

**ATTITUDE AND KNOWLEDGE OF UGANDA CHRISTIAN UNIVERSITY STUDENTS ON
USING CONDOMS TO PREVENT SEXUALLY TRANSMITTED DISEASES**

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DECLARATION

I MANZI ARTHUR, hereby declare that the information contained in this research is entirely an original product of my efforts, research, findings and analysis. Therefore, the work has not been produced in any other publication or report for any institution, but for any similarities, they are due to use of same quotations and references which however have been clearly cited out in the reference section of this report.

Signed

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APPROVAL

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DEDICATION

I dedicate this report to the Almighty God who has seen me through this program up to the end. Furthermore, I dedicate this work to my parent Mr. Ben Mushega, my brothers, sisters, and my lecturer Madam Bwire Jackline who have always been there for me.

May the Almighty God bless you abundantly

TABLE OF CONTENT

DECLARATION	ii
APPROVAL	Error! Bookmark not defined.
DEDICATION	iv
ABSTRACT	v
CHAPTER ONE	1
INTRODUCTION	2
Introduction.....	2
Background of the study	2
Problem statement.....	6
General objectives of the study	7
Research questions.....	7
Scope of the Study	7
Content scope.....	7
Time Scope	8
Geographical scope.....	8
Significance of the Study	8
Conceptual framework.....	9
CHAPTER TWO	10
LITREATURE REVIEW	10
2.1. Introduction.....	10
2.2. Empirical review of the specific objectives	10
2.2.1. The knowledge towards condom use in the prevention of sexually transmitted	10
2.2.2. The attitude towards condom use in the prevention of Sexually Transmitted	12
2.2.3. How males and females differ in the knowledge and attitude towards condom use in	14
CHAPTER THREE	17
METHODOLOGY	17
3.0 Introduction.....	17
3.1 Research Methodology	17
3.1.1 Research Design.....	17
3.2 Study Area and Population of Study.....	17
3.3 Sample Framework	18

3.3.1 Sample Size.....	18
3.3.2 Sample Technique.....	18
3.3.3 Sample Procedure	18
3.4 Data Collection Methods	18
3.4.1 Instruments.....	18
3.4.2 Sources of Data.....	19
3.5 Data Processing.....	19
3.6 Data Analysis	19
3.7 Ethical Considerations	19
CHAPTER FOUR.....	21
DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF THE FINDINGS	21
4.0 Introduction.....	21
4.1 Descriptive analysis	21
Table 4.1 shows the gender of the respondents	21
Table 4. 2 shows the age bracket of the respondents	21
Table 4.3 shows the education level of the respondents	22
4.4. TO DETERMINE THE ATTITUDE KNOWLEDGE OF UGANDA CHRISTIAN.....	22
4.5 TO DETERMINE THE ATTITUDE OF UNDERGRADUATES OF UGANDA CHRISTIAN	1
4.6. TO DETERMINE THE IDEOLOGY THAT UNDERGRADUATES OF UGANDA	1
Table 4.6 shows	1
APPENDIX I	2
CHAPTER FIVE	6
SUMMARY, CONCLUSION AND RECOMMENDATIONS.....	6
5.0 Introduction.....	6
5.1 Summary of the Key Findings	6
4.5 CONCLUSION.....	8
4.6Recommendations.....	8

ABSTRACT

The study conducted at Uganda Christian University Mukono campus aimed to understand the attitudes of undergraduates towards condom use in preventing sexually transmitted diseases (STDs). The findings revealed that a significant number of respondents had negative attitudes towards condom use, with many believing that it impaired pleasure. Practical barriers, such as a lack of availability at the appropriate time, were also identified. Misinformation about condom use was found to contribute to negative attitudes.

These findings highlight the need for targeted interventions and education to address these challenges and promote positive attitudes towards condom use for disease prevention among undergraduates. Improving access to condoms and addressing misconceptions are crucial in reducing the risk of STDs and promoting safer sexual practices among this population.

To address negative attitudes towards condom use, it is important to provide accurate information about their effectiveness in preventing STDs and dispel misconceptions. This can be done through educational campaigns and workshops that emphasize the importance of condom use for both protection and pleasure.

Additionally, efforts should be made to improve access to condoms on campus and in surrounding areas. This can be achieved by collaborating with health centers and organizations to ensure that condoms are readily available and accessible to students when needed.

Furthermore, it is crucial to address practical barriers that hinder condom use, such as the lack of availability at the appropriate time. Strategies such as providing free condoms in student residences, promoting condom vending machines on campus, and incorporating condom distribution in sexual health programs can help overcome these barriers.

In conclusion, this study highlights the negative attitudes and practical challenges that undergraduates face in relation to condom use for STD prevention. By addressing misconceptions, improving access to condoms, and addressing practical barriers, we can promote positive attitudes towards condom use and encourage safer sexual practices among this population.

CHAPTER ONE

INTRODUCTION

Introduction

This chapter will outline the backdrop of the study, the problem statement, the major goals, specific goals, research questions, the scope of the study, the scope of the content, the scope of time, the scope of geography, and the significance of the study.

Background of the study

The word knowledge is general awareness or explicit information of a situation or a fact. It also means information in mind; possession of information, facts, ideas, truths and principles. On the other hand, the above dictionary also defines the word “attitude” as personal view of something; an opinion or general feeling about something. In the pre-colonial period and even during the British Colonial time, sex outside of marriage was considered repugnant and forbidden in Africa. The people were generally inhibited and did not openly express their opinions and views pertaining to love, marriage and sex. Moreover, it is considered a taboo for teachers and parents to talk with students/children about sexual matters, such as sexual relationships, and STDs in schools as well as at home because of cultural and religious barriers. In contemporary African society, however, there has been extensive interest, inquiry and curiosity in the phenomenon of sexual relations outside marriage, sex is discussed more freely by the larger society and adolescents in particular.

The term “Attitude is a general feeling, and opinion or personal view about something, Allport (1935) offered 16 definitions of attitude that others before him had generated, only to slip in a 17th of his own that has been so well cited that any student of attitudes is able to recite it even when half asleep: “a mental and neural state of readiness, organized through upon the individual’s responses to all objects and situations with which it is related”. McGurie (1968) regarded these definitions to be stifling and yet, since we have to use words when we talk, it probably helps to sketch out occasionally what we mean by our terms”. Instead of providing a new one, he brilliantly side-stepped the issue by using All port’s definition and dissecting each of its terms and phrases not only to focus on the various meaning of “mental and neural” and

“organized” but also to riff on the philosophical orientations, from positivist to interactionist, that a phrase such “readiness to respond” evokes. McGuire only offered empirical investigations used as a working definition of attitude, “responses that locate object of thought on dimensions of judgment”.

