

**CHRISTIAN SERVICE UNIVERSITY COLLEGE,
KUAMSI**

**A STUDY TO INVESTIGATE THE KNOWLEDGE AND ATTITUDES OF
FINAL YEAR NURSING TRAINEES ON CONDOM USE**

**(STUDY CONDUCTED AT KUMASI NURSING AND MIDWIFERY
TRAINING COLLEGE)**

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AWARD OF BACHELOR'S DEGREE IN NURSING.**

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DECLARATION

We hereby declare that the research work represents are original work and that it has not been submitted to the Nurses and Midwives Council for an award of Degree (GN) by an individual or group of people.

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ABSTRACT

This study aimed at finding the knowledge and attitude of final year nursing trainees on the use of condoms. It was conducted at Kumasi Nursing and Midwifery Training College with 100 respondents. It was a cross-sectional study. A written questionnaire was used to interview the selected respondents on the use of condoms. The data collected were analyzed using the Statistical Package for Social Sciences (SPSS) version 22.0. Through the study, it was realized that the respondents had knowledge about condom use and most of them would like to practice it but there are hindrances such as their partners approval of condom use, side effects of condom use, religious and cultural effects on respondent's usage of condoms. Based on our findings, we recommend that the government and various non-governmental agencies help on the education on condom use to both trainees and the youth at large to help reduce the risk of unwanted pregnancies and abortions which may be fatal if care is not taken.

DECLARATION

We hereby declare that the research work represent are original work and it has not been submitted to the Nurses and Midwives Council for an award of BSc in Nursing (GN) by an individual or group of people.

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I hereby declare that the preparation and presentation of this dissertation was supervised in accordance with the guidelines on supervision laid down by Christian Service University College.

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CHAPTER ONE

INTRODUCTION

BACKGROUND

Children are gifts from God and people adore and yearn for them especially newly married couples in our Ghanaian communities. In times past, people had the delight in just having sex and bringing forth children without considering the hazards it puts their health into. All that couples focused on was the new born baby who they believe will grow, add up to their family and also nursing the hope that the child would grow to be responsible adult who can take care of the parents in their old age.

Today, however, most couples and youth of sexually active ages have come to understand the need to space and plan child birth in order to have a sizeable number of children to cater for, and also to protect themselves from sexually transmitted infections (STIs) during sexual intercourse. Therefore, the issue of use contraceptives has become important. One common method of contraception is the use of condoms.

Anytime condoms are mentioned what comes into mind is a birth control contraceptive which also protects one from acquiring, sexually transmitted infections some of which include gonorrhoea, syphilis and most especially, the deadly HIV/AIDS.

Condom is a thin rubber sheath worn on the erected penis of a man or inserted in the vagina of a woman during sexual intercourse. It is made of latex and polyurethane (Durex Website: History of Condoms [www. durex.com](http://www.durex.com) and AVERT. Org). Basically, there are two types of condoms. That is the male and female condoms. There are other types, depending on the kind of material used in their manufacture.

The use of condoms can be traced as far back as 1000BC. It is known that during this era, ancient Egyptians used a linen sheath for protection against diseases. The syphilis epidemic that spread across Europe gave rise to the first published account on the use of condom.

Gabrielle Fallopius, a condom manufacturer, in the 1500's described a sheath of linen he claimed to have invented to protect men against syphilis. Having been found useful for the prevention of infection, it was only later that the usefulness of condom for the prevention of pregnancy was recognized.

The first published use of the word "condom" was in a 1706 poem. It has also been suggested that "Condom" was also a doctor in the time of Charles II of England. It is believed that he invented the device to help the king prevent the birth of more illegitimate children. Even the most famous lover of all, Casanova, was using condom as a birth control measure as well as a protective device against infections.

Condoms made out of animal intestines became available with the passage of time. However they were quite expensive and the unfortunate result was that, they were often reused. Sheep skin condom is an example of condoms made from animal intestines. It was described as "an armour against pleasure and a cobweb against infection" at that time, (Durex Website: History of Condoms www.durex.com and AVERT. Org).

Improvement in technology and development in social and economic activities affected condom use. The old linen sheath used in making condoms was replaced with lubricated ones in 1957. It was launched in United Kingdom by Durex. Condom manufacturing was revolutionized by the discovery of rubber vulcanization by Goodyear (founder of the tyre company) and Hancock. This makes it possible to produce mass rubber goods including condoms quickly and cheaply.

Various studies conducted have proven the use of condoms to be an effective way of preventing unwanted pregnancies and infections when used properly.

There are cases when a condom fails to prevent one from sexually transmitted illnesses and unwanted pregnancy could result from inconsistent and incorrect use during sexual intercourse. It can also be weakened by oil-based lubricants especially the male condom and when exposed to sunlight or torn by the finger nails, (Fosu Rita, 2016).

There are other advantages associated with the use of condoms apart from the two main ones mentioned. Some condoms especially the female type can be inserted 8 hours before sex and does not impair the individual's mobility, (Fosu Rita: Principles of Family planning-Advantages of Barrier methods).

Condoms are also less likely to cause allergic reactions and are available without prescription. They can be bought at drinking bars, supermarkets, hotels, restaurant, drinking spot and drug or pharmaceutical shops.

