**CENTRAL UNIVERSITY**

**SCHOOL OF MEDICINE AND HEALTH SCIENCES**

**DEPARTMENT OF NURSING**

# CONDOM USAGE AMONG PERSONS LIVING WITH HIV/AIDS; A STUDY AT PRAMPRAM POLYCLINIC

**BY**

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**A PROJECT WORK SUBMITTED TO THE CENTRAL UNIVERSITY, SCHOOL OF MEDICINE AND HEALTH SCIENCES, NURSING DEPARTMENT, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE IN NURSING**

**AUGUST, 2019**

## DECLARATION

We, the under-signed do hereby declare that except for other people's investigations which have been duly acknowledged, this work is the result of our own original research study, either in whole or part has not been presented elsewhere for another degree.

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**SUPERVISORS DECLARATION**

I declare that the presentations of this research work was done by the above mentioned candidates under my supervision.

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## DEDICATION

We dedicate this work to the Owusu and Mensah-Boakye families who have encouraged us all the way and whose encouragement has made sure that we give it all it takes to finish that which we have started. Our love for you all can never be quantified.

Thank you.

God bless you all.

## ACKNOWLEDGEMENTS

We are very grateful to Almighty God for His strength, protection and guidance throughout this course.

We thank Medical officer and staff of Prampram Polyclinic especially staff of the ART unit for their assistance during data collection.

We thank Persons Living with HIV(PLHIV) of the Prampram Polyclinic for their support and cooperation throughout the research.

We are highly indebted to our academic supervisor Mrs. Eliza Amoah for her patience and guidance throughout this study and the valuable suggestions she made without which we could not have made any headway.

We thank all the lectures of the Department of Nursing, Central University.

We also thank Mr Ebenezer Amponsah Boakye for his data management and statistical analysis of the data.

Finally, we thank our families for enduring our long absence from home during our studies at the Central University.

## ABSTRACT

Historically, condoms have been at the center of the response to Human Immunodeficiency Virus (HIV). Condoms have had a transformative impact on the trajectory of HIV epidemics worldwide, and today they are a well-known and widely used method to prevent HIV transmission. (UNAIDS 2016).

The purpose of the study is to assess knowledge, attitude and perception of Persons Living with HIV(PLHIV) on condom usage at Prampram Polyclinic.

The study was conducted at Prampram from April to July 2019. Total of 200 participated in the study using simple random sampling techniques. The data was collected using structured questionnaire. The data was interred and analyzed using SPSS software version 22.

All the participants 200 (100%) indicated that they have heard and knew that about condom. Majority of the participants indicated that condoms can be purchased in a pharmacy or drugstore and a health facility. The study revealed that majority 152 (76%) of participants confirmed that they did not use condom during their last sexual encounter however some participants confirmed that they used condoms during their last sexual encounter. The study revealed that majority (57.5%) of participants replied that sexual intercourse is better without a condom, 83 (41.5%) replied that using a condom during sexual intercourse had no sexual pleasure and 2 (1%) replied that using a condom during sexual intercourse feels same as without using a condom.

This study assessed the knowledge, attitude and perception on condom use among Persons Living with HIV at Prampram Polyclinic. Despite the presence of adequate knowledge and positive attitude toward condom use practice, the study highlighted some risky sexual practices; this might be related to low awareness towards condom use practice; which needs to be addressed.

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# CHAPTER ONE

# BACKGROUND AND LITERATURE REVIEW

## 1.0 INTRODUCTION TO THE CHAPTER

This is the first chapter of the study. It is intended to provide further in-depth background on the research topic and to serve as a guide to reading the subsequent chapters of this research.

The background of the study, problem statement, research objectives, significance of the study, definition of terms and literature review are all presented in this chapter.

## 1.1 BACKGROUND OF THE STUDY

Historically, condoms have been at the center of the response to Human Immunodeficiency Virus (HIV). Condoms have had a transformative impact on the trajectory of HIV epidemics worldwide, and today they are a well-known and widely used method to prevent HIV transmission. (UNAIDS 2016).

A condom is a latex or rubber tubular sheath used during sexual intercourse to form a two-way barrier that prevents the passage of genital fluids and their contents, including organisms, between sex partners (MOH 2003{b}:19). Both male and female condoms are available. The male condom is a rubber sheath worn over an erect penis. The female condom is a loose-fitting polyurethane sheath with a flexible ring at either end. The inner, closed ring is pushed into the vagina, while the outer, open ring rests outside the vagina (Macaluso, Lawson, Hortin, Duerr, Hammond, Blackwell & Bloom 2003). Female condom use in Ghana has failed to get established due to attitudinal problems, availability and cost. In this study, condom will be taken to mean the male condom.

Condoms help protect against pregnancy and sexually transmitted infections STIs, including HIV which can lead to AIDS. Partners share responsibility for safer sex and contraception. Most other methods of contraception don't protect you against STIs, including HIV. To protect yourself, use condoms as well.

In 2015, an estimated 1.9 million [1.7 million–2.2 million] adults (15+) were newly infected with HIV—the vast majority through sexual transmission—and an estimated 357 million people acquired chlamydia, gonorrhoea, syphilis or trichomoniasis. Every year, more than 200 million women have unmet needs for contraception, leading to approximately 80 million unintended pregnancies. Condoms effectively prevent all of these conditions. Optimal condom programming is a key part of the ambitious global targets to provide access to comprehensive prevention services to 90% of people at risk of HIV infection and to reduce new HIV infections to fewer than 500 000 globally. In recognition of this, countries agreed in the 2016 Political Declaration on HIV and AIDS to increase the annual availability of condoms to 20 billion by 2020. This includes approximately seven billion condoms for sub-Saharan Africa annually and 30–50 condoms per male, per year in high-prevalence countries. (UNAIDS 2016)

The effectiveness of condoms to prevent HIV is estimated at 80–85% based on data from longitudinal studies and may be as high as 95% with consistent and correct use. Condoms, if used consistently and correctly, are still one of the most effective ways to reduce the sexual transmission of HIV. Nevertheless, the key determinant of condom effectiveness is adherence. Furthermore, there is consensus in the HIV prevention community that combination prevention—a combination of different methods and approaches—offers the best promise of success. The roll-out of new prevention tools, including voluntary medical male circumcision, pre-exposure prophylaxis and early treatment, together with condoms, offers the potential to virtually end sexual transmission of

HIV by 2030.Condoms will continue to play an essential role in HIV prevention and in broader sexual and reproductive health, as global efforts embark on a Fast-Track approach towards ending the AIDS. (UNAIDS 2016)

Correct and consistent condom use can reduce HIV transmission risk by 80%. Condoms have been promoted among high-risk and HIV-positive individuals with limited success, despite recognition of their efficacy in reducing HIV, and prior to the last decade, their status as the principal biomedical intervention for prevention. Low utilization of condoms has been associated with cost, religious ideology, alcohol or drug use, younger sexual debut, poor knowledge of HIV/AIDS, beliefs of diminished sexual pleasure and male emotional fulfilment, disbelief in prevention efficacy, distrust in relationships, gender inequality and perceptions of modesty. (Haddad et al, 2017)

Condom usage among Persons Living with HIV(PLHIV) is particularly important in reducing the rate of transmission to other sexual partners. Many people who have been infected with the disease in Ghana have low or no knowledge about the efficacy of condoms.

PLHIV (Persons living with HIV) are people who have the human immunodeficiency virus, HIV, the agent of the currently incurable disease acquired immune deficiency syndrome, AIDS

According to estimates by UNAIDS (2017), 36.9million [31.1 million - 43.9 million] people globally are living with HIV.

35.1 million [29.6-41.7] million are adults whiles 1.8 million [1.3 million -2.4 million] were children under 15years of age.

75% [55-92%] knew their status. About 9.4 million did not know they were living with HIV.

## 1.2 STATEMENT OF PROBLEM

Since the beginning of the epidemic, almost 71 million people have been infected with the HIV virus and about 34 million people have died of HIV. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults living with HIV and accounting for nearly 70% of the people living with HIV worldwide. The vast majority of people living with HIV are in low- and middle-income countries including Ghana.

Preventive methods, particularly consistent correct condom use, have helped to reduce HIV transmission and curtailed the broader spread of HIV in settings where the epidemic is concentrated in specific populations.

Condom use is a critical component in a comprehensive and sustainable approach to the prevention of HIV and other sexually transmitted infections (STIs) and for preventing unintended pregnancies especially among PLHIV hence reducing prevalence rates of mother to child transmission(PMTCT) and saving the newborn from the disease.

Consequences of non-condom usage by PLHIV will lead to further worsening the HIV infection epidemic and reinfection with new drug resistant viral strains, loss of jobs due to frequent hospitalizations, increased expenditure for hospital bills, increased school drop outs and number of orphans due to HIV related deaths.

Research on condom use has been done in various settings but much has not been done in this area of PLHIV in Ghana hence the reason this research was conducted in Prampram.

Condom usage among the general population is generally poor and much worse in PLHIV. Reasons for non-condom usage include reduction of sexual pleasure during sexual intercourse, inhibition of

procreation, perception that condom use leads to promiscuity and lack of information on the importance of condom use.

## 1.3 PURPOSE OF STUDY

The purpose of this study is to assess the knowledge, perception and attitude of condom use among PLHIV.

## 1.4 RESEARCH OBJECTIVES

1. To assess knowledge of PLHIV on condom usage

2. To examine the perception of PLHIV on condom use

3. To assess the attitude of PLHIV on condom use

## 1.5 RESEARCH QUESTIONS

1.What is the knowledge of PLHIV on condom usage?

2.What do they think about the use of the male and female condom?

3. What are their attitudes in relation to condom usage?

## 1.6 SIGNIFICANCE OF THE STUDY

The introduction of antiretroviral therapy (ART) has sharply decreased morbidity and mortality rates among HIV infected patients. Due to this, more and more people with HIV live longer and

healthier lives. Yet if they practice sex without condom, those with high viral load have the potential to infect their sero-negative sexual partner or at risk of acquiring drug resistant viral strains from their sexual partner who are already infected. Hence, we aimed to assess knowledge, perception and attitude toward condom use among HIV positive clients at Prampram Polyclinic.

At the onset of the research it was envisioned that the results of the study might be put to use in the following ways; firstly by contributing towards information included in counselling on condom use, providing information to be included during health education of the general public, policy making by informing policy makers about the importance of condom availability at ART centers, education on condom usage by all cadres of nurses at all levels of care, encouraging research on condom usage at all levels of nursing research, providing information on condom use in nursing education, and finally by providing a base from which other studies on the same topic could depart in the future. From this research it was possible to unveil pertinent information and facts about the context of condom use in PLHIV at Prampram Polyclinic.

## 1.7 OPERATIONAL DEFINITION OF TERMS

**Condom:** It is a barrier device used during sexual intercourse to reduce the probability of sexually transmitted infections

**HIV:** Human Immuno-Deficiency Virus. It is a virus that interferes with the body's ability to fight infections.

**AIDS**: Acquired Immune Deficiency Syndrome. It is a chronic potentially life-threatening condition caused by HIV.

**Knowledge:** Awareness gained by experience of a fact or situation.

**Usage:** The use of condoms by PLHIV

**Attitudes**: A way of thinking or feeling about condom usage.

**Pandemic**: an epidemic of disease that has spread across a large region.

**PLHIV:** People living with HIV

**ART**: Anti-Retroviral Therapy

## 1.8 LITERATURE REVIEW

### 1.8.1 Knowledge on condom usage

According to Miranda, Figueiredo, McFarland, Schmidt and Page (2011) in their study on Predicting condom use in young women: demographics, behaviours and knowledge from a population-based sample in Brazil using a cross-sectional method sampled 1029 women in Brazil. The study indicated that only 36.6% reported condom use at last intercourse and the reason was using condoms more often for STI prevention rather than contraception suggests a link to the specific STI/AIDS campaigns and education strategies developed by Family Health Program and concluded that the study reinforces the need for education and intervention programmes to pay special attention to issues related to negotiation of condom use for women and also for communication skills in general.

