30% of men reported using a condom during their last intercourse ([IRIN/PlusNews 27/02/2013](#)).

1.13 Knowledge about condom use among women in HIV prevention

Knowledge about condoms is important in condom use so that it is very effective in preventing HIV. In this study, knowledge about condom use among women in HIV prevention will be defined as information women have about condom use in HIV prevention.

A study carried out in the US to assess the prevalence of three misconceptions about correct condom use among 16,677 adolescents. Misconceptions were: (1) no space at the tip of the condom, (2) Vaseline can be used with condoms, and (3) lambskin protects against the acquired immunodeficiency virus better than latex. Results indicated that depending on intercourse experience and experience using condoms, about one-third to one-half believed the first two misconceptions and about one-fifth believed the latter one. Therefore Misconceptions about correct condom use are common among adolescents. Sexually active adolescents, especially women need more complete information about correct condom use (Crosby R .A, and Yarbe L.W, 2007).

Also, Morisky et al's study among Filipin sex workers to assess their knowledge, attitudes, behaviors and establishment policies concerning HIV prevention showed that there was not enough knowledge reducing risk behaviors associated with HIV/STD transmission which included correct consistent condom use ([Morisky et al, 2010](#)).

A study to investigate knowledge and sexual practices with reference to correct use of condoms among first year South African University female students in a sample of 206 participants indicated 90% levels of correct answers for condom use as protection against STD and AIDS, expiry date of condoms, and are using condoms. More than 15% were not aware that a condom should be put on before any contact with the vagina. The most common mistakes with respect to

condom use were ignorance about the correct moment to put on a condom scoring 56%, and when to take off a condom scoring 55% ([Peltzer K, 2004](#)).

Akinrinola B, et al (2004), carried a study in four Sub-Saharan African countries to explore the Knowledge of correct condom use and consistency of use among adolescents in Burkina Faso, Ghana, Malawi and Uganda. On analysis results revealed that among women 15–19-year-olds, 26% in Malawi, 40% in Ghana, 43% in Uganda and about 50% in Burkina Faso responded correctly to all three of the statements. Basing on these results most women in Uganda have inadequate knowledge about correct condom use and this could increase on the sexual spread of HIV/AIDS. Similarly in western Africa, the number of women with comprehensive knowledge about condom use in HIV prevention is found to be 10-20% lower than men (Lowndes et al.2008).

A study in Tanzania to identify predictors of having only one sex partner in the last year and to assess knowledge and use of condoms among women of reproductive age in Dar-es-Salaam, interviewed 2285 women at 3 representative clinics. Although knowledge of sexual transmission of AIDS was very high, less than a half of the respondents (42.8%) mentioned use of condoms as an AIDS preventive measure. 98.3% of the women mentioned sexual contact as a mode of HIV transmission ([Kapiga SH, et al,2003](#)).

In Uganda the National AIDS Indicator Survey revealed that a majority of young Ugandans lack comprehensive knowledge about HIV and its prevention, and just 39% of men and women aged 15 to 24 have all the facts on how HIV is spread and how it can be prevented (IRIN/PlusNews [27/02/2013](#)).

1.14 Attitude towards use of condoms among women in HIV prevention

Positive attitude definitely leads to use of condoms, good knowledge about condoms improves on the attitude towards use of condoms. In this study, Attitude towards condom use in HIV prevention will be defined as the way women perceive and feel about condom Use in HIV prevention. Attitude will be assessed basing on gender, cultural, social, and religious factors.

Some couples find that putting on a condom interrupts sex, although others incorporate condom application as part of their foreplay (UNAIDS 2004). Some men and women find the physical barrier of a condom dulls sensation. Advantages of dulled sensation can include prolonged erection and delayed ejaculation; disadvantages might include a loss of some sexual excitement. Advocates of condom use also cite their advantages of being inexpensive, easy to use, and having few side effects (UNAIDS 2004).

Schillin et al (2003) interviewed 34 African-American and 57 Latina women in methadone clinics about their drug use, sexual risk taking and attitudes toward condom use and negotiation of safer sex. 42 of them said they had changed their sexual practices to reduce their risk of acquired immune deficiency syndrome (AIDS). Women in long-term monogamous relationships tended to use condoms less frequently during sexual intercourse than those in casual relationships while frequent drug injectors had more sexual partners, had sex more frequently, and used condoms less frequently than those who used IV drugs less often. Attitude towards negotiating safer sex and frequency of condom use varied by ethnicity. Use of condoms appeared to be related to attitudes toward negotiating safer sex and the degree of comfort with social skills in communication with sexual partners (Schillin et al 2003).

Likewise Gina M and [Di Clemente](#) J.R 2003 examined the partner influences and gender-related correlates of non-condom use among African American women.

Results showed that prevalence of non-condom use was 45.3%. Women whose sexual partners were non-condom users were four times more likely to believe that asking their partner to use a condom implied he was unfaithful, three times as likely to have a partner who resisted using condoms. HIV prevention strategies should address these partner influences and gender-related factors. More so an article on Sexual Coercion, Domestic Violence, and Negotiating Condom Use among Low-Income African American Women concluded that Women who had been sexually coerced were more likely to perceive that requesting male partners to use condoms would create a potentially violent situation therefore, that attitude to prevent HIV infection through use is low (Seth et al, 2009).

A survey of 125 women living in low-income housing developments in Fulton County, Georgia, showed that 42% women who had engaged in unwanted sex because a male partner threatened to use force or used force to obtain sexual access were more likely to perceive that requesting male partners to use condoms would create a potentially violent situation. These results suggest that women experience social problems that create risks for HIV infection and, therefore, that efforts to prevent HIV infection among women will require multifaceted intervention strategies to reach both men and women at risk (Seth C.K, 2009).

A study among sex workers in Mexico and the Dominican Republic found that participants considered condoms to be hygienic, offer disease protection, and provide a sense of security and peace of mind (Gracia et al, 2006). While another research on Predictors of condom use and multiple partnered sex among sexually-active adolescent women, examination of psychosocial

correlates of condom use and multiple partner sex for a sample of sexually-active heterosexual adolescent women was done showed that Condom use was associated with perceived enjoyment of condoms and communication skills (Joseph et al; 2010).

Results of the study to assess the effects on condom-use intentions of an acquired immune deficiency syndrome (AIDS) prevention intervention based on social cognitive theory were investigated among 19 sexually active black adolescent women recruited from an inner-city family planning clinic showed that participants in the social cognitive condition reported greater intentions to use condoms than did those in the two control conditions (John et al 1992).

Religiously, Belden Russonello & Stewart surveyed Catholics in Ghana, Ireland, Mexico, the Philippines, and in the United States; the results of the poll showed that more than six in ten Catholics from all five countries say Catholic hospitals that receive government funding should be required to provide condoms to prevent AIDS and HIV, in each of the five nations, Catholics see condom use for AIDS prevention as a prolife measure and hold mixed opinions on whether the church should change its position banning condom use for any reason, including AIDS prevention (Belden & Stewart, 2007). In Ireland, Mexico, and the US, majority said that the church position on condoms was wrong and should be changed, as Filipino Catholics are split on the issue, while majority of Catholics in Ghana said that the church position on condoms is the right one and should not be changed. The survey indicated that local Catholic Church leaders have not preached frequently about the church opposition to condom use due to the negative attitude they have towards condoms (Belden & Stewart, 2007).

Culturally, HIV prevention education and condom promotion must overcome the challenges of complex gender and cultural factors because in many social contexts, men are resistant to the use

of condoms for example is unacceptable in cultures such as the Acholi in Uganda where women are not supposed to insert things into their vaginas and have reported being beaten by their husbands for suggesting condom use (Singh et al, 2003).

In Uganda it is well recognized that condom use is under men's control. Because of this vital limitation, there have been frequent calls for female-controlled methods of HIV prevention, particularly from women from sub-Saharan Africa. A study in focus-group discussions (FGDs) with women in South-Western Uganda comprising of 138 women found that the female condom, while being perceived as an improvement over the male condom, was recognized as having limited value because of the need to agree its use prior to sex taking place. The results suggest that sexual communication skills are a key influence on condom use among women of reproductive age and socially dysfunctional women may undermine verbal efforts to introduce condoms into a sexual relationship. Women still perceived condom use as the man's role (Hart G.J. et al, 2010)

1.15 Summary of literature

The above studies show that women with low income status, less educated, those sexually abused, and those whose rights are violated basing on gender are most likely not to use condoms. While increasing accessing accessibility, low cost, and free distribution of condoms increases on condom use among women. Therefore, condom use in this study will be explored on; consistent use over the last 6 months, relationship power to negotiate condom use, low cost, free distribution, accessibility, and the practice of using condoms.

Also, most studies reveal low knowledge of condom use in HIV/ AIDS prevention especially groups like young adolescents, women with low income status, and women with no education background. Furthermore, the studies also reveal that increasing knowledge about condoms use

in HIV/ AIDS prevention increases use of condoms among women to prevent HIV/ AIDS. In this study, Knowledge will be assessed using questions that require respondents to answer; when they have to use, re-use, consistent use, safe use, and where to get condoms.