Another important advantage of condom is that it is the cheapest contraceptive. The advantages associated with condoms have made them acceptable by majority of the population today. As such, demand for condom today far exceeds their supply especially during festive occasions.

This is not to say that all individuals including those under training in the health sector (Nursing students) have a positive attitude and adequate knowledge towards the use of condoms. In particular, taking into consideration, a disadvantage like being uncomfortable and difficulty associated with its use. Hence there is the need for this study among final year nursing trainees in Nursing and Midwifery Training College, Kumasi.

STATEMENT OF PROBLEM

The advent of Acquired Immune Deficiency Syndrome (AIDS), as well as other sexually transmitted diseases have made public discussion on subjects related to sex a bit easier because people now realize the need to publicize the effective ways of avoiding infections

Student nurses are fortunate enough to have found themselves in the health sector which serves as the basic institution whose aim is to promote health and prevent diseases. . Therefore, it is expected that majority of the student nurses have enough or adequate knowledge about condoms. However, their attitudes towards the use of condoms could differ, based on many factors.

The positive or negative attitude of some students towards the use of condoms is based on misconceptions about the ways in which condoms are used, ways in which it works and complications associated with their use, while others think condom use is inconvenient as it affects sensation during its use, while others think condoms are expensive. People who are allergic to polyurethane cannot use it since they could end up with a rash after its use. Condom littering and its ability to cause sewage problems when not disposed of properly discourage its use. "It is difficult to buy the device from public places," others admitted. And last but not least many also believe that it has a high failure rate and cuts down sexual pleasure.

Culture, religion and social factors also interfere with the knowledge and attitude of some students nurses towards the use of condoms. For instance, Roman Catholics, due to their religious doctrine, strongly oppose condom use. From the 18th century onward, condom use was opposed by religion for the same reasons for which they are opposed today.

One reason for the opposition is that condoms reduce the chances of pregnancies and this is seen as immoral or undesirable to a nation.

Others also believe that condoms do not provide full protection against sexually transmitted illnesses (STI's). On the other hand, those who believe in its effectiveness are also thought of as being promiscuous.

Health policy and political authority contribute to the promotion of knowledge and attitude towards the use of condoms and as such influence the individual's attitude; whether positive or negative towards the use of condoms. In Ghana for instance, the government ensures that the Food and Drug Authority approves of all condoms coming into the country after their effectiveness and safety have been proven.

It is the government that imports more condoms into the country so that individual who feel the need to use them can purchase them easily. There are some people who see no need to use condoms because of the perception that it can fail, no matter what. That is why it should be the responsibility of health institutions to educate people and by so doing promote condom use. During health campaigns, condoms are given freely to both rich and poor.

According to consumer reports, spermicide- lubricated condoms have no additional benefits in preventing pregnancies and have a shorter shelf life and may cause urinary tract infections in women, (Department of Reproductive Health and Research, 2013). Some people also complain of allergic reactions observed after condom use such as sores on and in their sexual organs, (Department of Reproductive Health and Research, 2013). As such, these people see no need in using a device which will give some complications after its use. Moreover, there is the belief that whether one uses condom or not during sexual intercourse with an infected person unknowingly, the uninfected partner can still contract HIV/AIDS, through kissing the infected partner. Others however, are so much convinced about the effectiveness of condoms and so have a positive attitude towards their use.

Augustine Esuosin, according to the Mirror newspaper on Saturday, February 1st, 2003 (page 2) had stated that many youth do not care about their own lives as such do not try to protect themselves from sexually transmitted illnesses (STIs) and unwanted pregnancies despite the fact that they cannot abstain from pre-marital sex.

The use of condoms should be a mutual affair; that is to say both partners should discuss condom use and which of the partners wears it before sexual intercourse begins.

The study therefore aims at acquiring student knowledge and attitude towards the use of condoms and make recommendation and proposals regarding the use of condoms.

OBJECTIVES

Main objective on study:

To determine the knowledge and attitude of final year nursing students at Nursing and Midwifery Training College, Kumasi, towards the use of condoms.

Specific objectives:

1. To find the knowledge of student nurses on the use of condoms.
2. To ascertain students attitude towards the use of condoms.
 - To find out how culture and religion affect students usage of condom.
 - To enquire whether students approve of the use of condoms by their sexual partners.
 - To find out some of the side effects that results from condom use.

HYPOTHESIS

NULL HYPOTHESIS:

Final year students of Kumasi Nursing and Midwifery Training College have information about the knowledge and attitude towards condom use.

ALTERNATIVE HYPOTHESIS:

Final year students of Kumasi Nursing and Midwifery Training College have no information about the knowledge and attitude towards condom use.

1.4 SIGNIFICANCE OF THE STUDY

This study will help provide information on students' knowledge and attitude towards the use of condoms and make recommendation and proposals regarding the use of condoms to final year nursing students and the nation at large after the refusal to use condoms can lead to youth pregnancies that can result in school dropout.

Prevention of sexually transmitted diseases to the nation at large, while helping to reduce abortions among the youth.