Similarly, according to Solomon, Mehta, Latimore, Srikrishnan and Celentano (2010) in their study on the impact of HIV and high-risk behaviours on the wives of married men who have sex with men and injection drug users: implications for HIV prevention using quantitative and qualitative method sampled 721 Men who sleep with Men (MSM) in India. The study indicated that the prevalence of HIV and associated STIs among married MSM was high (HIV=13.4%; HSV2=32.4%; syphilis=11.3%). HIV prevalence among married MSM was largely explained by higher risk behaviours among married MSM, including having a greater number of male partners and not reporting a primary male partner. Nearly half (51%) had been previously tested for HIV, but only 63 had received an HIV test in the prior six months, suggesting a low frequency of regular testing. Further, only four of the 33 HIV-positive married MSM were aware of their status. These married MSM also reported high-risk practices with women. Overall, 62% of married MSM had only one female partner in the prior year (wives), and 23% had multiple female partners. One fifth

of the married MSM reported exchanging money for sex. Among those men who had sex with multiple female partners in the prior year, 88% had unprotected vaginal sex with at least one non-spousal female partner, and 128 (37%) reported vaginal sex with multiple female partners other than their wives. The study concluded that for HIV-positive men, secondary prevention models incorporating family-based adherence interventions for antiretroviral therapy should also be extended to include wives and families to reduce further HIV transmission. Considering the current state of female-controlled prevention methods and the barriers to condom use, especially among married couples, this represents a more feasible method for women to protect themselves.

According to Reddy, Frantz (2011) in their study on HIV/AIDS knowledge, behaviour and beliefs among South African university students using quantitative method sampled 653 students in South Africa. The study revealed that majority of participants (97.8%) scored relatively high on HIV knowledge and concluded that having an adequate knowledge of HIV/ AIDS is not sufficient enough to promote behaviour change among South African university students.

According to Macharia, Kombe and Mwaniki (2015) in their study on Consistent Condom Use among HIV Positive Women Attending Comprehensive Care Centre of Thika Level 5 Hospital, Kenya using both quantitative and qualitative method sampled 422 participants in Kenya. The study indicated that 57.4% of participants reported that they used condom each time during sexual encounter within the past 6 months. It also indicated that those participants who thought consistent condom use can prevent sexually transmitted diseases were more likely to use condom consistently than those who did not think so. Furthermore, the study has revealed that women who had attended any condom demonstration sessions were more likely to use it consistently. The study concluded that Advanced level of education, disclosing HIV status, having a HIV-negative partner, non-consumption of alcohol, non-resistance to condom use by partner(s) and perceived risk of

contracting STIs if condoms are not used consistently were the identified predictors to consistent condoms use. In light of this, increasing awareness about the importance of using condom consistently during counseling can be a powerful means of fostering consistent condom use among HIV positive women, in order to reduce HIV transmission and re-infection.

According to Yalew, Zegeye and Meseret (2012) in their study on patterns of condom use and associated factors among adult HIV positive clients in North Western Ethiopia: a comparative cross sectional study using quantitative method sampled 454 participants in north western Ethiopia. The study indicated that 222 (48.9%) of participants were sexually active (reported sexual intercourse in the prior 3 months) and inconsistent condom use was reported by 55.5% of participants. The study concluded that the major reason given for not using condom consistently were partner refusal (27.9%) and desire for having children (21.6) and hence efforts should be to strengthen sexual health intervention focusing on the couple than the individual and monitoring of client's attitudes and practice on their follow up period.

Similarly, according to Dessie, Gerbaba, Bedru and Davey (2011) in their study on Risky sexual practices and related factors among ART attendees in Addis Ababa Public Hospitals, Ethiopia: A cross-sectional study using quantitative method sampled 601 participants in Ethiopia. The study pointed out that in the three months prior to the study, nearly two-thirds (63.1%) of respondents had used condoms in a consistent manner while 91 (15.1%) had used them inconsistently and 131 (21.8%) had never used a condom. More than one-third (36.9%) had one or more sexual encounter(s) without using a condom, of which 77.0% were with a steady partner, 16.8% with a casual partner and 6.3% with steady and/or casual partners and concluded that behavioral change health education and counseling adapted to the specific needs of each patient must be programmed. Interventions must encourage free and explicit discussion among partners about safe sex and

enhance positive attitudes toward condom use. Health education and counseling might be provided to these people at ART appointments and in follow- up care.

According to Asante and Oti-Boadi (2013) in their study on HIV/AIDS knowledge among undergraduate university students: implications for health education programs in Ghana using quantitative method sampled 324 university students in Ghana. The study indicated that most of the respondents [306 (94.4%)] were knowledgeable about the various ways of preventing HIV infection. The four commonly identified means of preventing HIV infection were: condom usage [271(77.5%)], abstinence from casual sex, [227(70.1%)], avoiding sharing of sharp objects [202(62.5%)] and being faithful to a partner [184(56.8%)]. Additionally, majority of the participants [288 (88.9%)] know that there is no cure for AIDS, and that one cannot always say if someone is infected with the virus [265 (81.8%)]. The study concluded that university students in a tertiary institution in Ghana are knowledgeable about HIV/AIDS, used both print and electronic media (especially television and the internet) as their sources of HIV information, and majority of them have not had HIV test, although some know about the availability of Counseling and Testing services. The few numbers of students willing to have HIV test in the future should be of great concern to public health practitioners.

Additionally, according to Asante (2013) in his study on HIV/AIDS knowledge and uptake of HIV counselling and testing among undergraduate private university students in Accra, Ghana using quantitative method sampled 324students in Ghana. The study indicated that Fifty-six percent of the participants identified unprotected sexual intercourse with infected persons as a means of transmission, 44% identified sharing needles/syringes with infected persons and 25% identified mother- to child transmission. Knowledge of the modes of HIV transmission was high as majority of the respondents (96%) were able to correctly identify one or more modes of HIV of transmission.

Half (162, 50%) were able to identify more than two routes of transmission, 78 (24%) could identify three or more routes and 72 (22%) could identify only a single way of HIV transmission. Only 4% of the participants in the study were unable to identify any routes of transmission. Knowledge of HIV prevention appeared moderately high as respondents knew that condom usage (78%), abstinence from casual sex, (70%), avoiding sharing of sharp objects (63%) and being faithful to a partner (57%) were some of the ways of preventing HIV infection. Knowledge of treatment for HIV/AIDS was equally high as 89% of the respondents indicated that they know that there was no cure for AIDS, and 82% indicated that one cannot always say by merely looking if someone is infected with the virus. The study concluded that the high level of HIV knowledge among the students as revealed in this study could be attributed to sustained and improved health education programmes.

### 1.8.2 Perception on condom usage

According to Sabido et al (2011) in their study on Human Immunodeficiency Virus, Sexually Transmitted Infections, and Risk Behaviors Among Clients of Sex Workers in Guatemala: Are They a Bridge in Human Immunodeficiency Virus Transmission using cross-sectional study sampled 533 participants in Guatemala. The study indicated that overall, 42.3% of clients had no other sex partner other than a Female Sexual Worker(FSW), 11.3% had an occasional partner, and 57.7% had a regular partner (of which 68.0% were married). Almost three-quarters (72.5%) reported consistent condom use with FSWs over the last 3 months. Rates of condom use with the last visited FSW increased progressively with higher price paid. Only 14.7% (46/313) of clients reported consistent condom use with both FSW and their regular partner, and 41.0% (64/156) with both FSW and occasional partners. Clients who used condoms consistently with FSWs were

significantly more likely to use them with their regular partners than those not using condoms consistently with FSWs. Reasons for not using condoms were mainly trust in a partner (49.5%), lack of condom availability (16.5%), less pleasure (13.2%), dislike of condoms (12.8%), and condom unacceptability by partners (3.6%). The study concluded that the main reason for not using condoms was trust, and condom use rates were significantly lower in regular partners compared to commercial or occasional, which highlights the vulnerability associated with this type of partnership and provides areas to focus prevention efforts. The steadiness of relationship is related to inconsistent condom use.

Similarly, in a study conducted by Beltzer et al (2013) on an 18-year follow-up of HIV knowledge, risk perception and practices in young adults using a cross-sectional survey sampled 2362 men and 2774 women in France. The study indicated that sexual behavior and the use of condoms in the previous year among men and women who reported having sex with a partner of the opposite sex, sexual behaviors during the previous 12 months remained quite stable over the whole study period, as the proportion of those having had two or more sexual partners (multipartners), or being in a new relationship were similar. Only young men reported less frequently having had two or more partners in 2010. In the 2010 survey, 25.7 and 14.5% of heterosexual men and women, respectively, reported having had two or more sexual partners and 43.6 and 26.9% a new partner in the previous year. A lower proportion of young heterosexual adults with several or new partners reported having never used a condom in the previous 12 months: 7.5% in 2010 versus 24.3% in 1992 for multipartners men and 10.6 versus 28.4% for men having had a new relationship. These proportions for women were respectively 9.0 versus 53.7% and 11.3 versus 51.1%. Condom and contraception use at most recent intercourse showed that in 2010, the proportions of men and women reporting condom use at their most recent intercourse were the lowest proportions since 1994, with a significant decrease

observed between 2004 and 2010 for men [from 52 to 36.2%]and between 1998 and 2010 for women [from 38.0 to 23.8%]. This decrease in condom use occurred mainly among men not cohabiting with their partner [from 62.1 to 41.0%], and among women who were in a relationship with their partner for less than 6 months [from 18.7 to 7.6%]. The study concluded that although condom use was largely recognized as an effective protective measure against HIV/AIDs, over time, consistently fewer young adults were convinced that condoms are 'completely' effective. In 2010, a higher proportion of young men and women considered that HIV can be transmitted by having intercourse with a condom compared with 1994. All these results indicate a growing distrust toward condom use in young adults, especially in men, and may reflect experience or knowledge about the limitations of condoms-failure, slippage or incorrect use.

According to Maticka-Tyndale and Tenkorang (2010) in their study on A multi-level model of condom use among male and female upper primary school students in Nyanza, Kenya using qualitative method sampled 3645 students in Kenya. The study indicated that both sexes reported similar levels of pressure to engage in sex. The majority considered themselves to be at risk of contracting HIV, with this higher for females than males. Males scored higher on condom self efficacy than did females; females scored higher on abstinence self efficacy than did males. Both males and females accessed social networks potentially supportive of risk reduction. More males reported communicating with male than with female relatives about AIDS, with the reverse for females. Females had higher levels of pursuing information about AIDS than did males. Finally, for the dependent variable, although not significant, reports of condom use at last sexual intercourse were slightly lower among males than females. It was also realized that in the majority of communities, religious leaders presented a 'knowledge' or 'truth' about condoms as unacceptable for youth, Misinformation and myths were the dominant messages in nearly 46% of communities,

and in 33% of communities' condoms were described as safe and acceptable only for adults. Community leaders in nearly 80% of the communities did, however, identify social or cultural events that contributed to youth vulnerability. These were youth-oriented social events and traditional practices. About 80% of the communities had HIV programmes incorporated into community festivals, a strong indication of commitment to HIV prevention. The majority of schools (approximately 75%) did, however, benefit from support of a sponsor, although that support may also carry restrictions on education about condoms with approximately one-third sponsored by Roman Catholic and one third by mainline Protestant groups. The majority of schools did, however have functioning question boxes. Also, condoms were available in clinics in 78% of the communities. The study concluded that myths must be addressed, confidence must be built in one's ability to use condoms, and family members must be involved in communicating with youth about AIDs and also communication about HIV at community festivals is also a beneficial approach to increasing condom use, at least among girls.