Considering attitude, majority of the studies show that gender, social, cultural, and religious factors affect women's attitude towards use of condoms; And that; women who do not have knowledge about condom use in HIV prevention have a negative attitude towards condom use.

In conclusion, women will remain highly vulnerable to HIV exposure not until they share equal decision-making powers in their interpersonal relationships, and get enough knowledge, develop a positive attitude, and use condoms to prevent HIV transmission.

CHAPTER THREE

METHODOLOGY

1.16 INTRODUCTION

This chapter outlines the study setting, study design, study population, sample design, data collection methods, data analysis procedure, sample characteristics, quality assurance, limitations and ethical considerations & dissemination plan.

1.17 STUDY DESIGN

The study was cross sectional in nature and used quantitative data collection technique, this particular design was preferred because of its efficiency and time –saving, it was fairly quick and easy to perform hence suits the aim of an academic research to be done within a restricted period of time where data was collected at a single point in time and the measurement of the independent and dependent variables was done during the same time (Hildebrand et al, 2005)

1.18 SOURCES OF DATA:

The primary source of data was women of reproductive age in Makindye division.

1.19 STUDY AREA

The study was conducted in Makindye Division, one of the five divisions of Kampala District. It is located in the South -Eastern part of Kampala District. It is bordered by Central and Lubaga Divisions in the North-West, Mpigi District in the west, Lake Victoria and Mukono in the South. Nakawa Division is found in the North- East of Makindye Division. 24% of the population of Kampala city lives in Makindye. Seventy per cent of its residents are low income earners. The division is divided into 21 parishes. The hill tops of Buziga, Muyenga, Konge, Katuso are inhabited by medium- to -high income groups while the parishes of Kisugu, Wabigalo. Kibuye

and Katwe house the low income groups. Due to limited resources, the researcher sampled 4 parishes out of 21 and these included; Buziga, Muyenga, kisugu, and Katwe out of the whole division. The researcher picked on Makindye division because it is bigger and has a higher number of residents than other divisions in Kampala.

1.20 STUDY POPULATION

The target population consisted of all women of reproductive age in Makindye Division.

The accessible population included women of reproductive age who were available, eligible, and had consented to participate in the study.

1.21 SAMPLE SIZE CALCULATION:

Sample size was calculated using the Kish and Leslie formula for cross sectional studies (1965).

There are 157, 615 females out a total of 303,171 people living in Makindye division (2002 Uganda Population and Housing Census). The estimated prevalence of condom use in Uganda is 32% (Uganda Demographic Health Survey, 2011). The sample size (n) was calculated using the standard formula of Keish and Leslie (Wayne et al 1997)

Where, sample size, n was calculated as:

$$n = [Z^2 pq] / D^2$$

Where; Z= z-score corresponds to 95% confidence interval confidence interval (1.96)

P= Prevalence of condom use in Uganda (32%)

D= is the maximum acceptable error of 5% the researcher is likely to encounter

$$q = (1-p)$$

n = sample size

Substituting in the formula, the sample population was calculated as:

$$n = [(1.96)^2 * 0.32(1-0.32)] / 0.05^2$$

$$n = 0.83593216 / 0.0025$$

$$n = 334.372864$$

The sample n was therefore 334 respondents.

The 334 respondents were divided among the selected 4 parishes to get approximately 83 respondents from each parish.

1.22 SAMPLING PROCEDURE:

A systematic random sampling method was used. A Lottery was conducted by folding papers with names of all the parishes from which four papers were chosen at random that ensured equal chance of selection for all parishes. Then a random number table was used to select the first house which acted as the starting house in each selected parish. A house to house survey was conducted and 334 women of reproductive age were interviewed in each parish.

1.23 INCLUSION AND EXCLUSION CRITERIA:

1.23.1 Inclusion criteria

- Women aged 18-49, who were present on the days of data collection.

- Women who were not sick and those who were mentally okay were eligible to participate in this study.

1.23.2 Exclusion criteria

- Women in Makindye division who were participating in other studies.
- Women of reproductive age who did not consent to participate.

1.24 STUDY VARIABLES

1.24.1 Independent variables

- Knowledge on use of condoms
- Attitude towards use of condoms

1.24.2 Dependent variable

- Condom use among women of reproductive age

1.25 DATA COLLECTION TECHNIQUES

The researcher during daytime was introduced to respondents with the help of the local council leader, the researcher used five research assistants to administer the questionnaires since some respondents in the community were illiterates and it also lowered possibility of question misinterpretation by the respondents.

1.26 DATA COLLECTION TOOLS

An interviewer administered semi structured questionnaires containing both open and closed ended questions about knowledge; attitude and condom use was used to collect data.

The questionnaire was divided into four sections; Background, Knowledge levels about condom use, Attitude towards condom use, and Practices (use of condoms). It also contained information on the socio-demographic characteristics of the respondents.

1.27 DATA ANALYSIS

Data was checked for completeness, correctness, and accuracy at each end of the day.

It was cleaned, responses coded and entered in computer software using well-designed Microsoft Access Database and exported to SPSS windows version 16. The quantitative data was then analyzed through descriptive and inferential techniques and presented in descriptive form of means, percentages in tables and figures and cross tabulations

1.28 QUALITY CONTROL ISSUES

To ensure quality in the study, the following were done:

- Research assistants were trained in questionnaire administration for ease of data collection.
- A pretest of the questionnaire was done among 30 women aged 15-49 years in Nabweru, Kawempe division to eliminate unnecessary and ambiguous questions before the exact study was carried out to strengthen reliability of data that would be collected.
- Information bias was minimized by use of questionnaires in simple English and to ensure clarity and right interpretation of questions and responses.
- Review of filled in questionnaires was done on daily basis during data collection period and this ensured completeness, accuracy, validity, and consistency of data.

- Each questionnaire had a registered serial number for easy tracking.
- Proof reading of draft report by colleagues before submission to supervisor
- To eliminate bias, simple random sampling was emphasized to ensure equal opportunity for all parishes and respondents.

1.29 ETHICAL CONSIDERATIONS

- ✓ Ethical approval for the study was obtained from the faculty of Nursing of International Health Sciences University
- ✓ A letter of introduction was sought from the university that indicated approval of the study.
- ✓ Permission to conduct the study in the area was granted by the town clerk Makindye division.
- ✓ Informed consent was sought from respondents after self introduction and explaining the purpose of the study so that they could willingly decide whether to take part or not.
- ✓ Data collected was kept confidential under a secure place and only codes appeared on questionnaires and not participant names to maintain anonymity.

1.30 LIMITATIONS OF THE STUDY

- Some women of reproductive age declined to participate satisfactorily in the study due to reasons like, being busy with work, others were in a hurry to do home work.
- Some women just lacked interest to participate in the study.
- Condom use in this study was limited to women in Makindye division in Kampala which may be difficult to generalize the findings to all women of reproductive age in Uganda.
- Parameters of knowledge, attitude, and use of condoms were based on self report especially to interviewer administered questionnaire. Self report and interviewer administered questionnaire for such a sensitive topic of condom use most likely caused bias in some cases.

1.31 PLANS FOR DISSEMINATION

After compilation of a complete dissertation report with recommendations, it was handed in for marking. Then the approved copies of the findings were disseminated to various stake holders like the university, the researcher and the heads of Makindye division health department.

CHAPTER FOUR
PRESENTATION OF RESULTS

4.0. INTRODUCTION

This chapter includes results of the study as analyzed and interpreted from the questionnaires administered to 334 respondents, about knowledge and attitude towards use of condoms in HIV/AIDS prevention among women of reproductive age (15-49) in Makindye division, The findings were presented in line with the objectives and research questions and in two sections namely; Data on background characteristics of respondents in descriptive form and findings on the influence of independent variables onto the dependent variables at univariate level.

4.2. Socio-demographic characteristics

Table 1: Distribution of respondents by their social demographic characteristics

| VARIABLE | FREQUENCY(n=334) | PERCENTAGE (100%) |
|-----------------------|-------------------------|--------------------------|
| AGE | | |
| 15-24 | 122 | 36.53 |
| 25-34 | 162 | 48.50 |
| 35-44 | 25 | 7.49 |
| 45-49 | 25 | 7.49 |
| RELIGION | | |
| Anglican | 95 | 28.44 |
| Moselem | 86 | 25.75 |
| Catholics | 118 | 35.33 |
| Others + | 35 | 10.48 |
| MARITAL STATUS | | |
| Single | 100 | 29.94 |
| Married | 71 | 21.26 |
| Widowed | 16 | 4.79 |
| Co-habiting | 147 | 44.01 |
| TRIBE | | |
| Ganda | 136 | 40.72 |
| Ankole | 55 | 16.47 |
| Gishu | 42 | 12.57 |
| Others ++ | 101 | 30.24 |
| EDUCATION | | |
| Primary | 80 | 23.95 |

| | | |
|----------------------|-----|-------|
| Secondary | 143 | 42.81 |
| Tertiary/ University | 97 | 29.04 |
| None | 14 | 4.19 |
| PREGNANCY | | |
| 1-2 | 144 | 43.11 |
| 3-4 | 101 | 30.24 |
| 5 and above | 25 | 7.49 |
| None | 64 | 19.15 |
| EMPLOYMENT | | |
| Self employed | 74 | 22.16 |
| Employed | 105 | 31.44 |
| Unemployed | 155 | 46.40 |

Source: Primary data

Others + includes orthodox, seventh day Adventists, Pentecostals, Jehovah's witnesses.