CHAPTER TWO

LITERATURE REVIEW

The sharply increasing population of the country has necessitated the adoption of family planning policies that suggest the use of barrier methods in preventing pregnancies. Among these methods is the use of condoms. Recently 50% of 15 years old girls and 70% of boys revealed that they have used a condom in their past sexual intercourse, (Dept. of Reproductive Health and Research, 2013). A condom is a device most commonly used during sexual intercourse. It is put on a man's erected penis and it blocks ejaculated semen from entering the vagina of the sexual partner. Condoms are used to prevent pregnancy and sexually transmitted infections (STI's) such as gonorrhea, syphilis, and HIV/AIDS.

The term condom first appeared in the early 18th century. Its etymology is unknown. It is claimed that invention and naming of the condoms was linked to an associate of England's King Charles II, one "Dr. Condom" or "the Earl of condom" (www.Durex.com). Other people contend that there is no existence of such a person and condom had been used for over one hundred years before King Charles II ascended to the throne. It has rather been speculated that it is from the Italian word '*guantone*' derived from 'guato' meaning glove, (Tatum HJ, et al.1981).

Most condoms have a reservoir tip / teat end, making it easier to accommodate the man's semen. Condoms come in different sizes, from over size to small and they also come in a variety of surfaces intended to stimulate the user's partner, (www.Durex.com). Condoms are usually supplied with a lubricant coating to facilitate penetration whilst flavored condoms are principally used for oral sex.

Most condoms are made of latex but polyurethane and sheep skin condoms were also widely available, (www.Durex.com). Latex has outstanding elastic properties.

It may be stretched in excess before breaking. Polyurethane condoms are less elastic than latex but can be considered better than latex because it conducts heat better than latex, (Conant et al, 2013.). It is not as sensitive to temperature and ultraviolet light. It is less allergic and does not have odour. Condoms made from sheep skin are still available. Polyurethane and sheep skin condoms are both more expensive than other types of condoms. Some latex condoms are lubricated at the factory with a small amount of a nonoxynol- 9, (Fosu, 2016). The application of separately package spermicide is believed to increase the contraceptive efficacy of condoms, (Vessey et al 1982).

According to a research conducted in Uganda by Linda. J. Bercham, 2010, she assessed the knowledge and attitudes of multi-ethnic tertiary students of a sample size of 197 on the use of condoms. Factors that appeared to underlie knowledge and attitudes toward condom use included prevention of health problems, peer acceptance, sexual pleasure and spontaneity, convenience, prevention of embarrassment from unwanted pregnancies, and effectiveness in preventing HIV and sexually transmitted diseases. African American participants viewed the condom more positively than the students from other ethnic groups and were more likely to use condoms than White participants were. Only 60% of the persons in the student sample had used condoms in the last 6 months, and less than one half definitely intended to use condoms in the next month. Those who had used a condom at their most recent intercourse and those who intended to use a condom in the next month viewed the condom more favorably than others did. Intended condom use was associated with a perception of oral contraceptives as a less convenient method of birth control (Vessey et al 1982).

According to a research conducted by *PL* Kocken October 5, 2005, there was a study into the relevance of cultural factors in predicting condom-use among the natives of the Dutch Antilleans was conducted. The study was conducted among 346 Dutch Antilleans from a random sample of an Antillean population aged 15–50 years.

The results showed that condom-use was primarily determined by perceived subjective norms, the perceived taboo on sex, age and educational background. Thus, sex is meant for the matured and married couples. Engaging in a sexual act meant maturity and the readiness to produce offspring, hence measures like condom use to prevent sexually transmitted infections and unwanted pregnancies was seen as an evil idea, hence a forbidden act.

Condoms are an important tool in preventing unwanted pregnancy and sexually transmitted diseases. Studies have shown that they are effective when used correctly and consistently (Dept. of Reproductive Health and Research, 2013). However, despite their usefulness, certain religions do not allow them to be used by married couples as a form of birth control.

As most religions are pro-life, they believe this popular contraceptive is against their stance. Some allow them only for purposes of preventing the spread of infectious diseases but never as a means for people to engage in extra marital affairs. The Catholic Church, as an example, is firm in its stand to disallow condom use in family planning or birth control. It believes that married couples should procreate and not hinder reproduction if necessary. Only natural family planning (NFP) and abstinence are preferred to prevent conception. For the leaders of this religious denomination, it is a sin to use any unnatural form of contraception. This has been a major concern in the Philippines where leaders of the Catholic Church had been at war with government officials who are committed to encouraging the use of the contraceptive in helping poor families limit their number of children thus preventing the ballooning of the country's population (Strong et al 2001).

Philippine President *Benigno Aquino Jr.* signed into law in December 2012 the Reproductive Health Bill that had been pending for 13 long years. In 2014, Pope Benedict XVI announced that the Catholic Church would now accept condoms but only as a means to reduce the risk of infection from AIDS.

He stressed, though, that the church objects to the use of contraception because it interferes with the creation of life. Most Jews believe men should not waste their seeds and using contraceptives only encourages it. (Feldulum et al 1999).

Approximately one in four teens in the United States will contract a sexually transmitted disease (STD), according to the Centers for Disease Control and Prevention. Experts believe a major contributing factor is the failure of many teens to use condoms consistently and routinely due to disapproval by their sexual partners. They found that teens who did not use condoms were significantly more likely to believe that condoms reduce sexual pleasure and were also more concerned that their partners would not approve of condom use.