According to Kayiki and Forste (2011) in their study on HIV/AIDs related knowledge and perceived risk associated with condom use among adolescents in Uganda using a quantitative method sampled 906 participants in Uganda. The study indicated that just over half of the adolescents (55%), reported that they had ever used a condom. Adolescents reported on average being highly aware of ways to reduce the risk of HIV/AIDs; on a scale from knowing 0 to 4 ways to reduce risk, their mean score was 3.69. On average, adolescents also perceived their risk of getting HIV/AIDs as being moderate to great. Also 80 percent of the youth reported knowing someone with AIDs. Correct knowledge of condom use was also relatively high with an average mean score of 3.02, based on a scale of 0 to 4. The study concluded that there is a strong association

between condom related knowledge and condom use among adolescents in Uganda and also adolescents' attitudes towards condoms are also correlated with condom use

According to Awosan, Ibrahim, Arisegi and Erhiano (2014) in their study on knowledge of HIV/AIDs, risk perceptions, sexual lifestyle and condom use among drivers in Sokoto, Nigeria conducted a cross-sectional survey among 264 drivers in Nigeria. The study indicated that consistent use of condom was very low among the respondents, only 52 (19.7%) of the 264 respondents reported consistent use of condom despite the fact that 195 (73.9%) believed that consistent condom use can reduce the risk of HIV/AIDs transmission and 230(87.1%) were in support of condom education. However, consistent use of condom was high among respondents that had engaged in casual sex in the past 12 months. Majority, 24(88.9%) of the 27 respondents that had engaged in casual sex in the past 12 months reported consistent use of condom. Among the 52 respondents that reported consistent use of condom, less than half, 24(46.2%) solely used it to prevent HIV and other sexually transmitted infections (STIs), 18(34.6%) used it to prevent unwanted pregnancy, 7(13.5%) used it to prevent both HIV/STI's and unwanted pregnancy while 3(5.8%) used it to prolong the matting period. The major reasons given for inconsistent use of condom included desire to have a baby (39.8%), religion being against condom use (33.2%), condom use wastes time (12.2%), engage in sexual intercourse only with partner (7.1%), reduction in enjoyment (4.1%) and opposition from partner (3.6%). The study concluded that poor HIV/AIDs risk perception, unsafe sexual practices and poor condom use among drivers in Sokoto, despite adequate knowledge of the disease and suggested the need for intensification of mass media campaigns and other public health measures aimed at discouraging unsafe sexual practices, stimulating appropriate risk perception and promoting consistent use of condom.

Similarly, according to Atitola, Akpa and Komolafe (2010) in a study HIV/AIDs and the long-distance truck drivers in south-west Nigeria: A cross-sectional survey on the knowledge, attitude, risk behavior and beliefs of truckers using a cross-sectional survey sampled 451 drivers in Nigeria. Of the 177 truckers interviewed at the Oyo terminals, 114 (64.4%) said to prevent HIV infection, one has to completely abstain from sex while 63(35.6%) said that the use of condom prevents one from being infected with HIV. Majority of the truckers in each of the terminals believed that the use of condom was a sure way to prevent HIV, except for the Oyo terminal. Overall, 258 (57.2%) truckers said that condom usage is a good preventive measure for HIV infection. Majority of the truckers had one 177 (39.2%) or two 173 (38.2%) sexual partners while 76 (16.9%) and 25 (5.5%) have more than two and no sexual partners, respectively. More than half of the 451 truckers (319 (70.7%)) admitted that they had had sex with person(s) other than their wives and 346 (76.7%) also admitted they had had sex with someone while on trips away from home. Furthermore, 89 (19.7%) of the truckers agreed that they have never used condom during sex, 42 (9.3%) agreed that they rarely used condom during sex while 235 (52.1%) of them said they do use condom when having extra-marital sex. The study concluded that majority of the truckers had more than one sexual partner. Those who ever had sex with person(s) other than their wives often did so while on trips from home and they did so most of the time using condom.

According to Baiden and Rajulton (2011) in their study on Factors influencing condom use among women in Ghana: an HIV/AIDS perspective sampled 5691 women in Ghana. The study indicated that women who know that one can reduce risk of infection by using condoms are 35% more likely to have used condoms during their last sexual intercourse. However, among younger women for whom we consider condom use at first sexual intercourse, perceived benefits have much lower, although still positive (only 8% more likely), impact on the odds of having used condoms during

their last intercourse. This study concluded that critical information related to factors conducive to the use of condoms has been reported by Ghanaian women. Women in both rural and urban areas of Ghana are aware of the disease. First, given the fact that in the Ghanaian culture people tend to see HIV as a punishment from God or sent from another person through spirits, it is interesting to see that the majority of Ghanaian woman have heard about the disease and ways to avoid contracting it.

Additionally, according to Sallar (2009), in a study Correlates of misperceptions in HIV knowledge and attitude towards People Living with HIV/AIDS (PLWHAs) among in-school and out of-school adolescents in Ghana using quantitative and qualitative method sampled 488 participants in Ghana. The study indicated that greater than majority (80%) of the participants knew that HIV could be transmitted via semen, vaginal fluids, and blood and that a healthy person who has HIV can pass the virus to others unless protective barriers are used (72.2%). However, only 72.2% indicated that breast milk from a mother could infect an infant with 11.4% stating they "don't know". Sexual abstinence was mentioned by 78.1% as a means of preventing AIDS. Other means mentioned were: the use of condoms during sex (72.7%), fidelity to the same partner (72.5%), not sharing needles (76.4%), reduction in the number of sexual partners (56.7%), while one in four (25.3%) incorrectly indicated that oral contraceptive use could serve as a protection against HIV. The study concluded that even though there were misperceptions and negative attitude towards PLWHAs, the out-of-school adolescents were more likely to have negative attitudes compared to their in school counterparts. These have implications for HIV education and the need to reach this hard to reach group because the negative misperceptions have a bearing on stigma, discrimination and voluntary testing. These can impact on people who are infected to not test and hence unknowingly spreading HIV.

### 1.8.3 Attitude toward condom usage

According to Tuot et al (2016) in their study on Determinants of Inconsistent Condom Use among HIV Serodiscordant Couples in Cambodia using a cross-sectional study sampled 262 serodiscordant couples in Cambodia. The study indicated that Inconsistent condom users were significantly more likely to be female compared to consistent users (53.2% versus 36.5%, p=0.03). Inconsistent condom users had a significantly shorter duration of living in a serodiscordant relationship (11.1 years versus 13.9 years; p=0.02) and were significantly more likely to be frequent alcohol users (38.3% versus 21.9%, p=0.02) compared to consistent condom users. The ART adherence rate was high in both groups, and it was significantly higher among consistent condom users (95.7% versus 100%, p=0.004). Self-reported CD4 count was significantly lower among inconsistent condom users (381.4 cells/ mm3 versus 464.4 cells/ mm3, p=0.04). When asked about the effectiveness of ART, inconsistent condom users were significantly more likely to believe that ART could prevent HIV transmission to their partners (59.6%). The study concluded that gender-sensitive interventions to promote consistent condom use and to mitigate alcohol-associated risky sexual behaviors among serodiscordant couples should be integrated into HIV programs in Cambodia. Focus should be on empowering HIV-positive females to insist their HIV-negative male partners to use condoms during sexual intercourse. Also, educational material about risky sexual behaviors, such as unprotected sex, resultant from alcohol over-consumption should be promoted among serodiscordant couples. These interventions should complement early ART initiation for HIV-positive partners in stable serodiscordant relationships.

According to Kabikira (2010) in his study on Knowledge, attitudes and practices of condom use in a time of highly active antiretroviral therapy in a rural area in Uganda using quantitative method sampled 133 participants in Uganda. The study indicated that One hundred and five (105) (84.0%)

of the respondents (n=125) talked to their sexual partners on issues relating to condom use; 69 (53.1) of the respondents (n=130) reported that condoms were talked about freely by the public; one hundred and fourteen (114) (85.7%) of the respondents (n=133) were not offended if condoms were displayed openly; ninety-five (95) (71.4%) of the respondents (n=133) were comfortable if children in the age ranges 12 to 14 could be taught about condoms. Opinions on condom acceptance were almost equally divided. The study concluded that there were however some negative opinions where respondents felt that condoms could lead to infidelity and also lead to reduction in sexual pleasure.

According to Kayiki and Forste (2011) in their study on HIV/AIDS Related Knowledge and Perceived Risk Associated with Condom Use among Adolescents in Uganda sampled 906 participants in Uganda. The study indicated that the more ways adolescents reported being aware of to reduce the risk of HIV/AIDS, the greater the odds they had ever used condoms. In addition, the greater they perceived their risk of getting HIV/AIDS, the more likely they were to have used condoms. Knowing someone that had AIDS increased the odds of using condoms. In particular, if youth indicated they knew someone with AIDS, they were 113% more likely to have ever used condoms. The strongest association between the primary independent variables and condom use was correct knowledge about using condoms. The more correct knowledge about condoms adolescents reported, the greater the likelihood they had used condoms. Attitudes were also associated with condom use; the more positive the adolescent's attitude towards condoms, the greater the likelihood of use. The study concluded that correct condom information and positive attitudes are more highly correlated with condom use than is perception of risk.

Similarly, according to Katikiro and Njau (2012) in a study on Motivating Factors and Psychosocial Barriers to Condom Use among out-of-School Youths in Dares Salaam, Tanzania: A Cross

Sectional Survey Using the Health Belief Model using cross sectional survey sampled 348 participants in Tanzania. The study indicated that participants who agreed that their religion prohibits condom use were more likely to report having sex without a condom. In addition, sex without a condom was associated with a belief that condoms reduced sexual pleasure, condoms offer no protection, and feeling shy to buy a condom. The study concluded that psychosocial barriers are associated with non-condom use in both men and women and hence pinpoints the importance of addressing psychosocial barriers associated with non-condom use and suggests strategies which will increase motivation for condom use in this population.

According to Silassie et al (2016) in a study on Knowledge, Attitude and Practice of Condom Utilization among Axum Preparatory School Students using cross-sectional study sampled 358 students in Ethiopia. The study indicated that the study revealed that majority 196 (56.5%) students believed that condom use during sexual intercourse can decreases sexual pleasure (sensation) while 151 (43.5%) were disagreed. 299 (86.2%) participants believed that drinking alcohol can expose to unprotected sexual intercourse. But 10 (2.9%) said no while 29 (8.4%) said ‘’I do not know’’ whereas 9 (2.9%) were said no change at all. The study concluded that most of the students 290 (83.6%) had positive attitude towards condom while 57 (16.4%) students had negative attitude towards condom.

According to Asante and Doku (2010) in their study on Cultural adaptation of the condom use self-efficacy scale (CUSES) in Ghana using cross-sectional survey sampled 511 participants in Ghana. The study indicated that students who used condom at last sexual encounter scored significantly higher on condom self-efficacy than those who did not. The study concluded that perceived condom use self-efficacy is an important predictor of condom use.

Similarly, according to Asante, Doku and Osafo(2016) in their study on The Role of Condom Use Self-Efficacy on Intended and Actual Condom Use Among University Students in Ghana using cross-sectional survey design sampled 518 students in Ghana. The study indicated that of all the participants, 84 % had ever had sexual intercourse in the last month prior to the study. Forty-eight percent of the respondents had reported using condom during their last sexual intercourse, while the rest had not. More males (49 %) had used condoms in their last sexual encounters but more females (61 %) indicated that they would use condom in the future. The study concluded that Although the over 84 % were sexually active, less than half of the sample (48 %) reported to have used condom during their last sexual intercourse. More female students used condom in their last sexual encounters than male students. The result further showed that the Condom Use Self-Efficacy Scale (CUESE-G) is an appropriate measure, and can be used to assess and predict condom use among young university students within the Ghanaian context.

# CHAPTER TWO

# RESEARCH METHOD

## 2.0 INTRODUCTION TO THE STUDY

This chapter discusses the various methods and techniques that were employed in the study. It describes the study area, research design, the data and sources, the study population, sampling method, sample size, data collection techniques, field work, data processing and analysis and ethical issues.

## 2.1 RESEARCH DESIGN

Research design is the plan and procedure for research that span the decision from broad assumptions to detailed methods of data collection and analysis (Creswell, 2009).

Research design can be described as the series of steps and choices that are made relating to the research process in order to arrive at a meaningful information generation; that is, answering the research question or attaining the research objective.

The design for the current research was quantitative, descriptive and of a cross sectional nature. During the current research, a research design or plan was developed that was followed in order to attain the objectives set for the research. A quantitative study design was adopted in which data on variables of interest were collected using a self-designed questionnaire. Data were quantified and then analysed statistically.