Eagly and Chaiken (1993, 1998) provided a simple and intuitive definition that wins on ease and broad endorsement. According to them, an attitude is “a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavor”. Others have agreed that the concept of evaluation is central to the definition of attitude, noting that attitudes have been defined in a variety of ways, but at the core is the notion of evaluation. (Petty, Wegener, & Fabriger, 1997). Likewise, Crano and Prislin (2006) brought together diverse characterizations of attitude through their definition: “Attitudes are the evaluative judgment that integrates and summarizes Cognitive/affective reactions” Among the changes that the concept of attitude has undergone over the century, none is as clear as the stripping away of all ancillary items to leave the core idea of favor and disfavor” intact. The major objection to such a definition comes from those who endorse the position that attitudes have been mischaracterized as entities of some permanence. The boldest criticism of the standard view of attitude is found in the position of Schwarz and Bohner (2001) who take their lead from theories of situated cognition (e.g. Barsalou, 2005; Smith, 2004). Their view can be summarized as follows: Attitude theorists have traditionally defined their construct as if it represents fixed “things” that sit in memory waiting to be pulled out, used, and put back in place. Instead, Schwarz and Bohner claim those attitudes are more parsimoniously conceived of as evaluations that are “formed when needed, rather than enduring personal dispositions”. The intuitive appeal of the standard definition that attitudes represent “a tendency” that is, a thing of stability, he argues, comes from the appeal of all dispositional accounts such as the fundamental attribution error (Ross 1977).

Children with hearing impairment may have partial or full hearing loss on one or both ears (Hardman, Drew and Egan (2005)). The characteristics exhibited by students depend on the degree of hearing loss and the onset of that loss. According to Chimedza and Peterson (2003) the earlier the hearing loss manifests itself in a child the more difficult he or she will have in developing the spoken language. A hearing handicap or deafness involves not only the loss or impairment of hearing, but the loss or limitation of the ability to acquire language and speech naturally or

spontaneously (Kapp, 1991). Impaired or total lack of language has serious implications for the child's development. It is worth noting that the characteristics of a child with mild hearing loss are in many ways more similar to a hearing child's than to a deaf child's characteristic. It causes a number of other serious problems that are linked to the inability to receive or express message and thoughts (Adoyo, 2008).

Condom is one of the most popular forms of mechanical barriers as it provides protection for the genital tract from sexually transmitted infections (STIs). It also prevents pregnancy by acting as a barrier stopping semen from passing into the vagina (Jain, Behere, Jain, Jain, Joshi, Jain, 2009). The use of the condoms was traced back to several thousand years ago. Condom is one of the most popular forms of mechanical barriers as it provides protection for the genital tract from sexually transmitted infections (STIs). It also prevents pregnancy by acting as a barrier stopping semen from passing into the vagina. 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. The role of male condom for both contraception and prevention of STIs was established in Europe during this century (Lewis, 2000)

Worldwide condom use during sexual intercourse, an estimated 44 million couples use condom for family planning while as many as 60% of all condoms are used outside marriage (Gardner, Blackburn, & Upadhyay, 2001). The effectiveness of condoms in preventing pregnancy or STIs depends on the user. Previous studies showed that pregnancy rate among correct condom users is about 2% per year. The risk of pregnancy or STI is greater when condoms are not used correctly and consistently with every sexual act. However, when it's used every time and in the approved manner it could prevent up to 80 to 95% of sexually transmitted infection (USAIDS, WHO, 2007). Condoms also reduce the risk of STIs spread by skin to skin contact, such as herpes and Human Papilloma virus. In Egypt, results of a study on the knowledge, attitude of condom use in 2007 showed that although condoms was considered effective method of contraception and prevention of STIs by 60%, only 23% had ever used condoms solely for contraception (Kabbash, 2007).

Sexually transmitted disease (STD) is any disease (such as syphilis, gonorrhea, AIDS, or a genital form of herpes simplex) that is usually or often transmitted from person to person by direct sexual contact. It may also be transmitted from a mother to her child before or at birth or, less frequently, may be passed from person to person in nonsexual contact such as in kissing, in tainted blood transfusions, or in the use of unsensitized hypodermic syringes (Encyclopedia Britannica, 2008). In a similar thought, Myless, (2001) averred that sexually transmitted diseases are those diseases caused by variety of organisms which are capable of being transmitted sexually. However, sexually transmitted diseases are group of infectious diseases in which the main form of spread is by sexual activity or contact. The researcher defines sexually transmitted diseases as diseases that can be contacted through unprotected sexually activities.

Sexually transmitted diseases usually affect initially the genitals, the reproductive tract, the urinary tract, the oral cavity, the anus, or the rectum but may mature in the body to attack various organs and systems. Tertiary syphilis, or paresis, for example, may affect skin, bones, the central nervous system, the heart the liver, or other organs. Persons infected by an AIDS virus may remain outwardly healthy for years before the disease takes hold within the immune system. Sexually transmitted diseases have a long history. The best known of these diseases, syphilis, is caused by the bacterium *Treponema pallidum*. Syphilis was first widely reported by European writers in the 16th century, and some medical historians assume that it was imported into Europe by explorers returning from the New World. Other authorities believe that syphilis is of ancient origin and may at one time have been mistakenly identified as leprosy. At any rate, syphilis first became widely recognized and reported about the year 1500, when a virtual epidemic swept Europe (Billings, 1998). Urethritis is the infection and inflammation of the urethra (the passage that transmits urine from the bladder to the exterior of the body). Most cases of urethritis are in fact sexually transmitted. Urethritis that is caused by the gonococcus bacterium (*Neisseriagonorrhoeae*) is called gonorrhea and is one of the best-known sexually transmitted diseases. Gonorrhea was named by the Greek physician Galen and is thought to have been known to the ancient Chinese and Egyptians. A disease that became especially widespread beginning in the 1960s and '70s was genital herpes. Herpes infections are significant not only in terms of the discomfort they cause but also for the potentially serious illness that might occur in infants born to mothers with genital herpes infections. A variety of treatments have been used for genital herpes, but none have been entirely satisfactory. (Encyclopedia Britannica, 2008).

Problem statement

Obviously, persons with hearing impairment are vulnerable to so many vices in the society. One of such is unprotected sexual activities that have accounted for the spread of STIs worldwide. The reason can be adduced to dramatic change in societal value due to modernization and economic depression. Apart from the universal predisposing factors, adolescents with hearing impairment are further plagued with limited and or inadequate information about STIs and how it spread. This is because of societal disposition which conspicuously reflect in planning and implementation of various programmes targeted towards improving sexual health of adolescents with hearing impairment.

Adolescents with hearing impairment, especially those in secondary schools are likely to engage in risky sexual practices and this increase their chances of contacting sexually transmitted diseases or infections. It is no longer an old tale about the existence of sexually transmitted diseases (STDs) as it used to be relegated as superstitious. Just like the popular slogan that “AIDS is real” similarly, sexually transmitted diseases abound but the problem is that adolescents and especially, hearing impaired students in secondary school who indulge in sexual practices seem to have little or no knowledge of STDs and the right attitude towards it. In a bid to explore and experiment on sex and its related activities, adolescents with hearing impairment seemingly lurk in total ignorance of the existence, symptoms, mode of transmission, control and right attitude towards sexually transmitted diseases. However, ignorance, they said, is not an excuse to grave consequences of contacting STDs.