Others ++ includes Acholi, Japadhola, Sogi, Banyakitara, and any other tribe in Uganda

Most (48.50%, 162/334) of the respondents were between the ages of 25-34 years, with a mean age of 32 years. Majority (44.01%, 147/334) of respondents was co-habiting, majority (40.72%, 136/334) of the respondents were Baganda, only (25.6%, 86/334) were Muslims and the rest were Christians. (42.81%, 143/334) had studied up to secondary level, (19.2%, 64/334) had not carried a single pregnancy and (46.4%, 155/334) were unemployed.

1.32 KNOWLEDGE ON CONDOM USE

Table 2: Distribution of respondents by their knowledge on condom use

| VARIABLE | FREQUENCY (N=334) | PERCENTAGE (100%) |
|---|-------------------|-------------------|
| What is a condom? | | |
| -is a thin sheath of rubber placed on the erect penis before sexual intercourse. | 305 | 91.32 |
| -Wrong answer. | 29 | 8.68 |
| Are you aware that there are two types of condoms? | | |
| -Yes | 291 | 87.13 |
| -No | 43 | 12.82 |
| If yes, what are these two types? | | |
| -Mentioned both types | 267 | 91.75 |
| -mentioned only male type | 24 | 8.25 |
| Why are condoms used during sexual intercourse? (To prevent pregnancy, o prevent sexually transmitted diseases including HIV, to prevent bacterial infections, o provide a sense of security and a peace of mind, it is hygienic) | | |
| -mentioned 1-2 correct answers. | 232 | 69.46 |
| -mentioned 3-4 correct answers. | 71 | 21.26 |
| -false/ I don't know. | 31 | 9.28 |
| Is HIV/ AIDS a preventable disease? | | |
| -Yes | 319 | 95.80 |
| -No | 14 | 4.20 |
| HIV/ AIDS can be prevented by proper use of condoms. | | |
| -True | 312 | 93.41 |
| -False | 22 | 6.59 |
| To what extent/ percentage are condoms useful in HIV prevention? | | |
| 50-75%. | 138 | 39.94 |
| 76-95%. | 84 | 25.23 |
| 96-99%. | 88 | 26.43 |
| 100% | 28 | 8.41 |
| Through which ways are women most likely to get HIV/ AIDS in Uganda? | | |
| -Mother to child. | 49 | 14.67 |
| -Unprotected sex. | 253 | 75.75 |
| -Contaminated blood. | 32 | 9.58 |

| | | |
|---|-----------------------------|--|
| When should a woman use a condom? (Every time she has sex with a man she is not sure about the HIV status). -Aware of correct answer. -Not aware of correct answer. | 269 65 | 80.54 19.46 |
| Every round, a new condom is used. -True. -False. -Don't know | 289 21 24 | 86.53 6.29 7.19 |
| How often should a woman use a condom? -Consistently. -Regularly. -Most of the time. -Some times. -Never. | 157 70 52 45 10 | 47.01 20.96 15.57 13.47 2.99 |
| If you experience condom breakage during sex, you are at risk of acquiring HIV/ AIDS. -Agree. -Disagree. -Not sure. | 276 15 43 | 82.63 4.49 12.87 |
| Who is responsible to decide about condom use? -Man. -Women. -Both of us. | 216 34 84 | 64.67 10.18 25.15 |
| Does having knowledge about HIV/ AIDS improve condom use among women. -Agree. -Disagree. -Not sure. | 241 33 60 | 72.16 9.88 17.76 |

(91.3%, 305/334) of respondents could define a condom as a thin sheath of rubber placed on the erect penis before sexual intercourse, (87.13%, 291/334) were aware that there are two types of condoms but of these (8.25%, 24/291) could only mention the male condom. Most (69.46, 232/334%) of the respondents were able to mention only 1-2 correct uses of condoms, (95.8%, 319/334) were aware that HIV/AIDS is a preventable disease, and (93.41%, 312/334) knew that condoms when used properly and consistently can prevent HIV/AIDS. When asked to what

extent condoms are useful in HIV prevention, minority (8.4%, 28/334) reported 100%. (80.54%, 269/334) were aware that a woman should use a condom every time she has sex with a man she is not aware about the HIV/AIDS status. (13.48%, 45/334) were not aware /not sure that every round a new condom should be used, less than half (47.01%, 157/334) of the respondents were aware that condoms should be used consistently. Most of the women (64.67%, 216/334) thought it is the responsibility of the man to decide about condom use.

1.33 ATTITUDES TOWARD CONDOM USE

Table 3: Distribution of respondents by their attitudes towards condom use

| VARIABLE | FREQUENCY (N=334) | PERCENTAGE (%) |
|--|----------------------|-------------------|
| A woman who is HIV/ AIDS negative can prevent HIV/ AIDS through proper and consistent use of condoms. | | |
| -True. | 264 | 79.04 |
| -False. | 32 | 9.58 |
| -Don't know. | 38 | 11.38 |
| Will you be satisfied/ have peace of mind if you can use a condom? | | |
| -Yes. | 211 | 63.17 |
| -No. | 109 | 32.63 |
| -Not sure. | 14 | 4.19 |
| Is it valuable to use a condom regularly? | 283 | 84.73 |
| -Yes. | 26 | 7.78 |
| -No. | 25 | 7.49 |

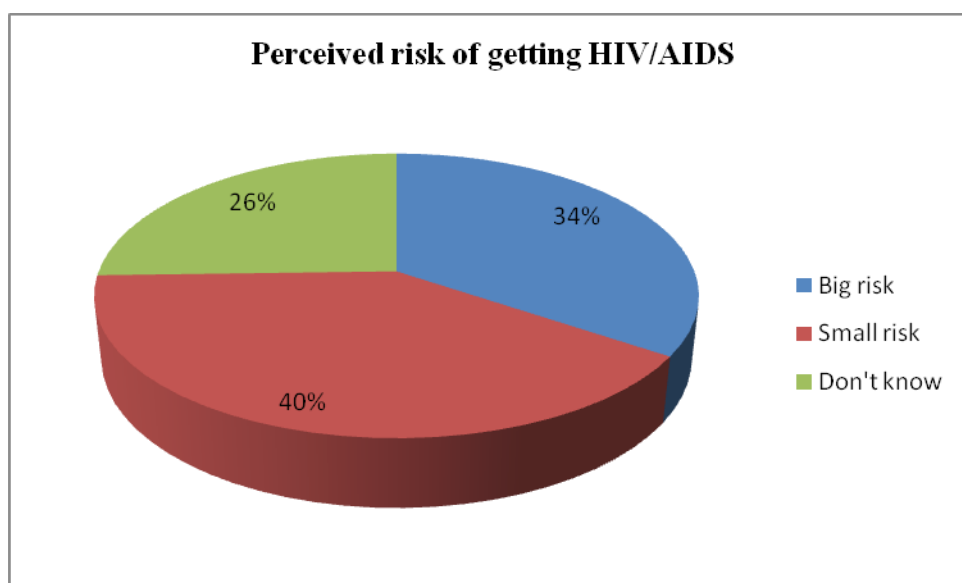
| | | |
|--|-----|-------|
| -Not sure. | | |
| Sex is unpleasurable with a condom. | | |
| -Agree. | 211 | 63.17 |
| -Disagree. | 100 | 29.94 |
| -Don't know | 23 | 6.89 |
| Asking the male partner to use a condom is embarrassing. | | |
| -Agree. | 199 | 59.58 |
| -Disagree | 135 | 40.42 |
| Sex with a condom is painful. | | |
| -Agree. | 120 | 35.93 |
| -Disagree. | 165 | 49.40 |
| -Not sure. | 49 | 14.67 |
| It is difficult to get access to condoms. | | |
| -Agree | 52 | 15.57 |
| -Disagree. | 216 | 64.67 |
| -Don't know. | 66 | 19.76 |
| Buying condoms is expensive. | | |
| -Agree | 50 | 14.97 |
| -Disagree. | 220 | 65.87 |
| -Don't know. | 64 | 19.16 |
| Am afraid that I may get emotional/ verbal/ physical abuse from my partner if I suggest condom use. | | |
| -Agree. | 154 | 46.11 |
| -Disagree. | 126 | 37.72 |
| -Don't know. | 54 | 16.17 |
| I am uncomfortable on talking about condoms. | | |
| -Agree. | 135 | 40.42 |
| -Disagree. | 188 | 56.29 |
| -Don't know | 11 | 3.29 |
| If both partners are HIV/ AIDS positive, the woman should not suggest condom use. | | |
| -Agree. | 69 | 20.66 |
| -Disagree | 181 | 54.19 |
| -Don't know. | 84 | 25.15 |
| Does your religion affect your need to use condoms? | | |
| -Yes. | 162 | 48.50 |
| -NO | 172 | 51.50 |

| If yes above, how? | | |
|---|----|-------|
| -it is against the will of God. | 65 | 40.12 |
| -condoms prevent pregnancy and yet children are needed to prove motherhood. | 54 | 33.33 |
| -HIV is a punishment from God for immoral people | 25 | 15.43 |
| -others * | 18 | 11.11 |

KEY: Others * includes condom use undermines abstinence, Catholics are against condom use and use of contraceptives, -life is pre-determined and one cannot change or prevent anything.