The study is descriptive in nature; variables of interest in the population were explored and described using descriptive statistics so as to provide useful information about the population. A

cross sectional design was adopted and data were collected once from the sampled group at the same moment in time

This design was used in order to help gain an understanding of underlying reasons, opinions, and motivations; specifically, to this study, knowledge and attitude toward condom usage among persons living with HIV/AIDS.

## 2.2 RESEARCH SETTING

The study was conducted at Prampram Polyclinic that is found in Ningo Prampram district. It was carved out of the then Dangbme west district into Shai Osudoku and Ningo Prampram district in 2012. The district covers a total area of about 622.2 square kilometers. The district is located about 15km to the east of Tema and about 40km from Accra, the capital of Ghana. The district is bound in the north by Shai Osudoku district, south by the Gulf of Guinea, in the east by the Ada district, and by the west by Kpone Kantamanso. The district proximity to Tema and Accra makes it easy for community members to have access to many social facilities and infrastructure. The population of Ningo-Prampram District, according to the 2010 Population and Housing Census, is 70,923 representing 1.8 percent of the region's total population. Males constitute 47.3 percent and females represent 52.7 percent. About 558.3 percent of the population live in rural localities. The district has a sex ratio of 89.6. The population of the district is youthful (under 15 years) (38.2%) depicting a broad base population pyramid which tapers off with a small number of elderly persons 60 years and above (6.6%). The total age dependency ratio for the District is 75.3, the dependency ratio in the rural localities is higher (75.7) than that of the dependency ratio in the urban areas. Of the employed population, about 28.5 percent are engaged as skilled agricultural forestry and fishery workers, 24.0 percent service and sales workers, 21.8 percent in craft and related trade and 6.8

percent in elementary occupations. About 9.8 percent are engaged as managers, professionals, and technicians.

In terms of health services, Prampram Polyclinic serves as the supervision unit of the district. It is headed by a Medical officer. Other staffs include physician assistants, registered nurses and midwives as well as subordinate nursing categories and a laboratory technician. Currently Prampram Polyclinic provides outpatient treatment, family planning, maternal and child health service, and a wide variety of health services including ART, TB, and adolescent health service It has in-patient facilities with a 12 bed capacity; has a male and female ward; provides blood transfusion, maternity and laboratory services. There were plans for surgical services although there is no operating theatre yet. In the chain of referral, patients are referred to the district hospital in Tema. The polyclinic also offers HIV prevention and treatment programmes and activities, including HIV counselling and testing (HCT), prevention of mother to child transmission (PMTCT) of HIV, provision of antiretroviral therapy, psychosocial support, Tuberculosis screening and treatment services. HCT services at the polyclinic commenced in 2016 with the support of the National AIDS Commission Program (NACP).

At the ART clinic 402 ART clients were registered and 322 clients were on follow-up currently and the rest of the clients were transferred out, died, and lost to follow up.

## 2.3 TARGET POPULATION

Hulley et al (2007:28) describe a target population as the wider part of a group on which results from the study can be generalized. This could be a defined geographical area or the wider world. This could be a defined geographical area or the wider world.

Generalizations from the results could also be made to that population. In the current research, the target population are all people living with HIV/AIDS who are on ART in Prampram polyclinic, who attended at the time of data collection in Prampram polyclinic and those who fulfilled inclusion criteria.

### 2.3.1 INCLUSION CRITERIA

(i) ART attendees above 18 years.

(ii) ART attendees who have been on ART for at least 3 months.

(iii) ART attendees who are able to communicate verbally in English, Twi and Ga-Dangme languages

### 2.3.2 EXCLUSION CRITERIA

(i) ART attendees who are above 60 years

(ii) ART attendees who are mentally ill.

(iii) ART attendees who have been on ART for less than 3 months

(iv) Those who are unable to communicate verbally in English, Twi and Ga-Dangme languages.

## 2.4 SAMPLING METHOD AND SAMPLING SIZE

Population sampling is the process of taking a subset of subjects that is representative of the entire population. Sampling is done usually because it is impossible to test every single individual in the population. It is also done to save time, money and effort while conducting the research.

The sample size is the number of observations that constitute a study; thus, the number of people living with HIV/AIDS to be assessed in Prampram Polyclinic. Sampling method used was probability sampling, mainly, simple random sampling.

In probability sampling, every individual in the population have equal chance of being selected as a subject for the research. This method guarantees that the selection process is completely randomized and without bias. The advantage of using probability sampling is the accuracy of the statistical methods after the experiment. It can also be used to estimate the population parameters since it is representative of the entire population. It is also a reliable method to eliminate sampling bias.

Neuman (2006) defines simple random sampling as one where elements are selected from the target population using mathematical random procedures and all the elements have an equal chance of being selected. The selected elements are then included in the sample.

### Sampling size

For sampling to be done, the sample size required for the study was determined upon which a sampling method that could provide that sample was adopted. The sample size is the number of people who are included in the sample through a process of sampling.

Sample size calculation

The sample size was calculated using the formula below

$$n = \frac{N}{1+N(e2)}$$

Where

n = sample size

e = error of confidence margin (0.05)

N=known population

Given that N=402 being PLHIV registrants at Prampram Polyclinic ART unit

$$n = \frac{402}{1+402(0.05)2}$$

n=200

Simple random sampling is where members of the population are numbered or listed and a sample selected from that list. Each person in the list has an equal chance of getting selected. A number of 200 participants were invited to participate in the study. Simple random sampling was used for this study. To obtain the required sample size, pieces of paper were marked “yes” and “no”. Pieces of paper marked “yes” were 300 whiles those marked “no” were 100 making a total of 400 pieces of paper. Participants were then asked to pick one each.200 of the participants who picked yes were asked to participate in the study.

## 2.5 DATA COLLECTION TOOL

Data-collection techniques allow us to systematically collect information about our objects of study (people, objects, phenomena) and about the settings in which they occur (Chaleunvong, 2009).

Structured questionnaire with opened and closed ended questions were adopted from previous conducted studies with some modified based on the local context and then translated in to Ga-Dangbme and back translated to English to check for consistency. The questionnaire was designed based on the literature reviewed for the study. The language used in the questionnaire was in simple English so that participants could understand. Items contained in the questionnaire were those that could provide information relevant to the research topic.

The questionnaire contained different sections that related to the different main variables studied. Section A investigated demographic information, Section B addressed knowledge of PLHIV on condom usage, Section C considered the perception of PLHIV on condom use and Section D Examined the attitude of PLHIV on condom use

## 2.6 DATA COLLECTION PROCEDURE

Data collection was done through a structured questionnaire. A letter of introduction from the Central University was sent to the Prampram Polyclinic to seek permission for data collection.

After obtaining permission to conduct the study, detailed explanation on the objective of the study was given to the participants who were coming to the Prampram Polyclinic ART center to ensure that participants understood what the research is about. After obtaining informed consent from the participants, the questionnaire was given to those who could read and write to fill out, whiles those who could not read and write, it was interpreted in the language they could understand so that

questions were answered appropriately. After they had completed filling the questionnaires, the questionnaires were collected back and checked for accuracy.

## 2.7 VALIDITY AND RELIABILITY OF THE STUDY

Validity is the degree to which an instrument measures what it is intended for (Polit, & Beck, 2012). For that reason, questionnaires require to be checked and examined to establish whether they adequately address all aspects of the problem being studied. In ensuring content and face validity, the self-developed structured questionnaire was examined by the research supervisor to assist with evaluation and review of the items in the questionnaire. The instrument was scrutinized by the supervisor due to her expertise to ensure it measured what it is intended to 'on the face of it' and checked if it covers the content of the construct that it was set to measure. Further contributions were given by the statistician.

Reliability of a quantitative instrument is a major criterion for assessing its quality. An instrument is said to be reliable if its measurement accurately reflects the true scores of the attribute being investigated (Polit, & Beck, 2012). In quantitative research, reliability focuses mainly on stability and consistency (Polit, & Beck, 2012). Stability of a questionnaire is the degree to which it gives similar results on being administered twice.

### 2.7.1 PRETESTING OF TOOL

To ensure this, 10 samples of the questionnaires was pretested in Old Ningo health center ART Clinic to maintain the quality of data to be collected and identify the potential problems in the proposed study tools. In addition to this, the questionnaire was designed in English, translated to

Ga Adangbe, and then back translated to English to verify content. The collected data was checked by investigators for completeness, accuracy, and consistency and appropriate corrections made.

## 2.8 ETHICAL CONSIDERATIONS

The consent of the Ningo Prampram District Health Directorate was sought with an official notice before commencing the survey.

The Senior Medical Officer In-Charge of Prampram Polyclinic was contacted for official permission before data collection.

Participants' consent was sought, giving them thorough explanation about the study, assurance to preserve privacy and confidentiality whenever possible and informed that they could withdraw from the study at any point in time.

The researchers of the study practiced honesty, carefulness, respect, responsibility in the collating, representation, presentation and publication of data, findings, and recommendations.

## 2.9 LIMITATION OF THE STUDY

This study though with significant associations; it is not without limitations. Financial constraints, financial constraints, lack of similar studies for exhaustive discussions and difficulty in accessing information about condom use due to cultural and social limitations.

# CHAPTER THREE

# STUDY FINDINGS AND DISCUSSIONS

## 3.0 INTRODUCTION TO THE CHAPTER

This chapter deals with the analyses and discussion of the data collected. Demographic data, knowledge of PLHIV on condom use, perception of PLHIV on condom use and attitude of PLHIV on condom use are analysed accordingly.

## 3.1 APPROACH TO DATA ANALYSIS

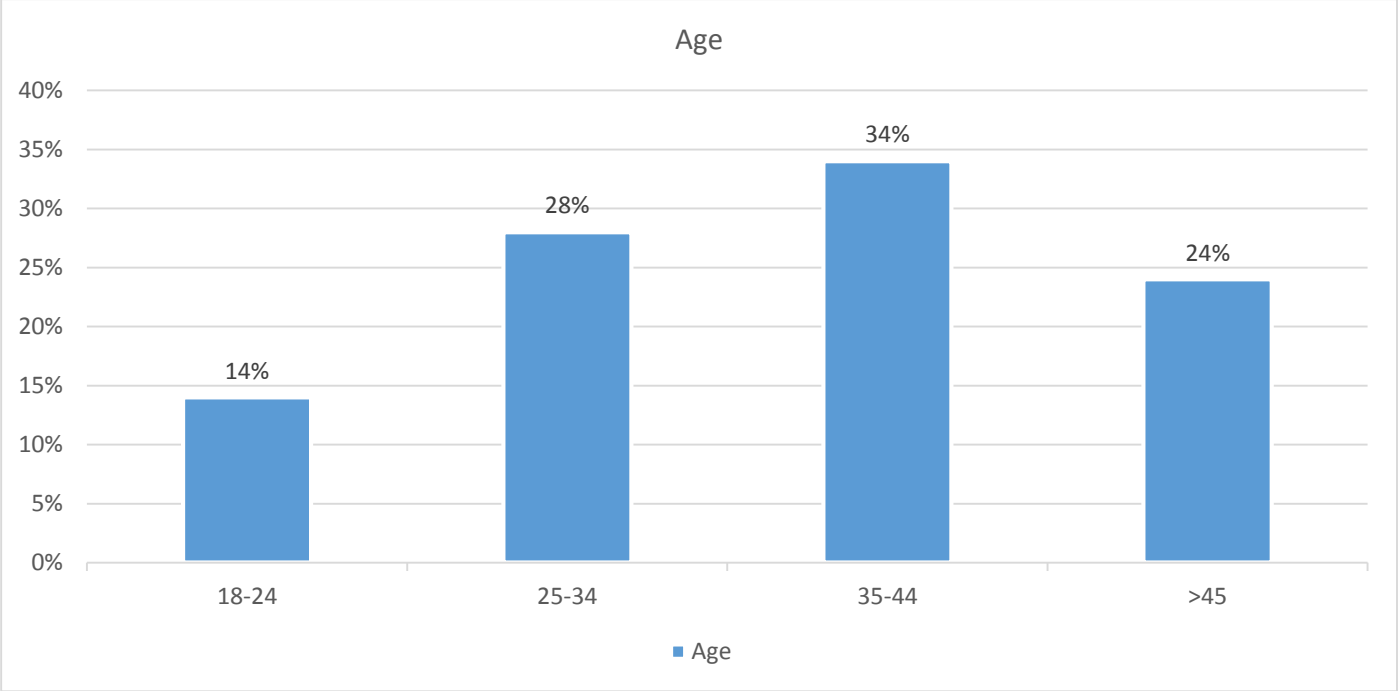
Data collected from the study area was analysed with computer software. The software used for the data entry was Statistical Package for Social Scientists (SPSS) version 22.0. Descriptive measures such as frequency and proportion were used to describe the data and these were represented by tables and graphs.