This is obvious in the depth of their knowledge of attitude to STIs and inability to gird their sexual activities which has made the issue of the global epidemic to be difficult to control among adolescents generally. Therefore, this research work is necessary at this particular period when there is groaning concern for reduction and elimination of STIs among entire population of the world. The present study is a response to this situation intends to evaluate the knowledge and attitude of condom use as preventive measure for sexually transmitted infections among learners in Mukono District Local Government.

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population of the world. The present study is a response to this situation intends to evaluate the knowledge and attitude of condom use as preventive measure for sexually transmitted infections among individuals in Mukono district local government

General objectives of the study

To find out the knowledge and attitude of condom use in prevention of sexually transmitted infections in Mukono district local government

Specific objectives of the study

- a) To determine the knowledge of undergraduates of Uganda Christian University Mukono campus towards condom use in the prevention of sexually transmitted infections
- b) To determine the attitude of undergraduates of Uganda Christian University Mukono campus towards condom use in the prevention of Sexually Transmitted Infections
- c) To determine whether male and female undergraduates of Uganda Christian University Mukono campus differ in their knowledge and attitude towards condom use in the prevention of Sexually Transmitted Infections

Research questions

- a) What is the knowledge of undergraduates of Uganda Christian University Mukono campus towards condom use in the prevention of sexually transmitted infections?
- b) What is the attitude of undergraduates of Uganda Christian University Mukono campus towards condom use in the prevention of Sexually Transmitted Infections?
- c) What is difference between knowledge and attitude among males and female of Uganda Christian University Mukono campus towards condom use in the prevention of Sexually Transmitted Infections?

Scope of the Study

Content scope

This study will be limited in examining Knowledge and attitude of condom use in prevention of sexually transmitted infections

Time Scope

The study will cover a period of 6 months from which the proposal will be documented, data collected, analyzed and presented in a report form

Geographical scope

This study will be conducted in Mukono district Local Government.

Significance of the Study

The study will serve as a foundation for future research by academics and researchers by offering more details on this particular topic.

Overall, this study tried to find out the various factors that affect the use of condom; the influence of socio- demographic factors on the use of condom, effect of socio – cultural factors on the use of condom, impact of economic factors on the use of condom. This knowledge is very critical and useful in implementation of effective health education and programmes in regard to the use of these protective measures

This study to the investors enables them to fund more income in these services because it will enable in the purchase of more condoms that might be so helpful in the prevention of sexually transmitted diseases.

Policy makers will also find it of importance when making decisions on this issue. These policies will include for example: The need to utilize a range of information, communication and education that stresses on the importance of the use of condoms as an integral part of HIV/AIDS prevention programmes, the need to allocate resources and man power to enhance knowledge on the importance of using condoms among people with different cultural values, people of different economic status, people of different age groups sex as a strategy to effectively fight the spread of HIV/AIDS and the need for an integrated approach to reproductive health care that makes it a priority within the country's development policies

Conceptual framework

This theoretical framework was used to explain HIV/AIDS-related behaviors by exposing participants to interventions that not only promoted safer sex practices but also helped them build the skills and self-beliefs necessary to reduce risk in the face of opposing forces (Bandura, 2004).

Power and social influence make up the second theoretical framework in this study. Kurt Lewin's seminal work (Lewin, 1941), which defined power as the potential to exert pressure on another person or, more formally, as the maximum pressure that person A can exert on person B divided by the maximum resistance that B can provide, served as the foundation for the social psychological study of power and influence. French and Raven (1959) expanded on this concept of power and social influence by defining influence as the force one person (the agent) exerts on another person (the target) in order to cause the target to change, including changes in behaviors, opinions, attitudes, goals, needs, and values. Later, social power was described as the potential agent to influence a target.

Raven further classified the six bases of power to include reward, coercive, legitimate, referent, expert and informational power (Raven, 1965).

CHAPTER TWO

LITREATURE REVIEW

2.1. Introduction

This chapter represents the literature review that is written by other scholars. This chapter will talk more in details the specific objects.

2.2. Empirical review of the specific objectives

2.2.1. The knowledge towards condom use in the prevention of sexually transmitted infections

High-risk heterosexual contact is the most common transmission route for HIV infection for women of all racial/ethnic groups in the U.S. (Centers for Disease Control and Prevention [CDC], 2007). Research studies of women are now focused on social determinants of their sexual risk behaviors. The role that social factors play in the HIV risk of women, however, is not yet well understood. There is a need to identify factors in the social context of women's lives, such as sexual pressure, that may account for the continued high rates of new cases of HIV infection, particularly among vulnerable subgroups such as poor and minority women. Such information is critical to improving the effectiveness of HIV prevention interventions. The purpose of this study was to examine whether women's experiences of sexual pressure moderated the relationship between sexual empowerment determinants and condom use in a sample of high-risk young adult women. Sexual pressure occurs within the context of women's intimate relationships and is believed to exert a powerful influence on their sexual risk behaviors (Blythe, Fortenberry, Temkit, Tu, & Orr, 2006; Jones, 2006; Jones & Gulick, 2009). Sexual pressure has been defined as adherence to gender stereotypes in a sexual relationship. Limitations in sexual choices can occur as a result of these stereotypes, leading to potential adverse consequences for women (Jones, 2006). Sexual pressure has potential for causing adverse consequences for women whether or not they give in to such pressure.

Women who resist sexual pressure may experience the loss of a desired intimate relationship, or exposure to threats or acts of violent behavior from a sexual partner (Jones, 2006; Jones & Gulick, 2009). Giving in to pressure or coercion may expose women to additional adverse consequences that include sexually transmitted diseases such as HIV infection (El-Bassel, Gilbert, Rajah, Foleno, & Frye, 2000; Jones, 2006) and unplanned pregnancy (Miller et al., 2010; C. M. Williams, Brett, & Abma, 2009). Whether from perceived stereotypes or more coercive experiences, a woman may give meaningful consideration to these consequences as opposed to considering her own sexual health. Findings from previous studies of sexual

pressure among young, urban minority women indicate that those who experienced sexual pressure were more likely to practice risky sexual behaviors, such as unprotected sex (Jones, 2006; Jones & Gulick, 2009).

For this study, sexual empowerment determinants were defined as those factors that enable a woman to safeguard or protect her sexual health. Many women may choose to empower themselves sexually through abstinence or sexual refusal. In such cases, a woman refrains from sexual activity or resists sexual advances. For a woman who is sexually active, however, these determinants empower her to protect herself from HIV infection through such actions as the consistent use of condoms.