Study participants in Atlanta, Miami and Providence completed an audio computer-assisted interview to gather information about the approval and disapproval of condom use by sexual partners. The findings appeared in the September/October issue of Public Health Reports 2007. Based on the study's findings, the authors recommend clinicians carefully monitor and routinely assess the sexual risk behaviors of adolescents and address some of the common attitudes and concerns influencing condom use. For example, clinicians can teach teens how to effectively and respectfully communicate with their partners about using condoms or counsel them about finding condom brands and sizes that provide optimal fit, comfort and sensation.

According to the American Academy of Allergy, Asthma and Immunology (AAAAI), some people can have an allergy to a protein that is found in the latex rubber used in making condoms. This side effect of condom use results in symptoms such as runny nose, sneezing, itching, dizziness, wheezing and lightheaded feeling upon which cases reported to the AAAI were mainly itching at the genital area that presented with red rashes. In some cases, latex allergies cause anaphylaxis which can threaten life.

CHAPTER THREE

METHODS

STUDY AREA:

The study was conducted at Nursing and Midwifery Training College, KATH. The nursing school was established temporarily in 1945. The school was formerly known as Preliminary Training School and was moved to Accra permanently in 1984. In 1940 Dr. Kirk drew up a plan for a school of nursing with a defined syllabus for training which led to his first state registered nursing school in Kumasi. In 1945, the school was temporarily situated at the present Ecobank (Harper Road Branch) in Adum. It was later moved to its present location within the premises of Komfo Anokye Teaching Hospital, Kumasi.

Komfo Anokye Teaching Hospital (KATH) was and is still being use for the practical aspects of the training. The school started with three (3) sister tutors who were appointed in 1944 but all moved to Accra, except Issabel Hutton who became the first principal of the college in 1956

LOCATION:

Nursing and Midwifery Training College, Kumasi is located at the heart of Komfo Anokye Teaching Hospital (KATH) and bounded by the Uaddara Barracks, Bantama and Adum.

It consists of two professional sectors which are used together, namely the midwifery and General nursing colleges. It comprises of a centralized administration that runs the school.

POPULATION OF THE SCHOOL:

The two schools have a population of a thousand and thirty students. The midwifery school is strictly females, while the nursing school is composed of males and females with the females forming the majority.

STUDY TYPE:

The study was a cross-sectional survey.

STUDY POPULATION OR TARGET:

The study involved final year nursing students comprising of both males and females.

SAMPLING TECHNIQUE:

A simple random sampling method under probability method was used to choose the students for the study. Both male and female final year nursing students were asked to answer already prepared written questionnaires that was self-administered. The study used 100 students as the sample size of which forty (40) were males and sixty (60) were females.

DATA COLLECTION METHOD AND TOOL

A structured questionnaire with both open-ended and closed-ended questions was used as a tool for our study. The questionnaires were distributed to the students used for the study.

DATA ANALYSIS:

The analysis was based on quantitative method using tabulation and description of variables. Both Pie charts and Bar charts were used to interpret the analysis made from the data collected from the respondents.

CHAPTER FOUR

RESULTS

4.1 Introduction

This section of the study includes findings obtained from the analysis of the responses that respondents provided. It is sub-divided based on the respondent's background characteristics and the specific objectives of the study. A structured questionnaire was the main instrument used in collecting data from respondents. 100 final year students from the Kumasi Nursing and Midwifery Training College served as respondents.

4.2 Description of sample population.

Table 4. Socio-demographic characteristics of participants

VARIABLES	Frequency (n)	Percentage (%)
Age (years)		
<20	0	0
20- 25	100	100
Gender		
Male	35	35
Female	65	65
Marital status		
Single	95	95
Married	5	5
Tribe		
Ewe	15	15
Akan	80	80
Frafra	3	3
Others	2	2
Religion		
Christian	55	55
Islam	27	27
Traditional	18	18
Others		

Source: Field survey, 2017

Table 4.1 above describes the socio-demographic characteristics of respondents; The study was dominated by only students between the ages of 20 to 25 who formed 100% of respondents.

Females (65%) formed the majority. With respect to their marital status, 95 (95%) were single whereas 5(5%) were married. Most (80%) of the respondents were Akans and a little more than half (55%) of respondents were Christians.

4.3 NURSING STUDENTS KNOWLEDGE ON CONDOM USE

Table 4.2 showing the knowledge on condom use

Description	Frequency(N)	Percentage (%)
I. Information about condoms		
Yes	85	85
No	10	10
No response	5	5
ii. Source of information		
Media	75	75
Hospital	15	15
No response	10	10
iii. Reasons for condom use		
To prevent unwanted pregnancy	40	40
To prevent sexually transmitted disease	50	50
No response	10	10

Source: Field Survey, 2017

Table 4.2 describes the knowledge level of students on condom use. 85 (85%) of students said they are well informed on condom use. Their major source of information on condom and its use was the media (75%). Prevention of sexually transmitted (50%) was identified as the main reasons why they patronized condoms, as compared to prevention of unwanted pregnancies (40%).