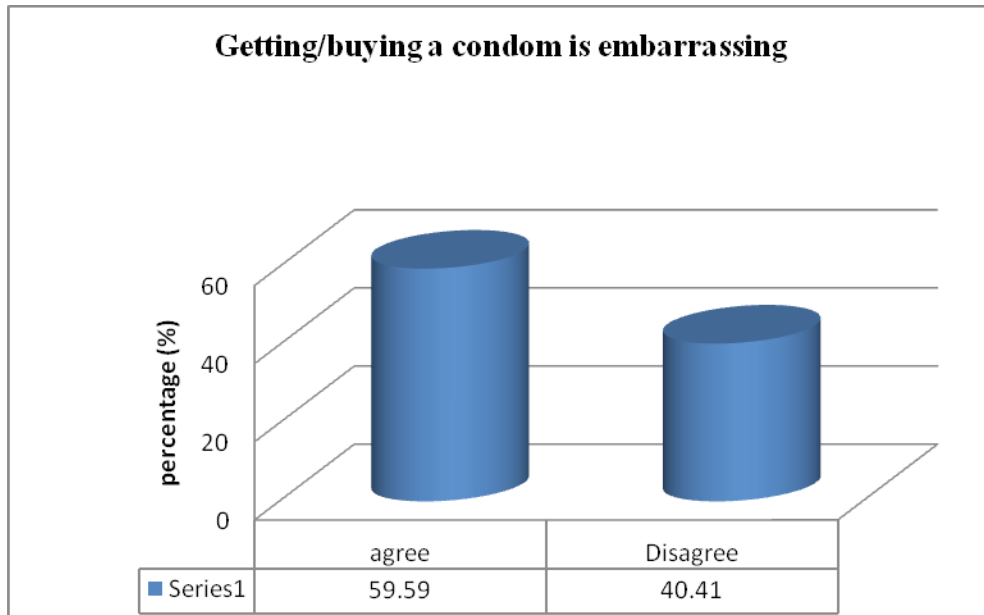
According to table 2, (63.17%, 211/334) said they won't be satisfied/have peace of mind while using a condom, the same percentage (63.17%, 211/334) agreed that sex with a condom is unpleasurable. A big percentage (64.67%, 216/334) agreed that it is not hard to access condoms. (46.11%, 154/334) of the respondents were afraid that they might get physical/verbal/emotional abuse from the partner if she suggests condom use. (20.66%, 69/334) agreed that if both partners are HIV/AIDS positive the woman should not suggest condom use, almost half of the respondents (48.5%, 162/334) agreed that religion affects their need to use condoms, and of these the majority (40.1%, 65/162) said condom use is against the will of God.

Figure 2: Pie chart showing the perceived risk of getting HIV/Aids



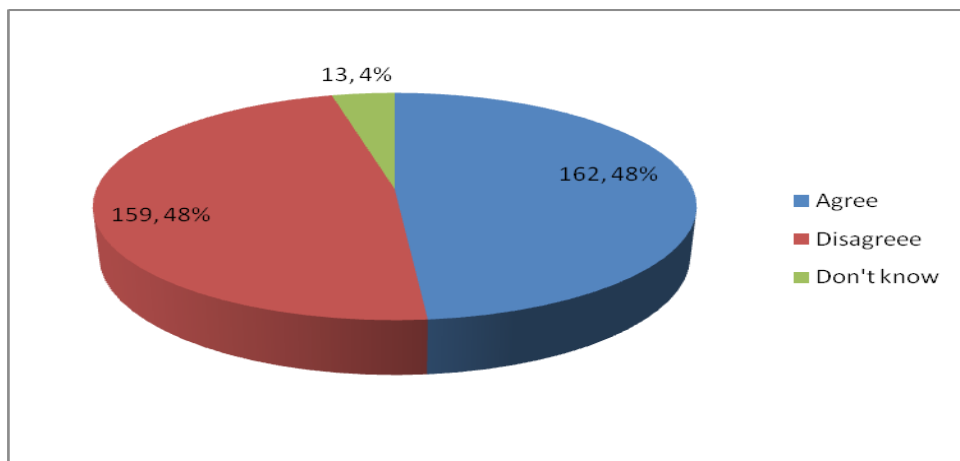
In the figure above (40%, 134/334) of respondents felt they have a small risk of contracting HIV/AIDS and (26%, 87/334) could not rate their risk.

Figure 3: Graph showing responses to; is it embarrassing to ask for/ buy condoms?



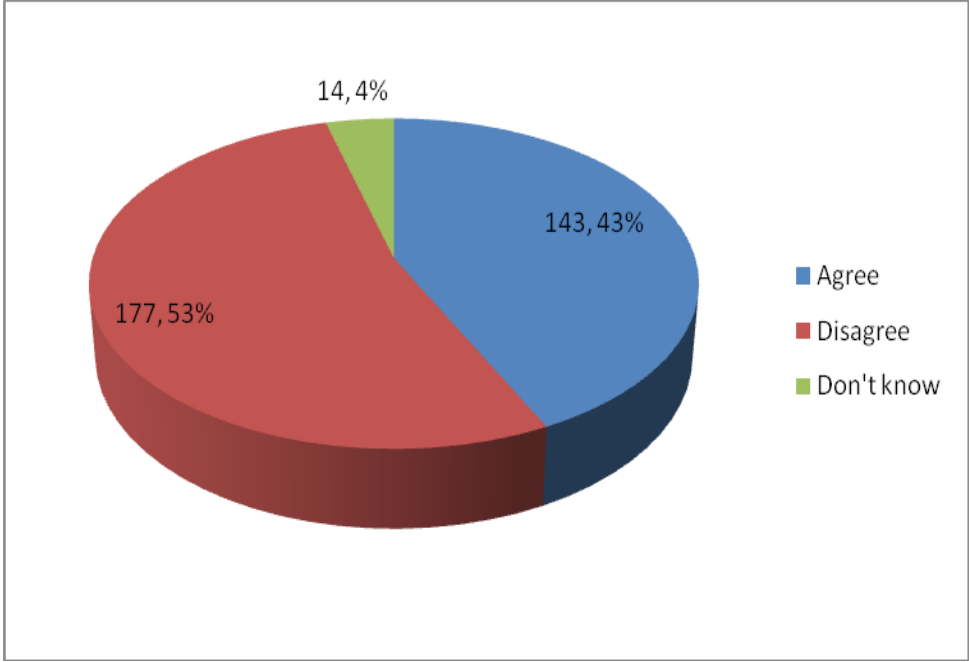
In the figure above, majority (59.59%, 199/334) of the respondents felt it is embarrassing to get/buy condoms.

Figure 4: Pie chart showing respondent's views if condom use is unnecessary with a long term partner.



In the above figure, there was no big difference in the percentages between those who agreed and disagreed that it is unnecessary to use a condom with a long term partner since the percentages were at 48.5% and 48% respectively.

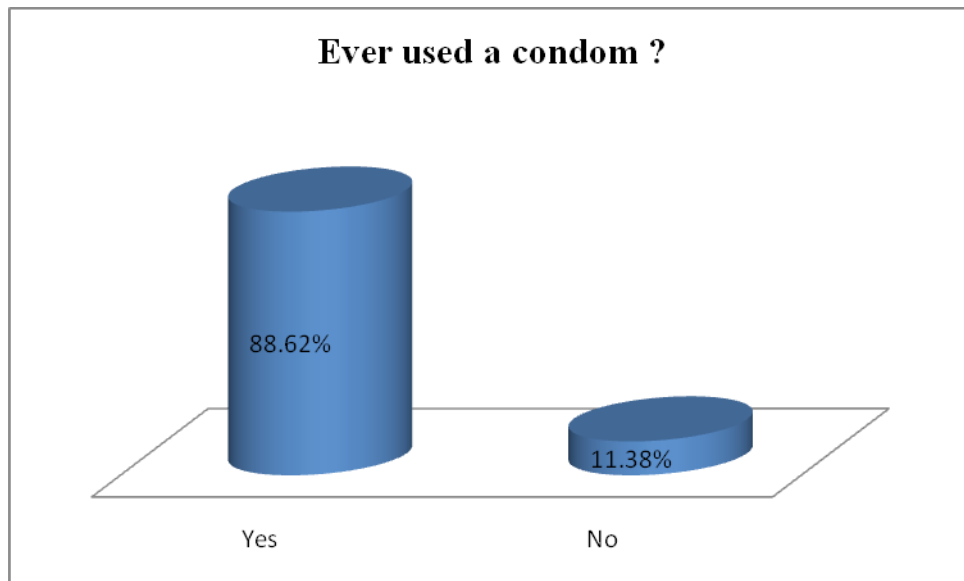
Figure 5: Distribution of respondents according to will power to make the decision of using a condom during sexual intercourse



In the figure above, more than half (53%, 177/334) of the respondents believed they have the will power to make the decision of using a condom during sexual intercourse.