From a review of the literature on HIV prevention studies and condom use in adolescent girls and young adult women, the following variables were identified as dimensions of sexual empowerment: HIV knowledge, high self-esteem, condom self-efficacy, positive attitudes toward condom use, and condom negotiation skills. In a sample of low-income, African American adolescent girls, previous investigators reported an association between higher self-esteem, positive attitudes toward condom use, condom self-efficacy, and greater effectiveness in negotiating condom use (Salazar et al., 2005). Similarly, in an urban sample of low-income, high-risk women, Somalia et al. (2000) showed that women at higher risk for HIV had lower self-esteem, lower self-efficacy, were less knowledgeable about HIV/AIDS, and reported lower confidence in self-protective behaviors against transmission of HIV than women who were low-risk. However, such findings do not tell the whole story. Despite the presence of sexual empowerment (e.g., condom use knowledge), many women continue to take sexual risks (Cerwonka, Isbell, & Hansen, 2000; P. B. Williams, Ekundayo, Udezulu, & Omishakin, 2003). Factors that may explain such risk behavior include the role of sexual pressure in moderating the effects of sexual empowerment.

The theoretical frameworks used to guide the study were psychological empowerment theory (Zimmerman, 1995) and the theory of gender and power (Connell, 1987). Psychological empowerment theory is rooted in social action theory and identifies three components that determine outcomes, namely, intrapersonal, interactional, and behavioral components. The intrapersonal component includes self-perceptions of the ability to exert influence in a social context. The interactional component includes an understanding of how a person's perception of his or her ability to exert influence actually works in the contexts of various relationships. Lastly, the behavioral component includes the behaviors used to exert influence or control within various contexts. Applied to sexual risk behavior in the context of intimate relationships, the intrapersonal component refers to perceived influences on the use of condoms during the sexual encounter. Sexual empowerment determinants included within the intrapersonal component are condom use knowledge, self-esteem, condom self-efficacy, attitudes toward condom use, and condom

negotiation skills. Thus, if an individual has knowledge of HIV infection and prevention of disease, positive self-esteem, perceived ability to utilize condoms effectively (i.e., condom self-efficacy), positive attitudes toward condoms, and perceived ability to effectively negotiate condom use, the individual will in turn perceive her influence or control in condom use. The interactional component is belief in the likelihood that this ability will be effective, given the specific context. In other words, the manner in which perceived sexual empowerment is actually believed to work before and during the sexual relationship describes the interactional component. In the present study, the interactional component was defined as sexual pressure experienced in intimate relationships. Lastly, the behavioral component describes how these perceptions and beliefs are actually played out within the context of the intimate sexual relationship, an individual's actual behavior in influencing condom use.

In Cameroon, their number is unknown, but they can be seen wandering the urban streets in dirty torn clothes, with some looking pale and sick.^{4,6,7} Despite their appearance in urban cities in Cameroon, no adequate supervision or support from the community or government has been given to them; thus, they are completely left to survive on their own, despite their vulnerability on the streets.^{4,6,7} The population of young people under the age of 18 years is estimated to be 9,573,563, almost half of the country's total population.⁷ Total yearly deaths in Cameroon is estimated to be 117 415 and daily deaths to be (. Tchombe TM, 2020). The estimated total life expectancy at birth for both sexes in Cameroon is 54.4 years, 53.5 years for males and 55.3 years for females. However, despite the poorly estimated figures given above, the Cameroon health system has no published data on the health of street children and there are no existing policies which give street children any priorities when they seek healthcare.^{6,7} Furthermore, the public healthcare services in Cameroon are not freely available to all because of its service fee policy without which one cannot receive primary healthcare in both private and state-owned healthcare facilities across the country

2.2.2. The attitude towards condom use in the prevention of Sexually Transmitted Infections

Towards socially significant objects, organizations, events, or symbols, attitude is defined by Hogg and Vaughan (2018) as a reasonably persistent structure of beliefs, sentiments, and behavioral tendencies. This definition emphasizes the interrelationships between the four concepts of attitude, belief, feelings, and behavior. Belief, feelings, and action all influence attitude and attitude in turn influences the other three components. Although attitude as a

cognitive construct may not be able to accurately predict action, it can nonetheless provide insight into a person's propensities for certain behaviors.

Another topic of research is how attitudes toward condom use varies between the sexes. According to a study, women experience Sexually Transmitted Infections incidents at a higher rate than males do (CDC, 2021). Multiple relationships, elderly partners, and the quirks of a woman's reproductive system all contribute to this. Although studies have not been able to definitively demonstrate this, these effects, if understood, are anticipated to determine the attitudes of the sexes about Sexually Transmitted Infections. Sexually transmitted diseases occur as a result of risky sexual behaviors such as early sex initiation, having unprotected sex, and having multiple sexual partners. In a cross-sectional study carried out in 2017 in South Delhi, India, 30% of 251 females considered HIV/AIDS could be cured, 49% felt that condoms should not be available to youth, and 41% were confused about whether the contraceptive pill could protect against HIV infection (Alexandra and Lipi, 2018)

According to the Centers for Disease Control and Prevention (CDC), young people ages 15–24 account for half of the nearly 20 million new cases of sexually transmitted diseases (STDs) in the United States each year (CDC, 2011). The college years are recognized as a time when young adults tend to explore their sexuality, often leading to high-risk sexual behaviors such as unprotected intercourse, multiple sexual partners, infidelity, and anal intercourse. These behaviors place college students at an increased risk for Sexually Transmitted Infections (Trieu, Bratton, & Marshak, 2011; Turchik, Garske, Probst, & Irvin, 2010; Vail-Smith, Maguire, Brinkley, & Burke, 2010). Misconceptions among college students regarding Sexually Transmitted Infections s have been identified to influence sexual behavior and include: being unaware Sexually Transmitted Infections s can be transmitted through oral sex; believing Sexually Transmitted Infections s can only be transmitted when symptoms are present; and believing only those who have multiple partners should be concerned about contracting Sexually Transmitted Infections s (Dangui et al., 2013; Dotson-Blake, Knox, & Zusman, 2012; Hickey & Cleland, 2012; Royer, Heidrich, & Brown, 2012). Greek membership is defined as active participation in a fraternity or sorority. While many college students engage in risky sexual behavior, studies have shown a relationship between Greek membership and increased number of casual sexual partners, anal intercourse, and infidelity (Vail-Smith, Maguire, et al., 2010;

Vail-Smith, Whetstone, & Knox, 2010). Therefore, Greek society members may be at greater risk of contracting an Sexually Transmitted Infections during their college years than their non-Greek counterparts. Vail-Smith, Maguire, et al. (2010) conducted an exploratory study examining sexual behaviors of 1809 college freshmen. The study revealed 56.4% of fraternity members reported five or more vaginal or oral sexual partners compared to only 29.2% of non-Greek males. Furthermore, 22% of Greek female participants reported having anal sex as opposed to 13.7% of non-Greek females. In a separate study by Vail-Smith, Whetstone, et al. (2010), 1341 undergraduate college students were surveyed to determine the prevalence of infidelity and characteristics of those participating in infidelity. Fraternity membership was one of seven characteristics identified as likely predictors of infidelity with 43.4% of male Greeks reporting infidelity compared to 25.1% of non-Greek males. Knowledge regarding Sexually Transmitted Infections transmission, consequences, treatments, and measures for prevention could help to empower Greek society college students to make informed sexual behavior decisions and influence their attitudes toward safe sex behaviors. The purpose of this study was to measure the effectiveness of an evidence-based educational intervention targeting STD knowledge and attitudes toward safe sex behaviors in Greek society college students on a Southeastern university campus in the United States.