4.4 NURSING STUDENTS ATTITUDE ON CONDOM USE

Table 4.3 showing the distribution of nursing students on their attitude on condom use

	Frequency (n)	Percentage (%)
i. Are you sexually active?		
Yes	50	50
no	50	50
ii. Do you use condom?		
Yes	40	40
No	45	45
No response	15	15
iii. How often do you use condom?		
Very often	25	25
Occasionally	15	15
Never	45	45
No response	15	15
iv. Where do you purchase your condoms?		
Pharmacy	38	38
Drinking spots	2	2
No response	60	60

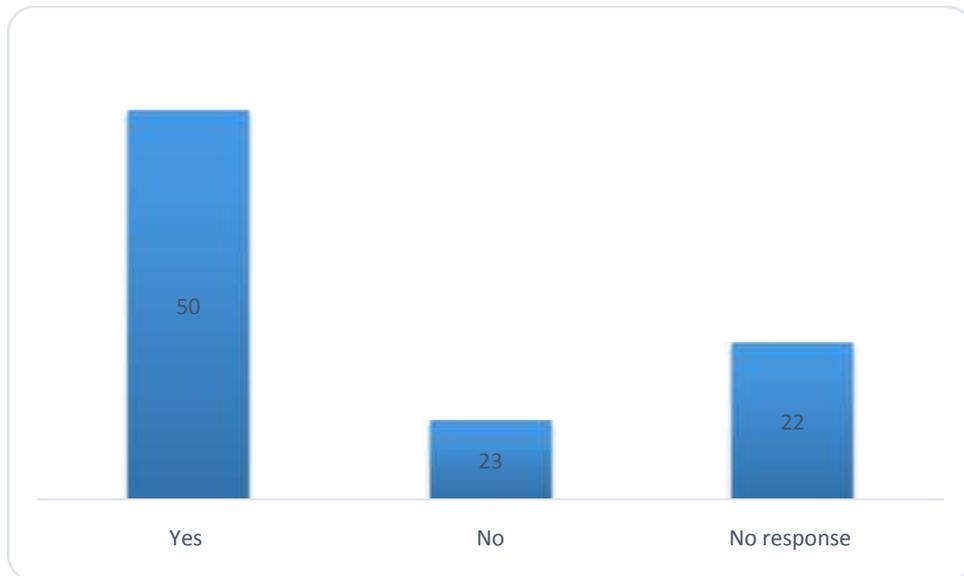
v. How do you feel when purchasing condom?		
Comfortable	9	9
Shy	31	31
No response	60	60
vi. Why you use condoms?		
It is safe	22	22
It is not expensive	18	18
No response	60	60
vii. Do you agree that condoms make sex less enjoyable		
Yes	25	25
No	15	15
No response	60	60

Source: Field survey, 2017

Table 4.3 describes the attitude of respondents on condom use. Half (50%) of respondents said they were sexually active. 40 (40%) of respondents said they use condoms during sex. A quarter (25%) of respondents said they often use condoms during sex, whereas 15 (15%) said they occasionally use condoms. Condoms were purchased from the Pharmacy (38%) more than drinking spots (2%). 25 (31%) of respondents said they felt shy whenever they were purchasing condoms. A quarter (25%) of respondents agreed that condoms make sex less enjoyable. Less than quarter of respondents 22 (22%) said they used condoms because it was safe to use whereas 18(18%) said because it was not expensive

4.5 RELIGION AND CONDOM USE

Figure 4.1 Condom use by respondents according to their religion.

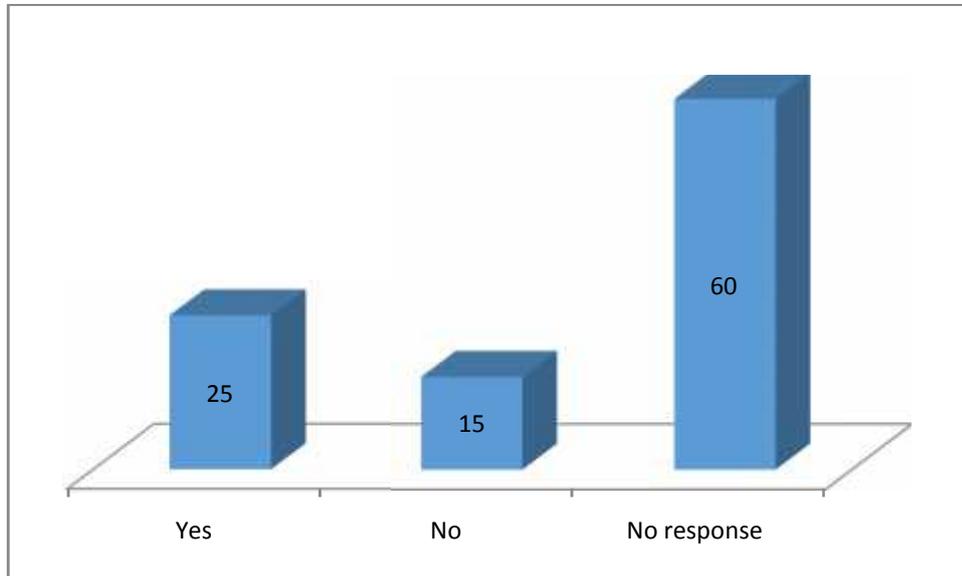


Source: Field survey, 2017

According to Figure 4.1, 50 (50%) of respondents said their religious belief affected the use of condoms whereas 23 (23%) said religion has no effect on condom use. 22 (22%) declined to respond.