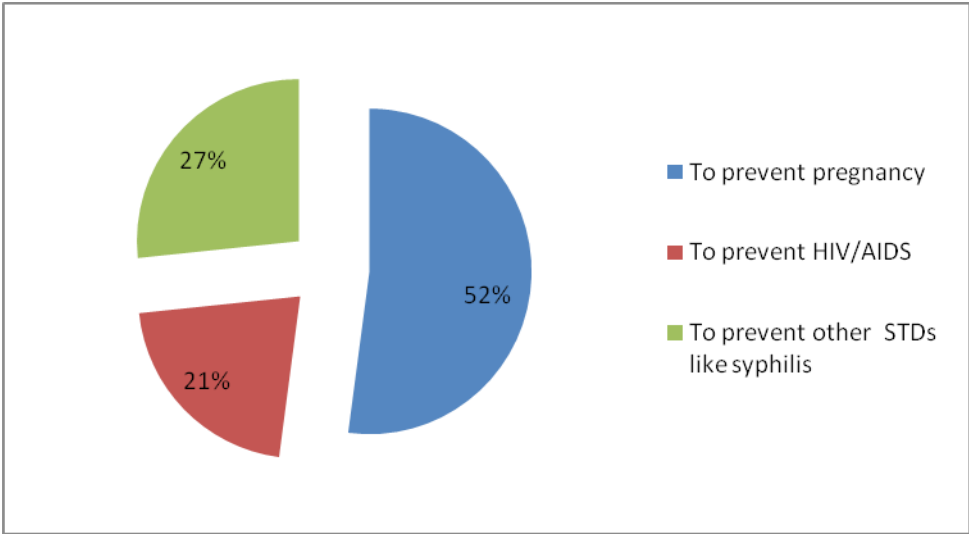
1.34 PRACTICES OF CONDOM USE AMONG WOMEN

Figure 6: Distribution of respondents according to prevalence of condom use



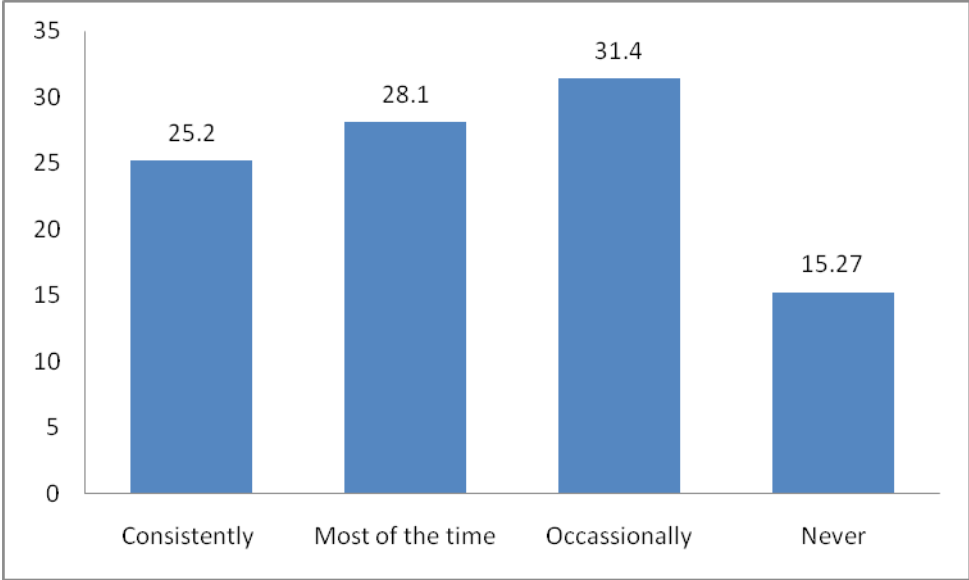
Of the 334 women interviewed, (88.62%, 296/334) had ever used condoms as shown in the figure above.

Figure 7: Pie chart showing respondents' major reason for using condom



The figure above illustrates that more than half (52%, 154/296) of the respondents used condoms to prevent pregnancy.

Figure 8: Graph showing how often the respondent uses a condom during sexual intercourse.



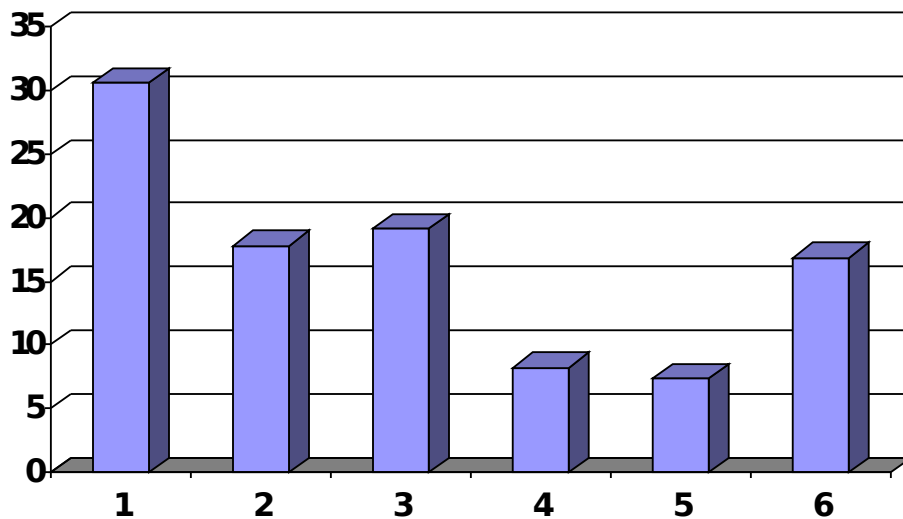
In the figure above, majority (31.4%, 93/296) respondents used condoms occasionally.

Table 4: Distribution of respondents according to practices towards condom use

| VARIABLE | FREQUENCY (N=296) | PERCENTAGE (%) |
|---|-------------------|----------------|
| Which type are you more conversant with? -Male condom. -Female condom | 292 4 | 98.65 1.35 |
| Have you been using condoms properly and consistently in the last 6 months during sex? -Yes. -No. | 77 219 | 26.01 73.99 |

In the table above, almost all the respondents who reported to have ever used a condom were conversant with the male type of condom with the exception of only (1.35%, 4/296). Majority (73.99%, 219/296) were not using condoms consistently in the last six months.

Figure 9: Showing reasons in percentages for not using condoms properly and consistently in the last 6 months during sex



Key

1-condoms reduce sexual pleasure

2- Inability to convince a partner to use a condom.

3-being married.

4-having sex while drunk

5- I am abstaining

6-others**

Others** includes; - feeling shy to buy condoms, -religion prohibiting condom use, -forced sex, -condoms offer no protection

From the figure above, reduction in sexual pleasure was the most cited reason for not using condoms consistently, followed by inability to convince a partner, being married, having sex while drunk and abstaining respectively. Some women cited other reasons which included feeling shy to buy condoms, religion prohibiting condom use, forced sex, condoms offering no protection.

Table 5: Showing practices of condom use

| VARIABLE | FREQUENCY (N=334) | PERCENTAGE % |
|--|-------------------|--------------|
| Are you planning to use condoms consistently? | | |
| -Yes. | 159 | 47.60 |
| -No | 175 | 52.40 |
| Where do you prefer to get your condoms from? | | |
| -Clinic/ hospital. | 228 | 68.26 |
| -Shop/ supermarket. | 85 | 25.45 |
| -Toilet. | 21 | 6.29 |
| Which of the following would make you use condoms more? | | |
| -Free distribution. | 174 | 52.10 |
| -Low cost. | 71 | 21.25 |
| -Easy accessibility. | 89 | 26.65 |

| | | |
|---|------------------|-------------------------|
| Can you buy or come with a condom to use during sex? -Yes. -No. -Not sure | 106 226 2 | 31.74 67.66 0.6 |
| Have you ever had unprotected sex because condoms are not available at the time of sex. -Agree. -Disagree. -Not sure. | 156 148 30 | 46.71 44.31 8.98 |
| Inconsistent use of condoms increases the risk of acquiring HIV/ AIDS through sex. -Agree. -Disagree. -Not sure. | 252 42 40 | 75.45 12.57 11.98 |

From the table above, slightly more than a half (52.4%, 175/334) was not planning to continue using condoms consistently, most (68.26%, 228/334) respondents preferred to get condoms from the clinic/hospital and (52.1%, 174/334) thought free distribution of condoms was the most likely way to increase their usage. Majority (67.66%, 226/334) said they cannot buy or come with a condom to use during sex, majority (46.71%, 156/334) agreed that they have ever had unprotected sex because condoms were not available at the time of sex. Majority (75.45%, 252/334) agreed that Inconsistent use of condoms increases the risk of acquiring HIV/ AIDS through sex.