## 3.2 FINDINGS

### 3.2.1 Socio-Demographic Characteristics of Participants in the Study

A total of 200 participants who met the inclusion criteria set were selected for the current study. The demographic characteristics considered were gender, age, marital status and education attainment.

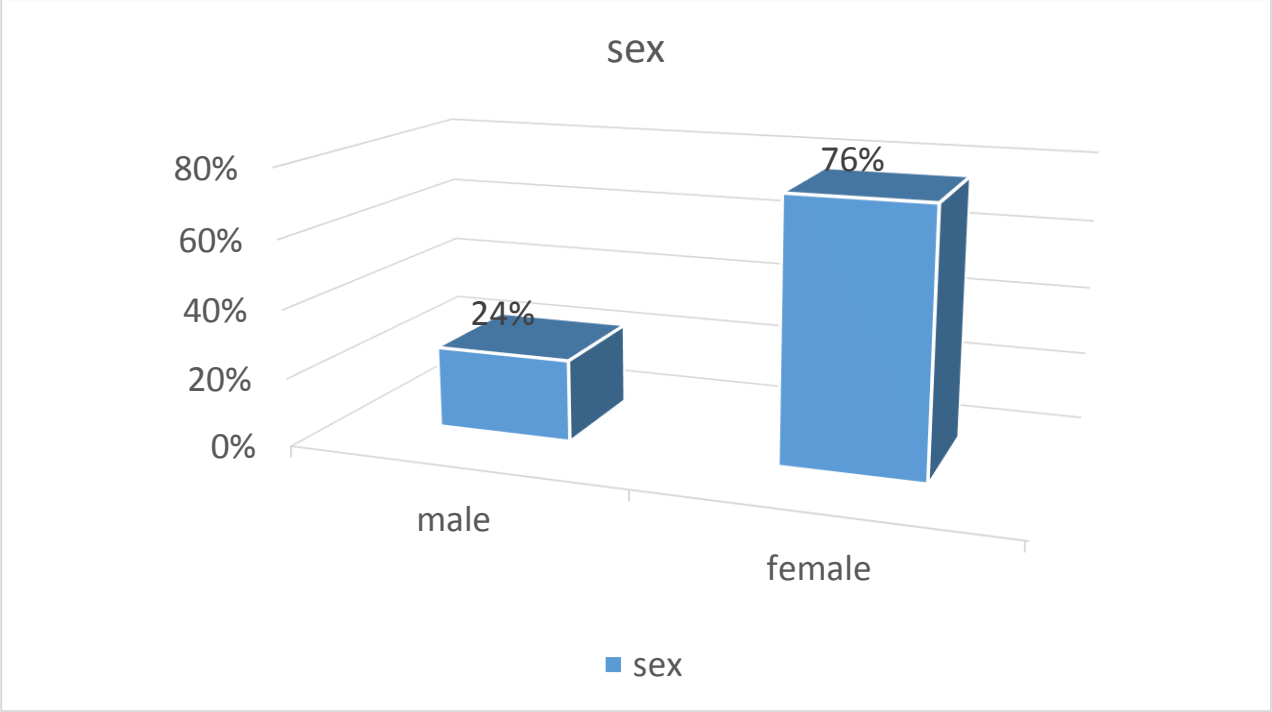
**Figure 1 : Age of Participants**




**Field work, 2019**

Figure 1 above shows the age distribution of participants. The analysis revealed that majority (34%) of the participants were aged from 35-44years, 28% were aged from 25-34 years, 24% >45years and 14% were above 18-24 years.

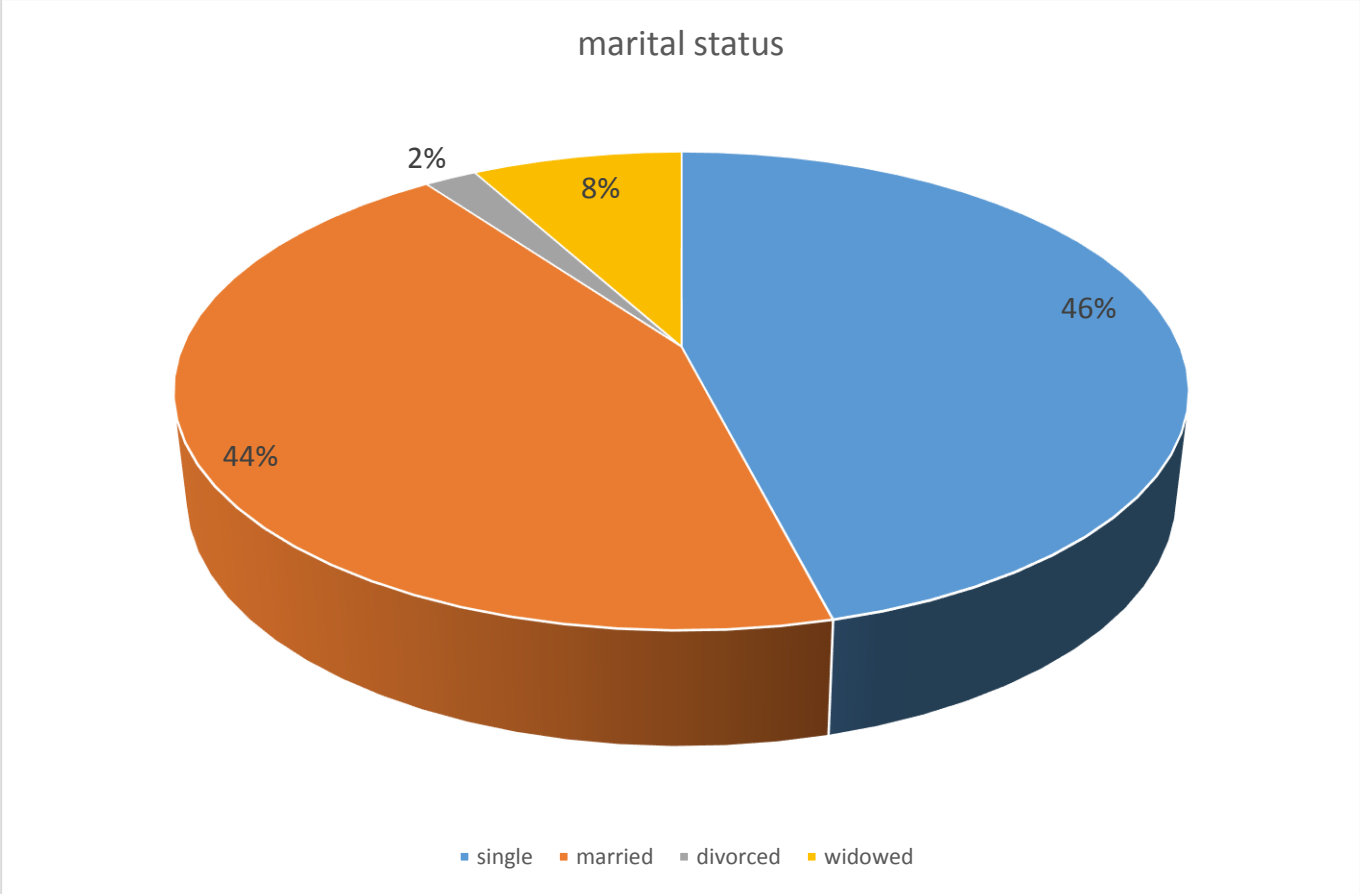
**Figure 2: Sex of Participants**




**Field work, 2019**

Figure 2 depicts the sex of the participants. As shown on the chart, females dominated the study. The analysis showed that more than half of participants were female and almost a quarter were male.

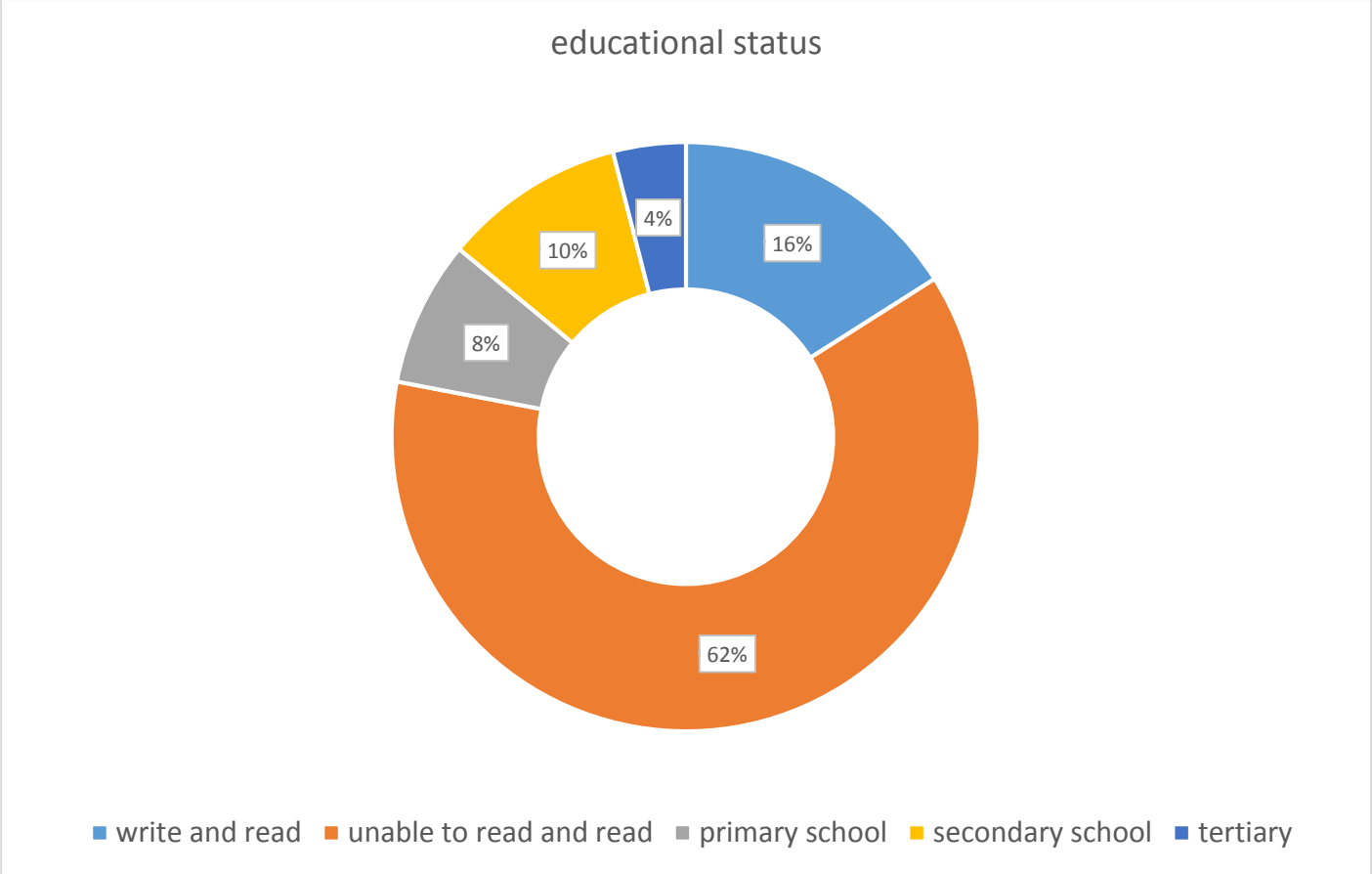
**Figure 3 : Marital status**




**Field work, 2019**

In this study, half of participants were single 50%, 39% were married, 9% were widowed and 2% were divorced.