4.6 CULTURE AND CONDOM USE

Figure 4. Condom use according to their cultural beliefs

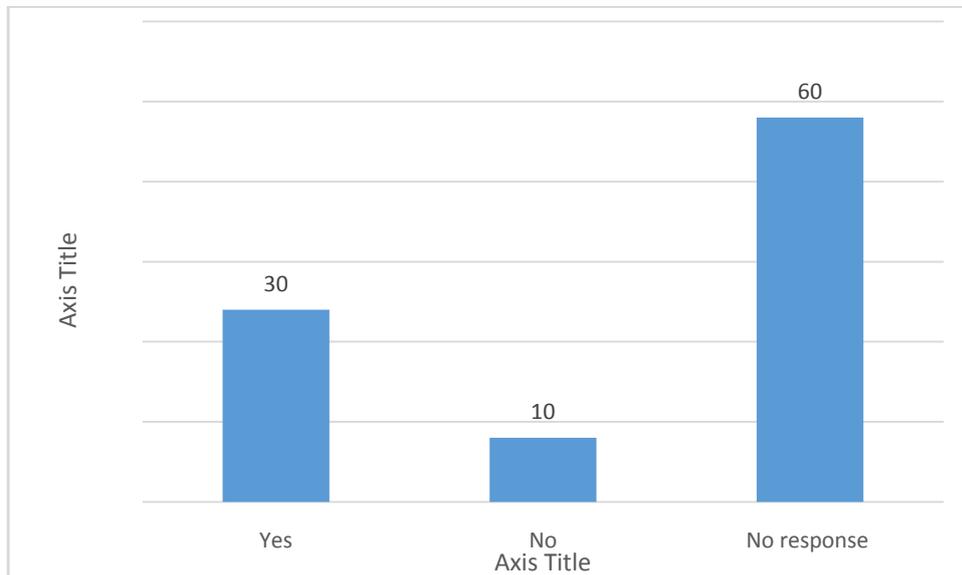


Source: Field survey, 2017

Figure 4.2 describes the distribution of respondents on whether condom use was affected by their cultural beliefs. 25 (25%) of respondents said their cultural beliefs affected the use of condoms whereas 15 (15%) said culture has no effect on condom use. 60 (60%) declined to respond.

4.7 STUDENTS' APPROVAL OF CONDOM USE BY THEIR PARTNERS

Fig 4.3 Respondents approval of the use of condoms by their partners.

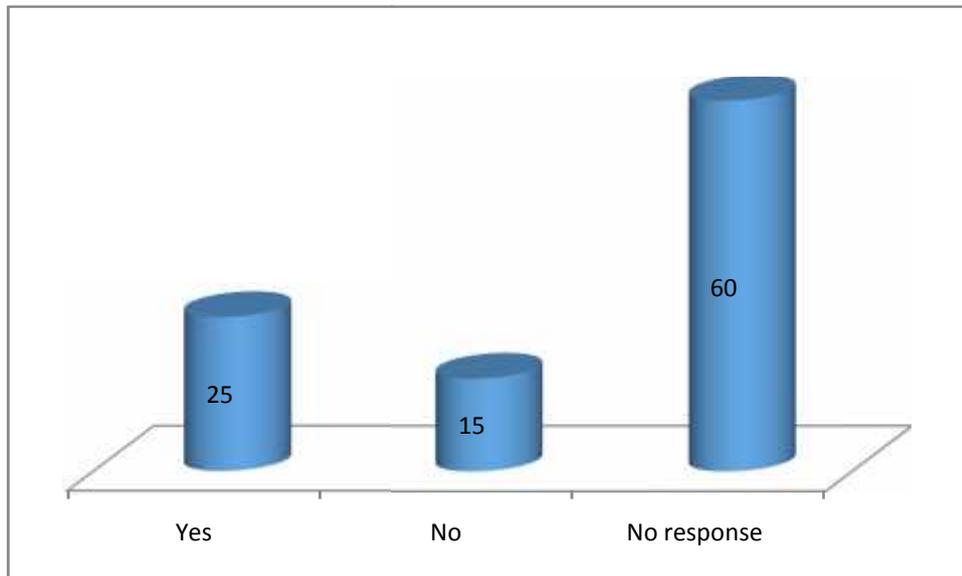


Source: Field survey, 2017

From Figure 4.3, more than a quarter 30 (30%) of respondents said they approved the use of condoms by their partners, whereas 10 (10%) said they do not approve the use of condoms by their partners. 60 (60%) declined to respond.