CHAPTER FIVE

DISCUSSION OF RESULTS

1.35 INTRODUCTION

This chapter includes discussion of study findings which are arranged according to the study objectives.

1.36 Demographic characteristics

The mean age of the respondents was 32 years; most of the respondents (85.03%, 284/334) were between the ages of 23-34 years.

Majority (44.01%, 142/334) of respondents were co-habiting, this could be because most of these people have not yet made up their mind to get married officially and therefore continue cohabiting, while others have just decided to cohabit for example students at university, or it could also be that some couples have not yet got enough money to make legal marriage like traditional marriage or church wedding.

Most (40.7%, 136/334) of the respondents were Baganda perhaps because the study was carried out in Buganda region.

Minority (25.75%, 86/334) of the respondents was Muslims and the rest were Christians; this could be because majority of the people in Buganda region are Christians who resulted from missionary teaching about Christianity.

Close to forty three percent (42.81%, 143/334) had studied up to secondary level; this could be attributed to the free Universal primary and secondary education, and emphasis of education in Uganda.

Most (43.11%, 144/334) of the respondents had carried at least 1-2 pregnancies which perhaps could be because most of the respondents were co-habiting and others married.

Majority (46.4%, 155/334) was unemployed; this could be because most women do not have enough income to start up their own businesses. It could also be because of the cultural belief that a man is the bread winner of the family and most of the women could be sitting back to do domestic work and look after the children leaving the men to work. The other reason for the big percentage of unemployment could be that some of the women were still studying at secondary and tertiary levels and have not yet qualified to get jobs.

1.37 Level of knowledge about condom use among women of reproductive age in Makindye division

This study found out that knowledge about condom use was high among the women of reproductive age in Makindye division.

General knowledge about condoms, and condom use in HIV prevention was good since (91.3%, 305/334) of respondents knew that a condom is placed on the erect penis before sexual intercourse. This is in disagreement with results obtained from a study In South Africa, to investigate knowledge and sexual practices with reference to correct use of condoms among first year South African University female students which found out that more than 15% were not aware that a condom should be put on before any contact with the vagina ([Peltzer K, 2004](#)). This is because of increased advocacy, and education on condom use in Uganda. On the other hand, the results of this study are similar to a study carried out in South Africa to investigate knowledge and sexual practices with reference to correct use of condoms among first year South African University female students in a sample of 206 participants indicated 90% levels of

correct answers for condom use as protection against STD and AIDS. This could be attributed to the fact that information about condoms has been made available to the public for example; on radio and television, newspapers and magazines, school curriculums, and textbooks.

Most (69.5%, 232/334) of the respondents were able to mention at least 1-2 correct uses of condoms which included the prevention of HIV. 95.8% were aware that HIV/AIDS is a preventable disease especially by use of condoms. This is higher than the results of a study to assess knowledge and use of condoms among women of reproductive age in Dar-es-Salaam by Kapiga et al, where less than half of the respondents (42.8%) mentioned use of condoms as an AIDS preventive measure ([Kapiga](#), et al,2003). This is probably because of the continuous teaching and emphasis condom use in particularly HIV prevention in Uganda.

Majority (39.94%, 133/334) of the respondents said condoms are 50-75% effective in HIV prevention while the minority (8.4%, 28/334) reported 100%. These results do not agree with Hearst 2004 who found that condoms are actually 100% effective for preventing HIV transmission. This could be because women are aware that condoms are not actually 100% effective in HIV prevention.

(93.4%, 312/334) knew that condoms when used properly and consistently can prevent HIV/AIDS; 86.53% were aware that every round a new condom should be used; (80. 5%, 269/334) were aware that a woman should use a condom every time she has sex with a man she is not aware about the HIV/AIDS status, however, less than half of the respondents (47%, 157/334) were aware that condoms should be used consistently. This is in agreement with Akinrinola , et al study carried out in 2004 in four Sub-Saharan African countries to explore the Knowledge of correct condom use and consistency of use among adolescent girls; and found that

26% in Malawi, 40% in Ghana, 43% in Uganda and about 50% in Burkina Faso respondents knew about correct and consistent use of condoms.

Increase in awareness on proper and consistent use of condoms in HIV/AIDS prevention could be because of the increased education, and discussions about condoms on television and radio stations shows and adverts, internet, newspapers, magazines, books and schools in Uganda. The (53%, 177/334) who were not aware that condoms should be used consistently could be thinking that condoms are only used with new sexual partners. Generally, inconsistent condom use could be associated with having different sexual partners like side dishes, sugar daddies.

Most (64.7%, 216/334) of the women thought it is the responsibility of the man to decide about condom use. This is in agreement with Hart et al study in 2010 that found that women still perceived condom use as the man's role. This is probably because African culture suggests that it is a man to initiate and decide on the sex acts, the women therefore leave the decision of condom use to men.

1.38 Attitude of women of reproductive age towards use of condoms

Cultural beliefs religion and attitudes of individuals are strong determinants in their choices of use or non-use of condoms. A perception or good attitude towards use of condoms increases the likelihood of condom use.

(63.17%, 211/334) agreed that that they would be satisfied/have peace of mind while using a condom, which is in agreement with results from a study among sex workers in Mexico and the Dominican Republic that found that participants considered condoms to be hygienic, offer disease protection, and provide a sense of security and peace of mind (Gracia et al, 2006).

This is probably because of the fact that condoms prevent contact of vaginal fluids and semen to the penis and vagina respectively, thereby preventing pregnancy and sexually transmitted diseases including HIV, therefore, at the end of the sex act with proper use of a condom, one is rest assured that they will neither contract HIV nor get unwanted pregnancies.

The same number (63.17%, 211/334) agreed that sex with a condom is unpleasurable, and approximately half (49.4%, 165/334) of the respondents agreed that sex with a condom is painful. These findings are in agreement with results from a study by UNAIDS 2004 that found that Some couples find that putting on a condom interrupts sex, and women find the physical barrier of a condom dulls sensation which causes prolonged erection and delayed ejaculation, and loss of some sexual excitement. This could be because people psychologically think condoms prevent you from emotionally bonding with your sexual partner and therefore no enjoyment at all.

Most (59.58%, 199/334) of the respondents felt it is embarrassing to get/buy condoms, the same number (59.58%, 199/334) agreed that it's embarrassing for a woman to ask the partner to use a condom during sex, while (56.3%, 188/334) said they are comfortable on talking about condom use. In their study in 2010, Hart et al also found that women still perceived condom use as the man's role. This could be attributed to the fact that African culture depicts that issues concerning sex are decided by a man. Also, the women could fear to be perceived as prostitutes when they talk about condoms with their partners.

(48%, 160/334) believed that it is not necessary to use a condom with a long term partner. These results concur with results from a study by Schillin et al in 2003 who also found out that women in long-term monogamous relationships tended to use condoms less frequently during sexual

intercourse than those in casual relationships (Schillin et al 2003). This is probably because in long term relationships, women tend to have false trust, feel more used to the man and feel there is no need to use a condom.

More than half (53%, 177/334) believed they have the will power to make the decision of using a condom during sexual intercourse. This does not agree with the results of a study carried out among women in South-Western Uganda women which found that women perceived condom use as the man's role (Hart et al, 2010). This could be because more women have been empowered, and educated to make decisions especially about sex. More so, it could be that these women have the target of protecting themselves against sexually transmitted infections especially HIV, and unwanted pregnancies.

(46.1%, 154/334) of respondents were afraid that they might get physical/verbal/emotional abuse from the partner if she suggests condom use. These results are in agreement with an article on Sexual Coercion, Domestic Violence, and Negotiating Condom Use among Low-Income African American Women which concluded that Women fear to be coerced by their partners if they request their male partners to use condoms (Seth et al, 2009). This is probably because women fear that the men will call them prostitutes, or say that the women do not trust them.

(20.7%, 69/334) agreed that if both partners are HIV/AIDS positive the woman should not suggest condom use while (25.2%, 84/334) did not know the correct decision. In disagreement with this, a study in India found out that $\frac{3}{4}$ of women practiced consistent condom use with regular sexual partners citing feelings of personal responsibility to protect the health of the partner desire to prevent acquisition and transmission of sexually transmitted infections including HIV ([Venkatesan Chakrapani](#), et al 2010). The reason could be that women use

condoms to protect themselves against HIV, they therefore think that if two sexual partners are HIV positive, there will be no need to go ahead using condoms.