**Figure 4 : Marital Status**




**Field work, 2019**

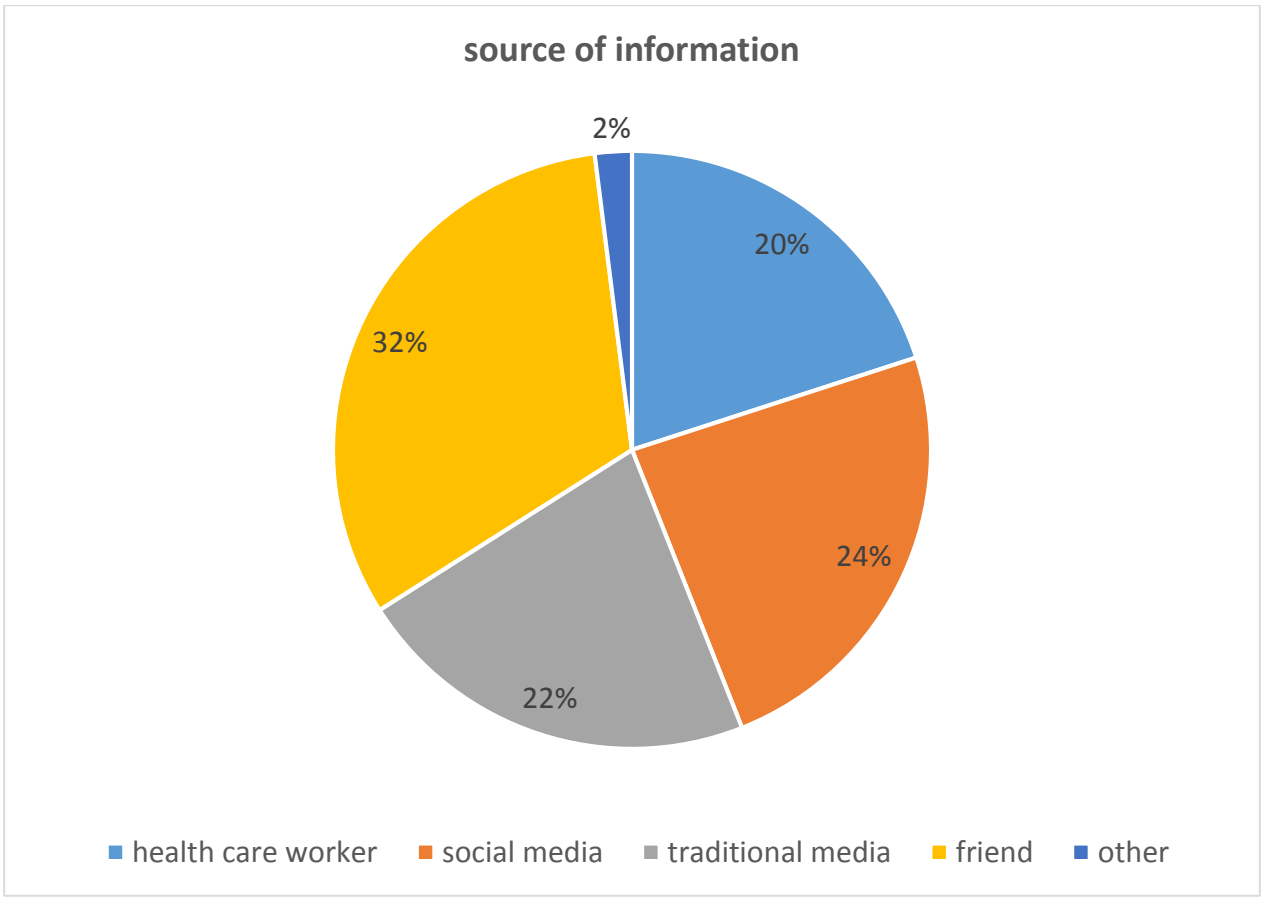
Figure 4 above shows 62% of participants were unable to write and read, 16% were able to write and read, 10% had education till secondary school, 8% up till primary school and 4% had education to tertiary.

### 3.2.2 Knowledge of PLHIV on condom

This section of analysis depicts information on the knowledge of PLHIV on condom use. Participants' awareness, knowledge on uses and sources of information on condom use were analysed.

When the participants were asked if they knew anything about a condom and its usage, all of them answered in the affirmative.

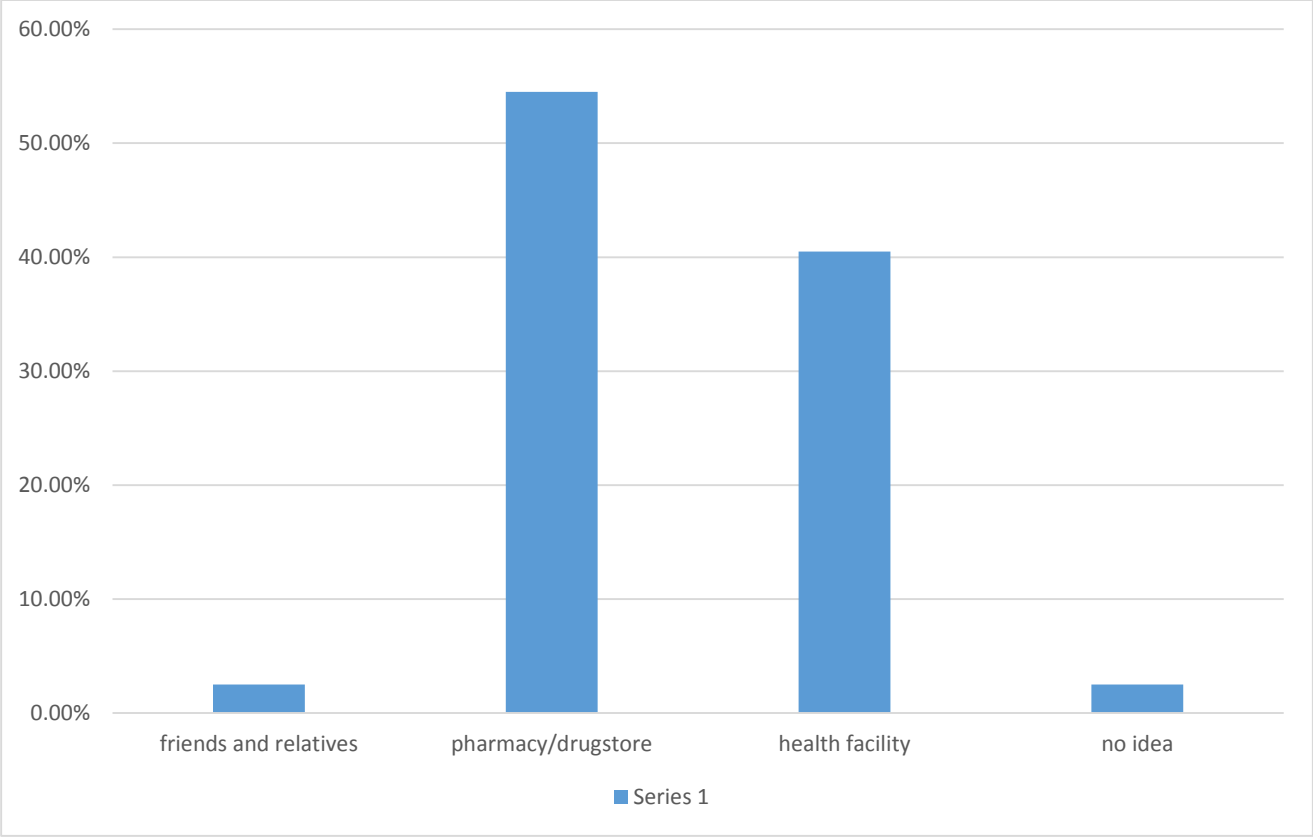
**Figure 5 : Source of their information**




**Field work 2019**

Figure 5 shows that 32% heard about a condom from friends/relatives, 24% heard about it from social media, 22% heard it on the radio or television, 20% of respondents heard it from a health worker and 2% represents other sources of information, namely a teacher from school during sex education and peer educators.

**Figure 6 : Where condoms can be purchased**

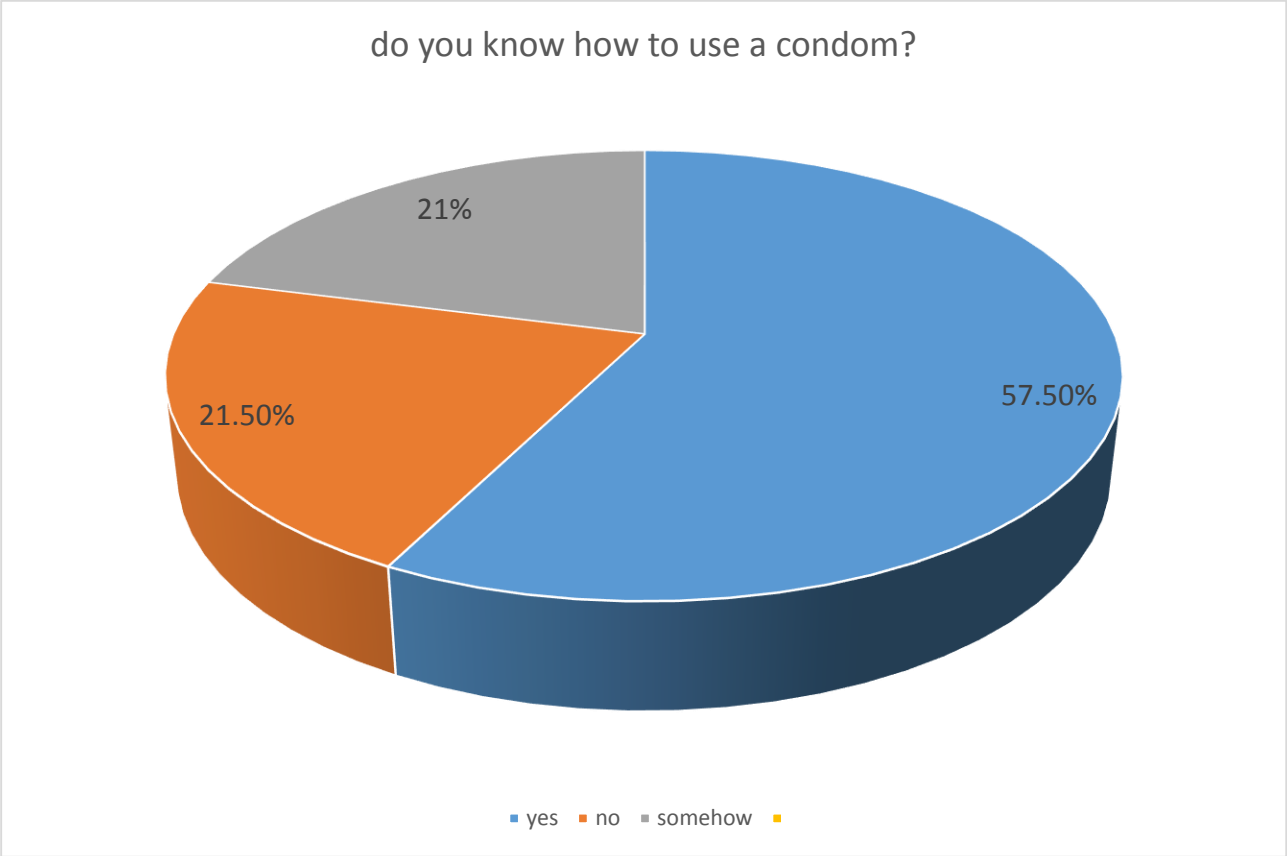



**Fieldwork 2019**

Figure above depicts places where condoms can be purchased, a little over half (55.5%) indicated that condoms can be purchased in a pharmacy or drugstore, 40.5% indicated that it can be purchased

at a health facility, 2.5% said they can get condoms from friends and relatives, 2.5% had no idea where to get condoms.