4.8 NURSING STUDENTS WHO HAVE EXPERIENCED SIDE EFFECTS AFTER CONDOM USE

Figure 4.4 Experience of side effect of condom use

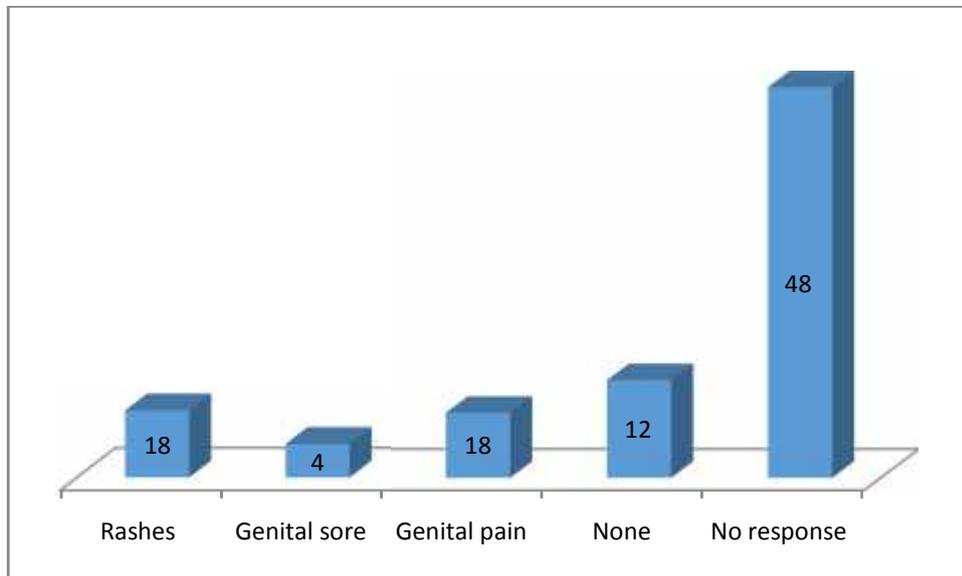


Source: Field survey, 2017

It was found out that. 25 (25%) said they have a point in time experienced side effects of condom after its use whereas 15 (15%) said they have never experienced any side effect after condom use.

4.9 SIDE EFFECTS OF CONDOM USE IDENTIFIED BY RESPONDENTS

Figure 4.5 The common side effects of condom use



Source: Field survey, 2017

From Figure 4.5, the common side effects identified by respondents after condom use were rashes (18%), genital sore (4%) and genital pain (18%).

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter discusses the findings of the study that was aimed at determining the knowledge and attitude of final year nursing students on condom use at the Nursing and Midwifery Training College, Kumasi.

5.1 Demographic data of respondents

A total of 100 nursing students participated in this study. Of these, more than half (65%) were females and the rest being males. This can be attributed to the dominance of females in the nursing profession in Ghana. All of the respondents were of the age group between 21 to 25 years. The study was dominated by Christians who formed 55% as compared to 18 (18%) who were traditionalist. Most (80%) of them were Akans and almost all (95%) were single.

Knowledge on condom use

From Table 4.2, the study revealed that nursing students were well informed on condom use, 85 (85%) knew what condom was and its uses while 10 (10%) were not knowledgeable about condoms. Their major source of information on condom was the media 75 (75%). Prevention of unwanted pregnancy (40%) and sexually transmitted disease (50%) were their major reason for the use of condom. Higher percentage was obtained by Girma *et al.* (2004) when they assessed the knowledge of undergraduate students of a public university in Kenya, where most (94.4%) of the students use condoms to prevent pregnancies and STIs. Similar results were obtained by Masoda and Govender (2013) who assessed the knowledge and attitude of condom use among university students in Democratic Republic of Congo. Almost all (99%) of respondents knew what condoms were, 52% knew that condoms were used to prevent STI's and unwanted pregnancies.

Higher level of knowledge of final year nursing students of KNMTC on condom could be due to the fact that nursing students are taught reproductive health as one of their courses and therefore students might have learnt from that. Also intensive efforts have been made by the government of Ghana and Non-governmental organizations (NGO's) to educate students about STIs and condom use.

Attitude on condom use

From Table 4.3, fifty percent of participants were sexually active; forty percent said they use condoms during sexual intercourse. Fifty percent of respondents said they have never had sex, while forty five percent said they had never used condoms before.

31% of respondents stated that the places where condoms are sold were not acceptable because of lack of privacy and confidentiality. From Table 4.3a, they always felt shy when going to purchase condoms and that it is important condoms are sold in confidential locations. The findings is similar to that of Abraha et al (2016) who studied the knowledge, attitude and practice of condom utilization among Axum preparatory school students. They found out that 31% of students who participated said they felt shy when going to buy condom.

Furthermore, (25%) of the respondents agreed that condom makes sex less enjoyable. This result is similar to that reported in Madagascar by Kegeles 2005. Fewer than 25% of the final year nursing trainees used condoms during their last sexual intercourse with their regular partners. Reason for their non-usage of condoms was less enjoyment.

SUBSIDIARIES OF ATTITUDES ON CONDOM USE

Culture and religious effect on condom utilization

Our study revealed that the utilization of condoms was influenced by cultural and religious beliefs, 25 (25%) said their culture supported the use of condoms while 15 (15%) said their culture has no link with condom use. Results obtained is similar to that of Kitula and Ndaluka (2014) who identified how the use of condoms was affected by cultural beliefs in three districts in Tanzania.

60 (60%) of respondents said their religion prohibited the use of condoms. Result obtained is similar to that of Masoda and Govender (2012) who assessed the knowledge, attitude and practices of condom use among Goma University students. They revealed that 80% of their respondents said their religion did not approve of condom use. 50% of their participants believed that condom use was against God's law, 38% said condom can promote prostitution.