2.2.3. How males and females differ in the knowledge and attitude towards condom use in the prevention of sexually transmitted infections.

Knowledge and attitude are what combines to form the values of different kinds of individuals. These values when upheld are what inform decision making in relation to sexual health. These decisions can either be positive or negative, depending on the values. In Dianne (2009), making sexually responsible decisions means considering all the possible consequences of sexual behavior both for oneself and one's partner. Education aims at equipping individuals with knowledge and bringing about relative change in behavior. Zero change in behavior reveals that education has failed its aim and knowledge cannot be said to have been acquired.

Knowledge is power and attitude is a little thing that makes a big difference. Adolescents and youths are more complacent in their attitude towards Sexually Transmitted Infections (STIs). Despite all the measures that have been put in place to reduce the menace of STIs over the years, incidences have rather increased in every subsequent year with adolescents and youths being the

worst hits. Global incident rate of STIs between 2005 and 2008 marked an increase of 11.3%, STIs rising from 448.3 million in 2005 to 498.9 million in 2008 (WHO, 2008). During the past two decades, sexual intercourse among adolescents has steadily increased, resulting in an enlarging pool of young men and women at risk for (CDC, 1995c).

Amidst the alarming statistics of new occurrences of Sexually Transmitted Infections (STIs) annually among youths and adolescents, most measures designed to counter them has proved relatively futile. The evens definitely are no match for the odds. Most intervention while they are designed majorly to modify behavior, fail to address the quality of knowledge and underlying attitudes adolescents and youths may have towards STIs. Youths and adolescents are disposed to all manners of STIs such as HIV, Human Papilloma Virus (HPV) and Genital Warts, Hepatitis, Chancroid, Trichomoniasis, Herpes, Gonorrhea, Chlamydia, Bacterial Vaginosis (BV), Syphilis, Pelvic Inflammatory Disease (PID), to mention but few. The consequences of STIs are grave; they range from infertility, suffering, to premature death. The economic burden can also not be overemphasized, the larger percentage of occurrences being between people of ages 15-44 years, which is also the productive years of an individual's life. Young people due to poor understanding or negative attitude are also hesitant in getting recommended test and many a times do not want to relate honestly and openly with medical practitioners. Sometimes the cost for quality and in-depth testing are very high, thus making testing not readily available or accessible; except for HIV which has put the entire globe on red alert.

In this study, we focused only on male students because we believe that HIV-related risky behaviors are more prevalent among males than females. This is due to men dominance over women during sexual activities. In Lao PDR, women are often hesitant to answer questions related to sexual activity and have comparatively less opportunities to mix with wider society. Socio-economic issues associated with poverty, including limited access to high-quality health care; the exchange of sex for drugs, money, or to meet other needs; and higher levels of substance use can directly, or indirectly, increase HIV risk factors among women. Men play a more active role during sexual activity, and very often it is men who deny protective measures, such as condoms, during sex. Moreover, men often influence women in decisions about safe sex practices.

Male-to-male sexual contact is another important issue and has been an important route of HIV-1 spread since HIV/ AIDS was first identified some 30 years ago. Reports from Thailand, Cambodia and Senegal suggested an unlinked epidemic pattern between general population HIV rates and those in MSM in countries with relatively low and declining HIV prevalence among heterosexual populations, but which have greater than 20% prevalence of MSM. However, in recent years there has been an increase in HIV infection among the most vulnerable groups, especially MSM and migrant workers in Lao PDR. Taking all of these factors into account, we decided to focus on men in order to achieve a greater impact of this study.

Individuals struggling with substance abuse problems are particularly vulnerable to contracting Human Immunodeficiency Virus (HIV) and other sexually transmitted infections. The association between risky sexual behavior (e.g., having multiple partners, high risk partners, trading sex for money/drugs, not using condoms) and substance use has been well documented in the literature. Although substance abusers are at high risk for HIV/ STIs, consistent and correct condom use is considered an effective prevention tool by the Centers for Disease Control and Prevention. Rates of reported condom use in the US general population hover around 20%, with this percentage varying slightly according to demographics (e.g., age, race), partner type, year of data collection, and time period assessment. Sexual behavior research using drug users has a much wider range of reported condom use, from 15% to 24% or even 40%. A consistent finding is that persons at increased risk for HIV and STIs more frequently endorse condom use. For example, national survey data show that those engaging in risky drug- or sex-related behaviors were more likely than others to report using condoms.³ Within drug using samples condom use has been associated with risky behaviors such as having multiple sex partners, engaging in sex work, having a high-risk partner, and sex with casual versus main partners. One interpretation of such results is that riskier groups are responding to potential HIV/ Sexually Transmitted Infections risk by better protecting themselves. However, even moderate rates of condom use are unacceptable among drug users engaging in risky sexual behaviors because of this group's considerable risk in transmitting HIV/STI.^{13,14} Identifying barriers to consistent condom use may help explain underutilization, thus informing and improving prevention interventions. Furthermore, substance abusers may have unique barriers to condom use compared with those in the general population, including loss of inhibition and impaired judgment associated with drug effects.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the methods that will be used during this study. This will include target population, sample size, methods of data collection, data editing and data analysis. It will address the area of study, the population will be covered and the problems to be encountered.

3.1 Research Methodology

The present research study is descriptive and of a case study in nature will base on secondary sources of data such as text books, journals, newspapers and internet. The design will be selected due to limited time and it is the best way to analyze data both qualitatively and quantitatively. Additionally, the design will allow closeness of the researcher to data which will enable direct examination of communication using data. The secondary data will be used by employing content analysis as well as using a check list.

3.1.1 Research Design

Both quantitative and qualitative data will be used because they will involve carrying out interviews and conducting group discussion.

The study will employ descriptive design, since domestic violence can be described easily, in the collection of data, the research design will be preferred because it will enable the researcher systematically collect and present data to give a clear picture regarding domestic violence. Under quantitative method, questionnaires will be used to establish the parties affected and how they will be affected.

3.2 Study Area and Population of Study

The study will be conducted in Mukono district Local government. The Division will be dominated mostly by the Baganda most of them do business. The study will cover Uganda Christian university mukono campus. The study focused on local people, NGOs and government officials in the division so as to get issues about domestic violence.

3.3 Sample Framework

3.3.1 Sample Size

From the proposed study, the actual total number of the 60 respondents will be interviewed. The sample size for this study will be 52.

3.3.2 Sample Technique

Simple random sampling technique will be used to select the population under study. Different strata will be formed. Key information will purposively sample because they have information and knowledge in the area of the study.

3.3.3 Sample Procedure

The researcher will define the population, list the elements of the population, determine an appropriate sampling methodology, and decide an adequate sample size and select a representative sample of 80 respondents.