**Figure 7 : Do you know how to use a condom?**




**Fieldwork 2019**

Figure 7 shows that when participants were asked if they knew how to use a condom, 57.5% replied affirmative, 21.5% replied that they did not know how to use a condom, 25% replied that they knew somehow.

**Table 1 : What are condoms?**

| Variable | Frequency | Percentage |
|---|---|---|
| Condoms are; | | |
| a) a latex or rubber tubular sheath used during sexual intercourse | 72 | 36% |
| b) anything used to protect yourself during sexual intercourse | 128 | 64% |
| c) no idea | 0 | 0% |

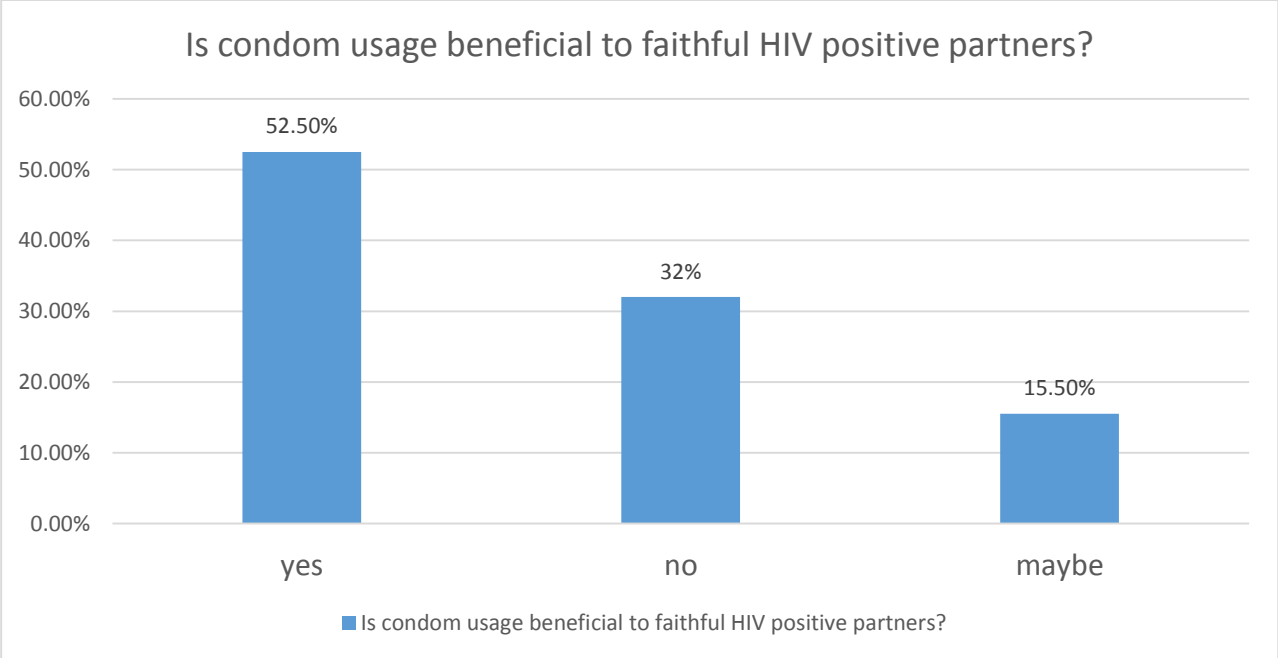
Table 1 depicts, 36% of participants answered that condoms a latex or rubber tubular sheath used during sexual intercourse, 64% replied it is anything used to protect yourself during sexual intercourse.

**Table 2 : Types of condoms available**

| Variable | frequency | Percentage |
|---|---|---|
| Male | 144 | 72% |
| Female | 0 | 0 |
| Both a & b | 56 | 38% |
| No idea | 0 | 0 |

Table 2 above show 72% of participants knew that the condoms available were male condoms only and 38% also revealed that condoms available were male and female condoms.

**Figure 8 : Is condom usage beneficial to faithful HIV positive partners?**




**Fieldwork 2019**

Figure 8 shows that 52.5% of participants agreed that condom use was beneficial in HIV positive partners who are faithful, 32% did not agree to the above statement and 15.5% said maybe.

**Table 3 : Some of the benefits of condom use if yes to the above question**

i. Prevents pregnancy
ii. Prevents transmission of STI's
iii. Prevent the transmission of HIV/AIDS

| Variable | Frequency | Percentage |
|---|---|---|
| i only | 32 | 16% |
| ii only | 12 | 6% |
| iii only | 38 | 19% |
| All of the above | 98 | 49% |
| Two of the above | 20 | 10% |

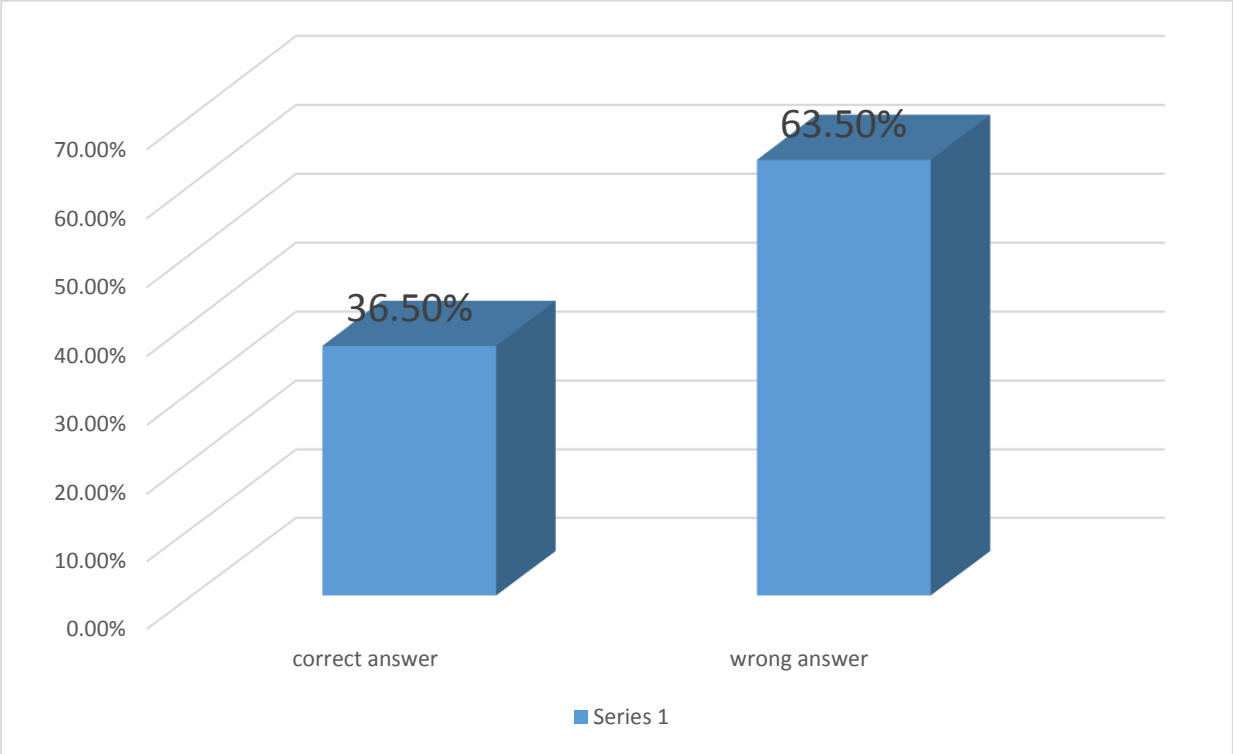
In the above table, 15.2% of participants replied that the benefit of condom is to prevent pregnancy only, 5.7% replied it is to prevent transmission of STI's only, 22.8% replied it was to prevent transmission of HIV/AIDS only, 46.67% replied it is for all of the above, 9.5% replied it is for two of the above.

**Table 4 : Attending a condom demonstration**

| Variable | frequency | Percentage |
|---|---|---|
| Yes | 28 | 14 % |
| No | 172 | 86% |

Analysis as shown in table 4 depicts that a majority of participants has never attended a condom demonstration (86%), 14% has attended a condom demonstration'

**Figure 9 : If yes (115) to knowing how to use a condom, describe it.**




**Field work, 2019**

The above figure shows that majority of participants who answered yes to knowing how to use a condom did not wear them correctly 66.95%, 38.0 wore it correctly.

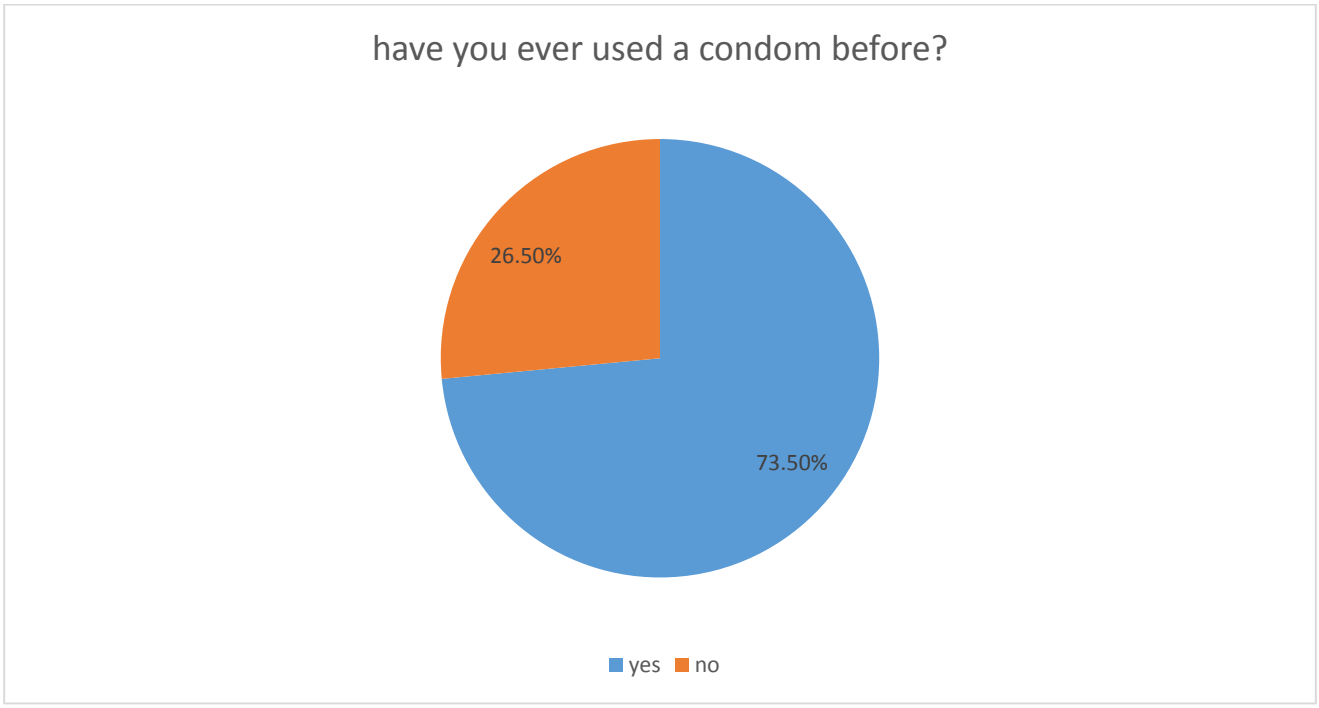
**Table 5 : Do condoms expire?**

| variable | frequency | Percentage |
|---|---|---|
| Yes | 144 | 72% |
| No | 16 | 8% |
| No idea | 40 | 20% |

Table 5 above shows that 72 % of participants replied that condoms do expire, 8% replied condoms do not expire and 20% had no idea