Students' approval of condom use by their partners

Our study revealed that students approved the use of condoms by their partners, 30 (30%) of respondents said they approved the use of condoms by their partners, while 10 (10%) said they do not and 60 (60%) gave no response. Reasons cited were to prevent STIs (40%) and unplanned pregnancies (40%). Other factors could also account for reasons why students accept the use of condoms by their partners. It could be due to the fact that once in school, it would be difficult for them to take care of the children once they are impregnated. Furthermore most of them are single and the stigma attached to women who get pregnant when they are not married.

Side effects of condom utilization

Seconding to Figure 4.4, forty percent of respondents said they experienced side effects after using condoms, some of the cited side effects include rashes (18%), genital sore (4%) and genital pain (18%). Allergy to latex could account for these side effects.

5.2 Conclusion

The aim of the study was to assess the knowledge and attitude of final year student nurses on condom use. The study was dominated by students who were between the ages of 20 to 25 years who formed 100% of respondents. Females (65%) formed the majority. With respect to their marital status, 95 (95%) were single, whereas 5(5%) were married. Most (80%) of the respondents were Akans and a little more than half (55%) of respondents were Christians.

In this study, knowledge on condom use awareness was high among participants. Participants were well informed on the use of condom and its importance. Prevention of STD's and unwanted pregnancy were the main reasons identified by participants for the utilization of condom.

In relation to their attitude on condom use, participants stated that the places where condoms are sold were not acceptable because of lack of privacy and confidentiality. They always felt shy when going to purchase condoms and that it is important condoms are sold in confidential locations. Also they stated that condom makes sex less enjoyable.

Our study revealed under the subsidiaries of attitudes towards condom use was that the utilization of condoms was influenced by cultural and religious beliefs.

Lastly, some of the cited side effects of condom use identified by participants were rashes (18%), genital sore (4%) and genital pain (18%).

In conclusion, the result obtained from the study has revealed that student nurses are well informed of the utilization of condoms and also its importance.

5.3 Recommendations

The study recommends that student nurses should continuously be educated on sexuality, proper usage and advantages of condoms usage, aiming at changing the negative attitude towards its use and also making them knowledgeable to be able to educate the public when they graduate out of their training institutions.

Secondly condoms should be sold at places which are highly confidential since people feel shy patronizing condoms from the pharmacies and shopping malls. It could also be packaged in products such as sanitary or menstrual pads as such period in life makes them sexually active.

Lastly, the various government agencies such as the family planning departments of the various hospitals should organize regular programs and workshops for nursing trainees so as to update their knowledge on the various family planning methods for its effective patronize.

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KNOWLEDGE AND ATTITUDES OF NURSING TRAINEES TOWARDS
THE USE OF CONDOMS
WRITTEN QUESTIONNAIRE

Dear Respondent,

We are student nurses from **Christian Service University College, Department of Nursing and Allied Health** researching into the knowledge and attitude of student nurses regarding the use of condoms. This document requires some personal information. Please answer sincerely because the information given will be kept confidential. We are counting on your usual co-operation.

DEMOGRAPHIC INFORMATION

1. Age?

.....

2. Gender?

A. Male [] B. Female []

3. Tribe?

A. Ewe [] B. Akan [] C. Frafra []

D. Others, specify.....

4. Religion?

A. Christianity [] B. Islam [] C. Traditional [] D. Others; specify.....

5. Marital status?

A. Married [] B. Divorced [] C. Single []

KNOWLEDGE ON CONDOM USAGE

6. Do you have any information about condom?

A. Yes []

B. No []

7. What was your source of information?

A. Media []

B. Hospital []

C. Literature []

D. Others (Specify).....

8. In your case, why do you use condoms?

A. To prevent unwanted pregnancy []

B. To prevent sexually transmitted infections []

If others; specify.....

ATTITUDE ON USAGE OF CONDOM

9. Are you sexually active?

A. Yes []

B. No []

10. Do you use condom?

A. Yes []

B. No []

11. How often do you use it?

A. Very Often []

B. Occasionally []

C. Never []

D. Others

(specify).....

12. Where do you purchase your condoms?

A. Pharmacy []

B. Drinking spots []

C. Shopping malls []

If others; specify.....

12. How do you feel when purchasing condom?

A. Comfortable []

B. Shy []

C. Others

(specify).....

13. Which of the following applies in your use of condoms.

A. It is safe []

B. It is not expensive []

C. Comfortable to use []

D. Others

(specify).....

15. Do you agree with the idea that condoms make sex less enjoyable?

A. Yes []

B. No []

16. Does your religion encourage the use of condom?

A. Yes []

B. No []

17. Does your culture encourage the use of condom?

A. Yes []

B. No []

18. Does your partner(s) approve of the use of condom? (Give reasons)

A. Yes []

B. No []

19. Give reason to the answer chosen in question 18.

.....

20. Does your partner approve the use of condoms?

A. Yes []

B. No []

21. Have you experienced any side effect(s) in using condom?

A. Yes []

B. No []

22. Which of these side effect(s) have you ever experienced upon using condom during sexual intercourse?

A. Rashes []

B. Genital sore []

C. Genital pain

D. None []

24. What measures did you take in treating/managing the side effect(s)?

.....
.....

25. Will you suggest that every student uses condom when having sexual intercourse?

A. Yes []

B. No []

26. Any reason to the answer selected in question 25?

.....
.....

THANK YOU