3.4 Data Collection Methods

3.4.1 Instruments

In order to achieve the objective of this study, the researcher will use the following methods of data collection to get information on outcomes and causes of domestic violence. The methods will generate enough information so as to make conclusions.

(1) Questionnaire

The questionnaires will administer to local leaders, government officials and Non-Government Organizations' members so as to get more sensitive information about the perspective of knowledge and attitude in prevention of sexually transmitted diseases.

(ii) Interview Method

The researcher will conduct face-to-face interviews with local people both illiterates and literates on issues pertaining to the respondents' background and domestic violence in particular.

Also government officials will be interviewed in order to get their views about domestic violence.

3.4.2 Sources of Data

(i) Primary sources

This is the raw data that will be collected from the respondents by use of questionnaires and interviews. This avails to the researcher the different views of people on domestic violence.

(ii) Secondary sources

Text books and other related works of outstanding scholars whether Published, Magazines.

Written data sources included published and unpublished documents, agency reports, Newspaper articles, internet sources and so forth were referred to as to get more information about domestic violence in Ntale village.

3.5 Data Processing

After the data collection, qualitative data obtained from the interview was coded. Quantitative data was coded and tabulated on a scale and was then entered in the computer using Statistical Package for Social Scientist (SPSS).

3.6 Data Analysis

Data will be analyzed qualitatively and quantitatively. SPSS will be used in analyzing data Collected. Bar graphs will be used to give a clear outlook on domestic violence in Mukono district local government.

Bar graphs and other graphs were done in Microsoft Excel. Recommendations were made basing on the outcome of the result of the analysis.

3.7 Ethical Considerations

Bearing in mind the ethical issues, the researcher will get a letter of introduction from the university that will introduce me to the local council authorities and the respondents during the data collection process.

The researcher will provide the respondents with the necessary information as regards the main purpose of the research, expects duration and procedures to be followed, and keeping privacy by maintaining confidentiality of respondents' and researcher's responsibility.



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

October 30th, 2023

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: **INTRODUCTORY LETTER FOR RESEARCH**


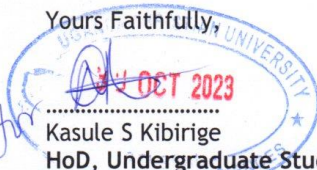
This is to introduce to you **Manzi Arthur** Registration Number **S18B15/080**, a student of Uganda Christian University, pursuing Bachelor in Social Work and Social Administration.

Arthur is expected to carry out research in the final year under the guidance of a supervisor in partial fulfillment for the requirements of the above-mentioned award.

Topic: **"Attitudes and Knowledge of Uganda Christian University Students on using Condoms to Prevent Sexual Transmitted Diseases (STD)."**

The purpose of this communication is to request your office to allow him collect data from your organization. Any assistance rendered to him will be highly appreciated.

Yours Faithfully,

Kasule S Kibirige
HoD, Undergraduate Studies Department
Tel: 0776711546
Email:kkibirige@ucu.ac.ug

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF THE FINDINGS

4.0 Introduction

This chapter consists of data presentation, analysis and interpretation of the findings on the themes of the study

4.1 Descriptive analysis

Table 4.1 shows the gender of the respondents

Gender	Frequency	Percentage
male	43	43%
Female	57	57%
Total	100	100%

Source: field data (2023)

The findings from the study reveal that 43% of the respondents were male, 57% of the respondents were female. The findings from the study show that there are more women that participated in the activity in Uganda Christian University than the male.

Table 4. 2 shows the age bracket of the respondents

Gender	Frequency	Percentage
20-30 years	99	99%
31-40 years	1	1%
41 years and above	0	0%
Total	100	100%

Source: field data (2023)

The findings from the reveal that 99% of the respondents were in the age bracket of 20-30 years, 1% of the respondents were in the age bracket 31-40 years, none of the respondents were 41 years and above. The findings from the study imply that the average age of respondents in Uganda Christian University are between 20-30 years.

Table 4.3 shows the education level of the respondents

Education level	Frequency	Percentage
Postgraduate	1	1%
Degree	99	99%
Diploma		0%
Total	100	100%

Source: field data (2023)

The findings from the study show that 99% of the respondents were degree holders, 1% of the respondents were postgraduate holders, none of the respondents was diploma holders, and the findings from the study imply that most of respondents in Uganda Christian University are educated.

4.4. TO DETERMINE THE ATTITUDE KNOWLEDGE OF UGANDA CHRISTIAN UNIVERSITY STUDENTS MUKONO CAMPUS ON CONDOM USE IN THE PREVENTION OF SEXUALLY TRANSMITTED DISEASES

The study ascertained the knowledge of undergraduates of Uganda Christian University Mukono campus towards condom use in the prevention of sexually transmitted diseases.

The findings from the study are presented in the table below; Table 4.4 shows the knowledge of undergraduates of Uganda Christian University Mukono campus towards condom use in the prevention of sexually transmitted diseases.

	Statement	SA	A	N	D	SD	St De	Mean
1	Effective against unintended pregnancy as well as against gonorrhea, chlamydia, and trichomoniasis.	65.5%	34.5%	0%	0%	0%	.505	1.48
2	Highly effective against the most dangerous of sexually transmitted infections—HIV, the virus that causes AIDS	43.6%	56.4%	0%	0%	0%	.687	1.81
3	Condoms use is also associated with a lower rate of cervical cancer, an HPV-associated disease	53.8%	46.2%	0%	0%	0%	.503	1.54
4	It is vital that sexually active youth have access to condoms to protect their health and their lives	38.5%	46.2%	15.4%	0%	0%	1.007	1.92
5	condoms must be used correctly and must be used every time you have sex	69.2%	30.8%	0%	0%	0%	.466	1.31

Source: field data (2023)

The findings from the study revealed 65.5% of the respondents strongly agree, and 34.5% of the respondents agreed, that it is effective against unintended pregnancy as well as against gonorrhea, Chlamydia, and trichomoniasis. These findings imply effectiveness against unintended pregnancy as well as against gonorrhea, Chlamydia, and trichomoniasis.

The findings from the study reveal 43.6% of the respondents strongly agreed that it is highly effective against the most dangerous of sexually transmitted infections—HIV, Additionally, 56.4% of the respondents were not sure about the statement. These findings imply that it is highly effective against the most dangerous sexually transmitted infections—HIV, hence causes AIDS.

53.8% of the respondents strongly agreed condom use is associated with a lower rate of cervical cancer, an HPV-associated disease. On the other hand, 46.2% of the respondents disagreed with the statement. This implies that condom use is associated with a lower rate of cervical cancer, an HPV-associated disease.

The findings from the study further reveal 46.2% of the respondents agreed that it is vital for sexually active youth to have access to condoms to protect their health and their lives. Additionally, 38.6% of the respondents strongly agreed with the statement, while 15.4% of the respondents were not sure about it. These findings imply that it is vital for sexually active youth to have access to condoms to protect their health and their lives

69.2% of the respondents strongly agreed that condoms must be used correctly and every time you are having sex, 30.8% of the respondents agreed with the statement.