When asked whether religion affects their need to use condoms, almost half (48.5%, 162/334) of the respondents agreed, and of these the majority (40.1%, 65/162) said condom use is against the will of God. This is in agreement with results from Belden & Stewart, 2007 research that showed that Catholics see condom use for AIDS prevention as a prolife measure and hold mixed opinions on whether the church should change its position banning condom use for any reason, including AIDS prevention (Belden & Stewart, 2007). This could be because it is written in the Holy Bible that, “produce and fill the world”, since most people are Christians, they are affected by what is written in the Holy Bible.

A big percentage (64.7%, 216/334) agreed that it is not hard to access condoms. This is similar to results got from World Health Organisation, 2012 that showed doubling of condom use in developing countries due to increased accessibility through low cost and free distribution.

1.39 Practice of condom use

The study established that (88.6%,296/334) had ever used condoms; this is higher than results got from a recent study about determinants of condom use among males in South Africa that was at 60.4% (Matseke et al, 2012). However, the number of women using condoms correctly and consistently in this study was very low at (25.2%, 75/296), while (28.1%, 83/296) used condoms most of the time, (31.4%, 93/296) used condoms occasionally, while (15.27%, 45/296) never used condoms at all for the last 6 months.

The big proportion of those who have ever used condom could be because of increased condom availability, free distribution, and increased awareness about condom use in HIV prevention. The

male condoms are used more because they are the ones that are more available on market, are easier and comfortable to use.

Almost all the respondents who reported to have ever used a condom were conversant with the male type of condom with the exception of only (11.4%, 38/334). This is almost similar to a study carried out in South-Western Uganda among 138 women which found that the female condom, while being perceived as an improvement over the male condom, was recognized as having limited value because of the need to agree its use prior to sex taking place.

This could probably be because most women do not have information on how to use the female condoms. Also, the female condoms are rare on market.

Majority (73.99%, 219/296) was not using condoms consistently in the last six months and the strongest suggested reason was that condoms reduce sexual pleasure (30.59%, 67/219). These results are similar to results from a study carried out in Seville in Spain that indicated that 22% and 15% of women had made consistent use of condoms in vaginal sex in the last year with occasional and regular partners respectively. There was a greater likelihood of inconsistent condom use with those who did not know of HIV status of their partner (Carles M.J, 2007). However, a study with results opposed to the above in India found out that three quarters of women practiced consistent condom use with regular sexual partners citing feelings of personal responsibility to protect the health of the partner desire to prevent acquisition and transmission of sexually transmitted infections and HIV (Venkatesan et al 2010)

Slightly more than a half (52.4%, 175/334) was not planning to continue using condoms consistently perhaps because these women are planning to get married and also want to get pregnant.

Most (68.26%, 228/334) of respondents preferred to get condoms from the clinic/hospital and (52.1%, 174/334) thought free distribution of condoms was the most likely way to increase their usage.

These women probably think condoms from hospitals are safer and up to the recommended standard for use than those from shops and toilets.

Most (52%, 154/296) of the respondents used condoms to prevent pregnancy. This could be because women especially young girls in Uganda fear getting unwanted pregnancies than acquiring HIV.

(68.3%, 226/334) of the participants reported being able to buy or go with a condom to use during sex, Less than a half (46.7%, 156/334) of respondents confessed not to have had unprotected sex because condoms are not available at the time of sex. These results are in agreement with Crosby Richard et al study in 2003 carried out to investigate condom use among university females in the USA showed that about 44% reported lack of condom availability.

The (46.7%, 156/334) who had unprotected sex because condoms were not available at the time of sex could be because they feared to buy condoms, or were not prepared to have sex.

Most (31.4%, 93/296) of the respondents used condoms occasionally, (25.2%, 75/296) consistently, (28.1%, 83/296) used condoms most of the time, while (15.27%, 45/296) never used condoms at all in the last six months. These results are similar to results obtained from a study carried out in South Africa to investigate knowledge and sexual practices with reference to correct use of condoms among 206 first year South African University female students which indicated that 29.2% of the sample reported never using condoms, 35.4% consistently, 19.8% most of the time in the past three months ([Peltzer K, 2003](#)). A similar study in Tanzania to

identify predictors of having only one sex partner in the last year and to assess use of condoms among women of reproductive age in Dar-es-Salaam, 2285 women were interviewed at 3 representative clinics, only 4.6% of women interviewed were regular users of condoms, while 19.8% were occasional users (Kapiga et al, 2003).

The results consistent, occasional, regular, and never using condoms in this study are so probably because of the different decisions, and situations the women go through, for example some women who are married, and widows may never use condoms, other women could be having side dishes and therefore use condoms occasionally, while those with multiple sexual partners could be using condoms consistently.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1. CONCLUSION

- Knowledge about condoms and condom use was high among women of reproductive age in Makindye division.
- However, respondents' knowledge about condoms is not reflected in their use of condoms.
- Attitude towards use of condoms among women of reproductive age in Makindye division is generally poor, although some women showed a good attitude.
- Use of condoms among women of reproductive age in Makindye division was low; this is attributed to the poor attitude that included reasons like painful sex and unpleasurable with a condom, it is embarrassing to buy or come with a condom during sexual intercourse, it is a man's responsibility to decide condom use, and that the women are afraid to suggest condom use.

6.2. RECOMMENDATIONS

- These findings can be generalized among women of reproductive age in Uganda; however, there is need to carry out more research in different parts of the country to find out other factors affecting condom use.
- Women should be counseled, educated, and encouraged by health workers to use condoms correctly and consistently.
- Women should be empowered and encouraged by women groups, and women activists to take active decision making on condom use during sexual intercourse.
- There should be increased free distribution of condoms by government especially among women of reproductive age, since most of the women feel embarrassed, and shy to buy condoms
- Women should be taught by health workers on how effective condoms are in HIV prevention since most of them are discouraged that condoms only protect from only 50%-75%.
- The government should set laws against men who forcefully have sex with women and refuse to use condoms.
- The women who are planning not to use condoms should be advised on other methods that prevent, or reduce the risk of getting infected with HIV, for example; being faithful, abstinence, and testing for HIV with their sexual partners.

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APPENDIX 1:

INFORMED CONSENT

Study title:

Knowledge and attitude towards condom use among women of reproductive age in Makindye division.

Investigator

Ms. Muyama Doreen Loy, BScN student

Supervisor

Ms. Apio Judith All Saints

International Health Sciences University, Kampala, Uganda

Email: japio@ihsu.ac.ug.

My name is Ms. Muyama Doreen Loy, a BScN student from International Health Sciences University, Kampala, Uganda. I am here to carry out a research to explore knowledge attitude towards condom use among women of reproductive age in Makindye division in fulfillment of her Bachelor's Degree program in nursing.

You have been selected to participate in the study because you are eligible enough for the study.

You will fill in the self administered questionnaire which may last you about 20 minutes.

All measures will be taken to ensure that all information gathered will be kept confidential, and information collected will be kept securely in locked filing cabinets, only the researcher and her supervisor will have access. Codes instead of names will be used on the questionnaires. The conduct of this research will be implemented according to the requirements of the International Health Sciences University.

Your participation in this research is entirely voluntary. You have a right to refuse to participate in this study and this will not affect you in any way. You are free to withdraw from the study at any time, or to withdraw any statement provided before data analysis, and to decline to respond to any question you do not wish to answer.

There are no direct benefits in participating in this research. However, findings of this study will broaden understanding of knowledge attitude towards condom use among women of reproductive age in Makindye division, which may also guide policy makers in making strategies for increasing knowledge and positive attitude towards condom use in HIV/ AIDS prevention.

For further information or clarification you can contact the researcher at the following address;

International Health Sciences University, P.O.BOX, 7782, Kampala, Uganda.,

Telephone numbers;

+256784265940/ +256702059237/ +256718059237.

Email: d.muyama@gmail.com OR d.muyama@ihisu.ac.ug

CONSENT CERTIFICATE

I..... (only initials) here by confirm that I understand the contents and the nature of this documents and the nature of the research project, and I consent that you interview me.

I understand that I am at liberty not to answer some questions or withdraw from the study at any time, should I desire.

Signature of participant.....Date.....

Statement by researcher

I confirm that the participant has voluntarily consented to participate in the study after reading and understanding the above information,

Signature of researcher.....Date.....

APPENDIX 2: QUESTIONNAIRE

A QUESTIONNAIRE TO INVESTIGATE THE LEVEL OF KNOWLEDGE, DETERMINE, AND THE LEVEL OF USE OF CONDOMS

PART 1: BACKGROUND INFORMATION

1. What is your age group?

- a) 15-24
- b) 25-34
- c) 35-44
- d) 45-49.