4.5 TO DETERMINE THE ATTITUDE OF UNDERGRADUATES OF UGANDA CHRISTIAN UNIVERSITY MUKONO CAMPUS TOWARDS CONDOM USE IN PREVENTION OF SEXUALLY TRANSMITTED DISEASES

The study ascertained the attitude of undergraduates of Uganda Christian university Mukono campus towards condom use in prevention of sexually transmitted diseases.

The findings from the study are presented in the table below; Table4.5 showsthe attitude of undergraduates of Uganda Christian university Mukono campus towards condom use in prevention of sexually transmitted diseases.

	Statement	SA	A	N	D	SD	St De	Mean
1	The perception of impaired pleasure where the undergraduates have hesitantly refused to use them often.	57.7%	42.3%	0%	0%	0%	.499	1.42
2	Lack of availability at the appropriate time to access or put on the condoms especially the impatient ones.	26.9%	46.2%	3.8%	23.1%	0%	1.096	2.23
3	Misinformation about condom use has made the undergraduates to have a negative perception of use of condoms.	33.7%	65.4%	0%	0%	0%	.758	1.88
4	Coitus interruption when it comes to the ejaculation among the male students.	40.8%	59.2%	0%	0%	0%	.471	1.68
5	Unnaturalness or unreliability especially during the sex among the undergraduates	56.9%	43.1%	0%	0%	0%	.425	1.23

Source: field data (2023)

57.7% of the respondents strongly agreed that there is a perception of impaired pleasure, leading undergraduates to hesitantly refuse to use condoms often. Additionally, 42.3% of the respondents also agreed with the statement. This implies that there is a perception of impaired pleasure, causing undergraduates to be reluctant to decline condom use often.

46.2% of the respondents agreed that there is a lack of availability at the appropriate time to access or put on condoms, especially for the impatient ones. Additionally, 26.9% of the respondents also agreed with the statement. Furthermore, 3.8% of the respondents neither agreed nor disagreed with the statement, and 2.3% of the respondents disagreed with it. This implies that there is a lack of availability at the appropriate time to access or put on condoms, especially for the impatient ones.

The findings of the study reveal that 65.4% of the respondents agreed that Misinformation about condom use has made the undergraduates to have a negative perception of use of condoms. 33.7% of the respondents strongly agreed with the statement, this implies that Misinformation about condom use has made the undergraduates to have a negative perception of use of condoms.

59.2% of the respondents agreed that Coitus interruption when it comes to the ejaculation among the male students. 40.8% of the respondents also agreed with the statement, this implies that Coitus interruption when it comes to the ejaculation among the male students.

The study further revealed that 56.9% of the respondents strongly agreed Unnaturalness or unreliability especially during the sex among the undergraduates. 43.1percentage of the respondents agreed with the statement, this implies the Unnaturalness or unreliability especially during the sex among the undergraduates.

4.6. TO DETERMINE THE IDEOLOGY THAT UNDERGRADUATES OF UGANDA CHRISTIAN UNIVERSITY MUKONO CAMPUS DIFFER IN THEIR KNOWLEDGE AND ATTITUDE TOWARDS CONDOM USE IN THE PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS

The study ascertained to determine the ideology that undergraduates of Uganda Christian University Mukono campus differ in their knowledge and attitude towards condom use in the prevention of sexually transmitted infections.

Table 4.6 shows to determine the ideology that undergraduates of Uganda Christian University Mukono campus differ in their knowledge and attitude towards condom use in the prevention of sexually transmitted infections.

	Statement	SA	A	N	D	SD	St De	Mean
1	A condom is a barrier device used to prevent pregnancies	46.2%	53.8%	0%	0%	0%	.503	1.54
2	Condom is not safe irrespective of their storage.	57.7%	42.3%	0%	0%	0%	.499	1.42
3	Students get embarrassed while buying condoms	62.8%	37.2%	0%	0%	0%	.505	1.50
4	it is alright for men to refuse sex if a woman doesn't want to use a condom	73.1%	26.9%	0%	0%	0%	.448	1.27
5	Many girls are still brought up to be submissive to men a culture that increases their difficulty in avoiding sexual contact especially with older men without use of a condom	61.5%	38.5%	0%	0%	0%	.491	1.38

Source: field data (2023)

53.8% of the respondents agreed that a condom is a barrier device used to prevent pregnancies, 46.2% of the respondents also strongly agreed with the statement, this implies how a condom is a barrier device used to prevent pregnancies.

57.7% of the respondents strongly agreed that Condom is not safe irrespective of their storage, 42.3% of the respondents as well agreed with the same statement.

73.1% of the respondents strongly agreed that Students get embarrassed while buying condoms and 26.9% of the respondents agreed with the same statement; this implies a situation were Students get embarrassed while buying condoms.

The study further revealed 61.5% of the respondents strongly agreed that it is all right for men to refuse sex if a woman does not want to use a condom. 38.5% of the respondents also agreed with the statement, implying how it is all right for men to refuse sex if a woman does not want to use a condom.

The study further revealed that 61.5% of the respondents strongly agreed, and 38.5% of the respondents also agreed, many girls are still brought up to be submissive to men a cultural moral which increases their difficulty in avoiding sexual contact, especially with older men, without using a condom. This implies how cultural norms contribute to challenges in avoiding sexual contact without condom use, particularly for young women raised to be submissive to men.

APPENDIX I

QUESTIONNAIRE

This questionnaire is designed to generate information on the knowledge and attitude of condom use in prevention of sexually transmitted infectious diseases. (Case study of Uganda Christian University Mukono campus).

Dear respondents,

The researcher is a student of Uganda Christian University Mukono campus carrying out research on the topic, knowledge and attitude of condom use in prevention of sexually transmitted infectious diseases in Uganda Christian University Mukono campus. The research is purely academic and the information obtained will be used strictly for academic purposes, and will be handled with utmost confidentiality.

The researcher therefore is kindly requesting you to spare some of your time and provide answers to the questions below.

Please tick in the boxes

1. Gender of respondents

Male Female

2. Age of respondents in years

20-30 31-40 41 and above

3. Educational level of respondents

Post graduate degree diploma certificate

4. Duration of working

1-5 years 6-10 years 11 years and above

SECTION B: TO DETERMINE THE KNOWLEDGE OF UNDERGRADUATES OF UGANDA CHRISTIAN UNVIVERSITY MUKONO CAMPUS TOWARDS CONDOM USE IN THE PREVENTION OF SEXUALLY TRANSMITTED DISEASES.

Below is Likert scale which shows to determine the knowledge of undergraduates of Uganda Christian University Mukono campus towards condom use in the prevention of sexually transmitted diseases. Select the response (1 = strongly agree, 2= agree, 3= neither agree nor disagree, 4= disagree, 5=strongly disagree) if you are satisfied that the response falls in that category

	Statement	1	2	3	4	5
1	Effective against unintended pregnancy as well as against gonorrhoea, Chlamydia, and trichomoniasis.					
2	Highly effective against the most dangerous of sexually transmitted infections—HIV, the virus that causes AIDS					
3	Condoms use is also associated with a lower rate of cervical cancer, an HPV-associated disease					
4	It is vital that sexually active youth have access to condoms to protect their health and their lives					
5	condoms must be used correctly and must be used every time you have sex					

SECTION C: TO DETERMINE THE ATTITUDE OF UNDERGRADUATES OF UGANDA CHRISTIAN UNIVERSITY MUKONO CAMPUS TOWARDS CONDOM USE IN PREVENTION OF SEXUALLY TRANSMITTED DISEASES

Below is Likert scale which shows to determine the attitude of undergraduates of Uganda Christian university Mukono campus towards condom use in prevention of sexually transmitted diseases. Select the response (1 = strongly agree, 2= agree, 3= neither agree nor disagree, 4= disagree, 5=strongly disagree) if you are satisfied that the response falls in that category.

	statement	1	2	3	4	5
1	Do you believe that using condoms is an effective method for preventing STi					
2	Have you ever used a condom as a mean of preventing STis if so ,what was your experience					
3	Do you think promoting condom use in educational setting is essential to reduce STis					
4	In your option should universities provide education on condom use and STi preventions					
5	How confident do you feel in discussing condom use with your sexual partner					

SECTION D: TO DETERINE WHETHER MALE AND FEMALE UNDERGRADUTES OF UGANDA CHRISTIAN UNIVERSITY MUKONO CAMPUS DIFFER IN THEIR KNOWLEDGE AND ATTITUDE TOWARDS CONDOM USE IN THE PREVENTION OF SEXUALLY TRANSMITTED INFENCIONS

Below is Likert scale which shows to determine whether male and female undergraduates of Uganda Christian University Mukono campus differ in their knowledge and attitude towards condom use in the prevention of sexually transmitted infections

. Select the response (1 = strongly agree, 2= agree, 3= neither agree nor disagree, 4= disagree, 5=strongly disagree) if you are satisfied that the response falls in that category.

QUESTIONS

1. Have you received any formal education or informal about sexually transmitted infections and condom use prevention in the university?
2. What are your main reasons for using or not using condoms?
Are you familiar with other methods of preventing STIs if yes what are the other methods?
3. Are you aware of the risk associated with unprotected sex in terms of STIs in university?
4. Are there any challenges you face when it comes to accessing or using condoms for STIs prevention?

Thank you for your corporation

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter shows the summary of the major study findings and concludes on the findings of the study. It further comes up with the study recommendations and suggests for further study.

5.1 Summary of the Key Findings

The summary of the key study findings is provided with focus on objectives of the study, which was attitudes, and knowledge of Ugandan Christian university students on using condoms to prevent sexually transmitted diseases (STD). 100 percent responded to the study. It was established that most of the respondent's were in the age bracket of 20 to 28 years.

Objectives	Key findings
a) To determine the knowledge of undergraduates of Uganda Christian University Mukono campus towards condom use in the prevention of sexually transmitted infections	The majority of respondents, comprising 69.2%, strongly agreed that condoms must be used correctly and every time individuals engage in sexual activity. This indicates a high level of awareness and emphasis on consistent and proper condom usage among the surveyed population. This finding underscores the importance of promoting consistent condom use as a crucial preventive measure against unintended pregnancies and sexually transmitted infections (STIs), including HIV/AIDS. It suggests a strong recognition among respondents of the role condoms play in protecting sexual health and preventing the transmission of STIs.
b) To determine the attitude of undergraduates of Uganda Christian University Mukono campus towards condom use in the prevention of Sexually Transmitted Infections	The study highlights several barriers and perceptions that contribute to the reluctance or hesitancy among undergraduates to use condoms consistently. These include: <ol style="list-style-type: none"> 1. Perception of impaired pleasure: A significant portion of respondents, comprising 57.7% who strongly agreed

	<p>and 42.3% who agreed, perceive that condom use may impair sexual pleasure, leading to hesitancy in condom usage.</p> <p>2. Lack of availability at the appropriate time: Nearly half of the respondents, 46.2%, agreed that there is a lack of availability of condoms at the right moment, particularly for individuals who may be impatient or in need of immediate access.</p> <p>Overall, these findings underscore the multifaceted challenges and perceptions surrounding condom use among undergraduates, highlighting the need for targeted interventions to address barriers, dispel misconceptions, and promote positive attitudes towards condom usage for effective sexual health protection.</p>
<p>c) To determine whether male and female undergraduates of Uganda Christian University Mukono campus differ in their knowledge and attitude towards condom use in the prevention of Sexually Transmitted Infections</p>	<p>The study highlights various perceptions and attitudes regarding condom use among the surveyed population, particularly among students. Key insights include:</p> <ol style="list-style-type: none"> 1. Understanding of condom as a barrier device: A significant majority of respondents, totaling 100% when considering those who agreed and strongly agreed, recognize condoms as barrier devices used to prevent pregnancies. This indicates a high level of awareness regarding the primary function of condoms in contraception. 2. Concerns about condom safety: A

	<p>considerable portion of respondents, comprising 57.7% who strongly agreed and 42.3% who agreed express concerns about the safety of condoms regardless of their storage conditions. This perception may reflect misconceptions or uncertainties about the efficacy of condoms in preventing pregnancies and sexually transmitted infections.</p> <p>Overall, these findings underscore the complex interplay of attitudes, perceptions, and cultural factors influencing condom use behavior among students, highlighting the need for targeted interventions to address misconceptions, reduce stigma, and promote assertive condom negotiation skills for effective sexual health promotion.</p>
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4.5 CONCLUSION

In conclusion, this study highlights a mixed perception among undergraduates at Uganda Christian University Mukono Campus regarding condom use. While there's recognition of their efficacy against some STIs, concerns exist around social stigma, doubts about safety, and misconceptions influencing attitudes. Understanding these complexities is crucial for developing targeted interventions aimed at promoting safer sexual practices and combating STIs among university students.

**4.6 Recommendations
To the Policy Practitioners**

1. Tailored Educational Programs:
 - Implement comprehensive sexual health education programs targeting myths, misconceptions, and negative attitudes towards condom use.
 - Focus on addressing specific concerns, such as the perceived loss of pleasure and access issues, through targeted interventions and awareness campaigns.
2. Behavioural Interventions:

- Develop strategies to address cultural norms that may hinder safe sex practices, particularly among female students.
 - Promote gender-sensitive dialogues to challenge and alter the perceived acceptability of men refusing condom use during sex.
3. Accessible Resources:
- Ensure easy access to condoms on campus or nearby locations to address availability concerns.
 - Engage with health practitioners and counsellors to provide accurate information and create a supportive environment for discussions around sexual health.
4. Research and Continuous Evaluation:
- Encourage ongoing research to understand evolving attitudes and knowledge gaps concerning sexual health among university students.
 - Regular evaluations of interventions to measure their impact and refine strategies accordingly.

By addressing these aspects, practitioners can contribute to fostering a more informed and positive approach towards condom use and STI prevention among Uganda Christian University Mukono Campus students.