2. What is your religion? (Read all but tick only one)

- A. Anglican/ protestant.
- B. Moslem.
- C. Pentecostal.
- D. Catholic.
- E. Others (specify)

3. What is your marital status?

- A. Single.
- B. Married.
- C. Widowed.
- D. Co-habiting

4. What is your tribe?

- A. Ganda.
- B. Gishu.
- C. Ankole

D. Soga

E. Others.

5. What is the highest qualification you have ever received?

A. Primary

B. Secondary.

C. Tertiary/ university.

D. None.

6. How many pregnancies have you ever had?

A. 0-2.

B. 3-4.

C. 5 and above.

7. What is your employment status?

A. Self employed.

B. Employed.

C. Unemployed.

PART 2: KNOWLEDGE OF CONDOM USE IN HIV/ AIDS PREVENTION AMONG WOMEN

(Tick the most correct answer)

8. What is a condom?

A. is a thin sheath of rubber placed on the penis after sexual intercourse

B. is an instrument used to treat HIV

C. is a thin sheath of rubber placed on the erect penis before sexual intercourse

D. is a thin polythene bag used to collect sperms

9. 1 Are you aware that there are two types of condoms?

A. Yes.

B. No.

ii). If yes, what are these two types?

.....
.....

10. Why are condoms used during sexual intercourse? (Tick all that apply).

- A. To prevent pregnancy.
- B. To prevent sexually transmitted diseases including HIV.
- C. To prevent bacterial infections.
- D. To provide a sense of security and a peace of mind.
- E. It is hygienic.

11. is HIV/ AIDS a preventable disease?

- A. Yes.
- B. No.

12. HIV/ AIDS can be prevented by proper use of condoms.

- A. True.
- B. False.
- C. Not sure. (What is the difference between “false” and “Not Sure”)

13. To what extent/ percentage are condoms useful in HIV prevention?

- A. 50-75%.
- B. 76-95%.
- C. 96-99%.
- D. 100%.

14. Through which ways are women most likely to get HIV/ AIDS in Uganda?

- A. Mother to child.
- B. Unprotected sex.
- C. Contaminated blood.

15. When should a woman use a condom?

- A. The first time she has sex in her life.
- B. For the only first round of sex.
- C. Every time she has sex with a man she is not sure about the HIV status.
- E. Not sure.

16. Every round, a new condom is used.

- A. True.
- B. False.
- C. Don't know.

17. How often should a woman use a condom?

- A. Consistently.
- B. Regularly.
- C. Most of the time.

- D. Sometimes.
- E. Never.

18. If u experience condom breakage during sex, you are at risk of acquiring HIV/ AIDS.

- A. Agree.
- B. Disagree.
- C. Not sure.

19. Who is responsible to decide about condom use?

- A. Man.
- B. Women.
- C. Both of us.

20. Having knowledge about HIV/ AIDS improves condom use among women.

- A. Agree.
- B. Disagree.
- C. Not sure.

PART 3:

ATTITUDES TOWARD CONDOM USE AMONG WOMEN OF REPRODUCTIVE AGE IN MAKINDYE DIVISION

21. How would you judge your risk of developing HIV/ AIDS?

- A. Big risk.
- B. Small risk.
- C. Don't know.

22. A woman who is HIV/ AIDS negative can prevent HIV/ AIDS through proper and consistent use of condoms.

- A. True.
- B. False.
- C. Don't know.

23. Will you be satisfied/ have peace of mind if you can use a condom?

- A. Yes.
- B. No.
- C. Not sure.

24. Is it valuable to use a condom regularly?

- A. Yes.
- B. No.
- C. Not sure.

24. Sex is unpleasurable with a condom.

- A. Agree.
 - B. Disagree.
 - C. Don't know.
25. Asking the male partner to use a condom is embarrassing.
- A. Agree.
 - B. Disagree
26. Sex with a condom is painful.
- A. Agree.
 - B. Disagree.
 - C. Not sure.
27. It is difficult to get access to condoms.
- A. Agree
 - B. Disagree.
 - C. Don't know.
 - D. Buying condoms is expensive.
28. It is embarrassing to go and ask for/ buy condoms.
- A. Agree.
 - B. Disagree.
 - C. Don't know.
29. Using a condom is unnecessary if you are having sex with a long term partner.
- A. Agree.
 - B. Disagree.
 - C. Don't know.
30. As a woman I don't have the will power to make the decision of using a condom during sexual intercourse.
- A. Agree.
 - B. Disagree.
 - C. Don't know.
31. Am afraid that I may get emotional/ verbal/ physical abuse from my partner if I suggest condom use.
- A. Agree.
 - B. Disagree.
 - C. Don't know.
32. I am uncomfortable on talking about condoms.
- A. Agree.
 - B. Disagree.
 - C. Don't know.
33. If both partners are HIV/ AIDS positive, the woman should not suggest condom use.

- A. Agree.
- B. Disagree.
- C. Don't know.

34.i) Does your religion affect your need to use condoms?

- A. Yes.
- B. No.

ii). If yes above, how? (Please specify).

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.....

35. What does your culture detect about women and use of condoms?

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**PART 4:
PRACTICES OF CONDOM USE AMONG WOMEN**

36. Have you ever used a condom?

- A. Yes.
- B. No.

37. If yes, which type are you more conversant with?

- A. Male condom.
- B. Female condom.
- C. Both types.

38. i) Have you been using condoms properly and consistently in the last 6 months during sex?

- A. Yes.
- B. No.

ii) If no, why? (Please note your reasons).

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39. Are you planning to continue using condoms consistently?

- A. Yes.
- B. No.

40. Where do you prefer to get your condoms from?

- A. Clinic/ hospital.
- B. Shop/ supermarket.
- C. Toilet.

40. Which of the following would make you use condoms more? (Tick all that apply).

- A. Free distribution.
- B. Low cost.
- C. Easy accessibility.

41. What is your major reason for using a condom?

- A. To prevent pregnancy.
- B. To prevent HIV/ AIDS.
- C. Prevent other STDs like syphilis.

42. Can you buy or come with a condom to use during sex?

- A. Yes.
- B. No.

43. Have you ever had unprotected sex because condoms are not available at the time of sex.

- A. Agree.
- B. Disagree.
- C. Not sure.

44. Inconsistent use of condoms increases the risk of acquiring HIV/ AIDS through sex.

- A. Agree.
- B. Disagree.
- C. Not sure.

45. How often do you use condoms?

- A. Consistently.
- B. Most of the time.
- C. Occasionally.
- D. Never.

TO WHOM IT MAY CONCERN

Re: Assistance for Research

Greetings from International Health Sciences University

This is to introduce to you **Ms. Muyama Doreen Loy** Reg. No. **2009-BNS-FT-040**, who is a student of this University. As part of the requirements for the award of a Bachelor of Nursing Sciences of this University, the student is required to carry out field research for the submission of a Research Project.

Ms. Muyama would like to carry out research on issues related to: **Knowledge and attitude towards use of condoms among women of reproductive age in Makindye Division**

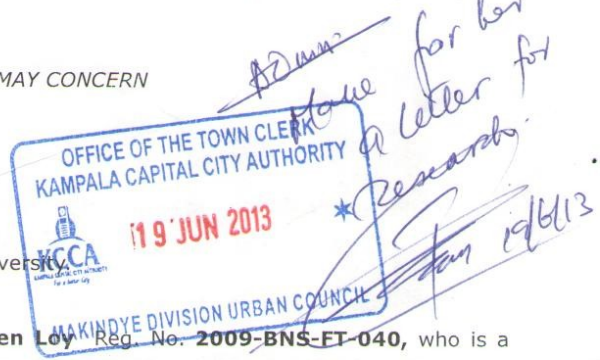
I therefore request you to render her such assistance as may be necessary for her research.

I, and indeed the entire University are thanking you in anticipation for the assistance you will render to her.

Sincerely Yours,

Elizabeth Wafula

Mrs. Wafula Elizabeth
DEAN





MAKINDYE DIVISION

Ref: KCCA/MKD/200

Wednesday, June 19, 2013

The Chairpersons
The Ward Administrators
..... Ward

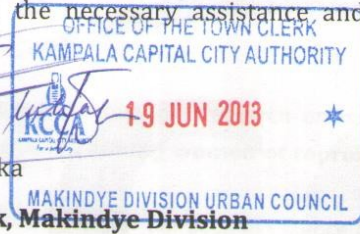
RE: MUYAMA DOREEN LOY

Ms. Muyama Doreen Loy is a Nursing student of International Health Sciences University in the Department of Nursing.

She is undertaking research related to "knowledge and attitude towards use of condoms among women of reproductive age in Makindye Division.

This is therefore to officially introduce her to you and further request that you accord her the necessary assistance and cooperation as she conducts her research.

Theo Tibihika



Town Clerk, Makindye Division

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KAMPALA DISTRICT
 Fig 1.1, MAKINDYE DIVISION