### 3.2.3 Attitude of PLHIV on condom use.

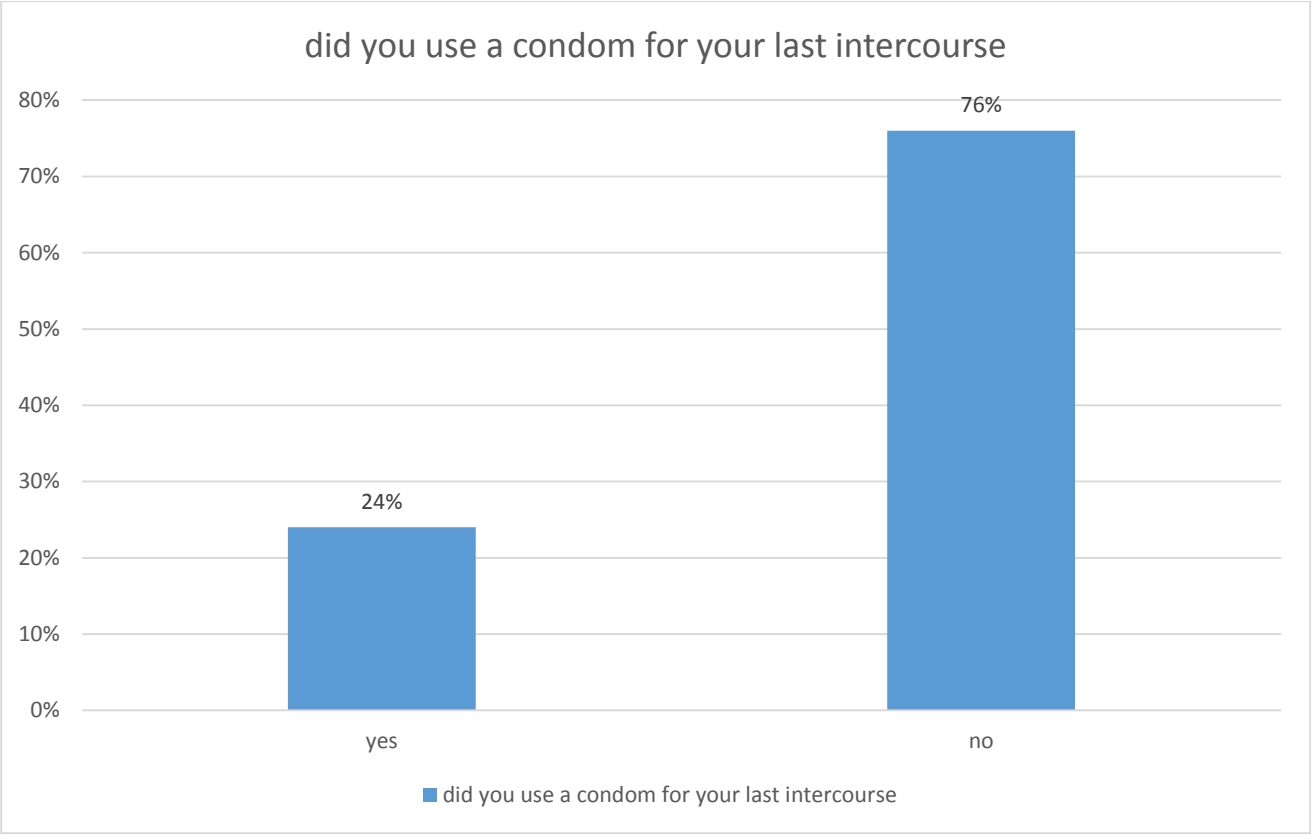
**Figure 10 : Respondents who have used a condom before**




**Field work 2019**

The study in the above picture depicts that 73.50% have used a condom before, whiles 26.50% have never used a condom before**.**

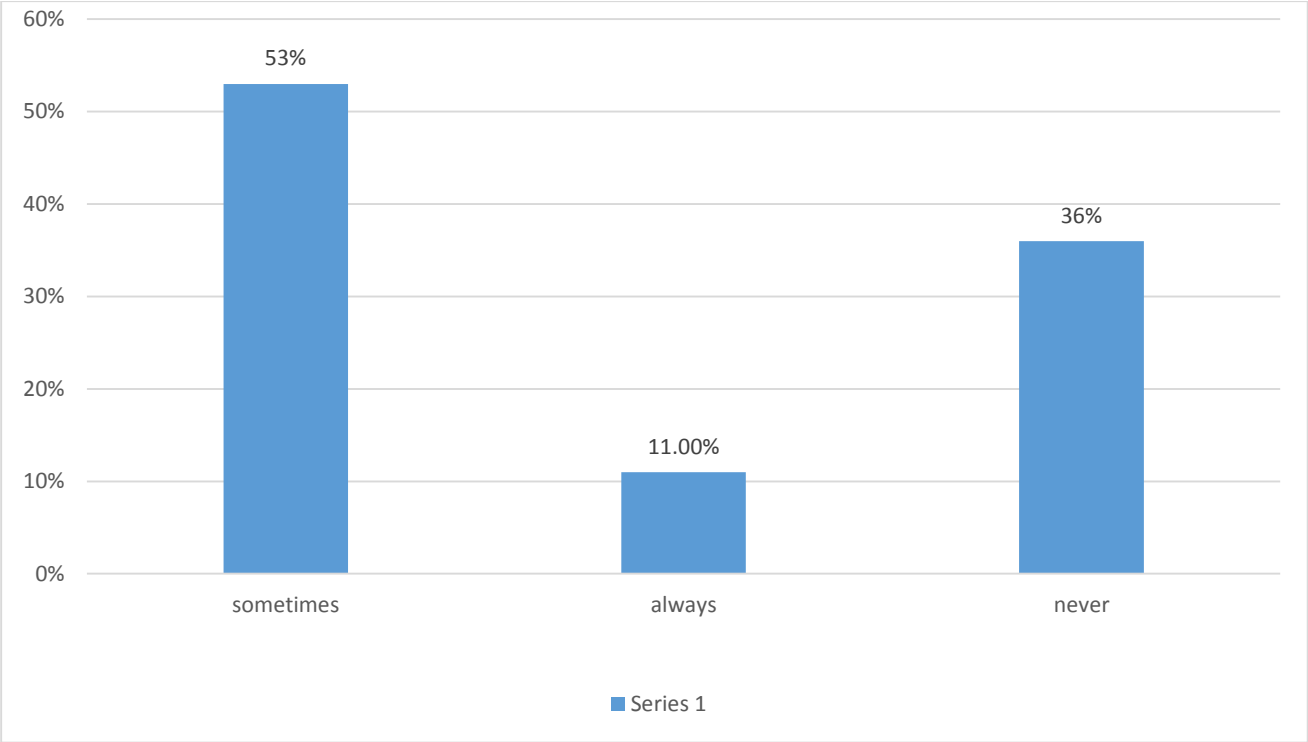
**Figure 11 : Did you use condom for your last intercourse**




**Field work 2019**

The figure above analyses the participants answers as to whether they used a condom for their last sexual intercourse, 76% answered no, 24% answered affirmative.

**Figure 12 : How often do you use a condom?**




**Fieldwork 2019**

Of the 200 PLHIV interviewed, 53%, a little over half replied they use condoms sometimes, 11% replied they use condoms always and 36% replied they have never used a condom.

**Table 6 : Do you need the cooperation of your partner before using a condom?**

| Variable | frequency | Percentage |
|---|---|---|
| Yes | 116 | 58% |
| No | 52 | 26% |
| No idea | 32 | 16% |

In this study, 58% of participants felt that they needed their partners cooperation before using a condom, 26% said they did not need their partners cooperation before using a condom and 16% had no idea.

**Table 7 : Do you feel stigmatized when purchasing condoms?**

| Variable | Frequency | Percentage |
|---|---|---|
| Yes | 128 | 64% |
| no | 72 | 36% |

The above table indicates that more than half of participants 64% felt stigmatized when purchasing condoms whiles 36% did not feel stigma when purchasing condoms.

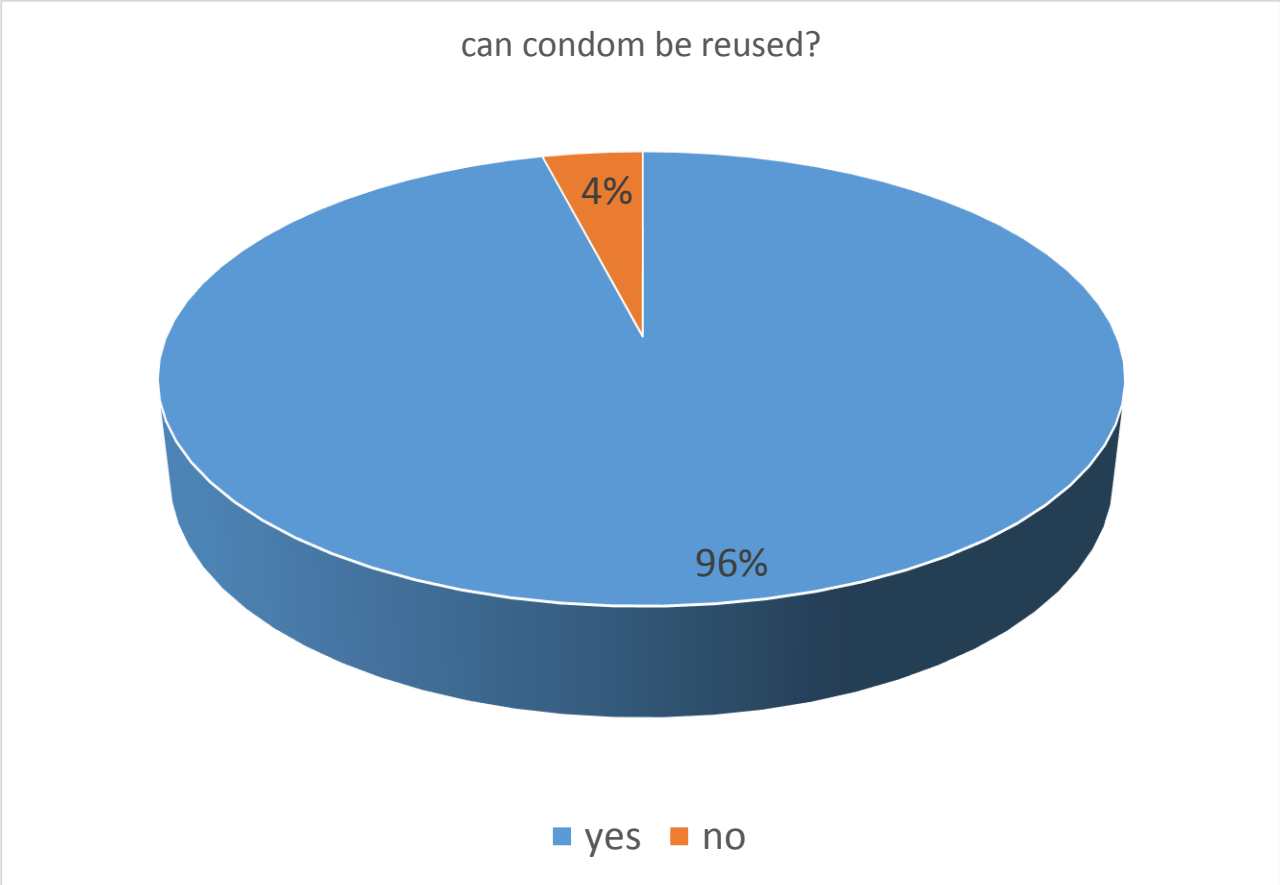
**Table 8 : What are some of the things that will prevent you from using condoms?**

| Variable | Frequency | Percentage |
|---|---|---|
| I will feel guilty when using it | 83 | 41.5% |
| I can't afford it | 36 | 18% |
| I feel shy to purchase it | 45 | 22.5% |
| I do not possess any skills to use it | 36 | 18% |

41.5% participants replied as above that they feel guilty when using a condom, 18% replied they could not afford it, 22.5% replied they feel shy to purchase condoms and 18% replied that they did not possess any skills to use condoms.

### 3.2.4 Perception of PLHIV on condom use

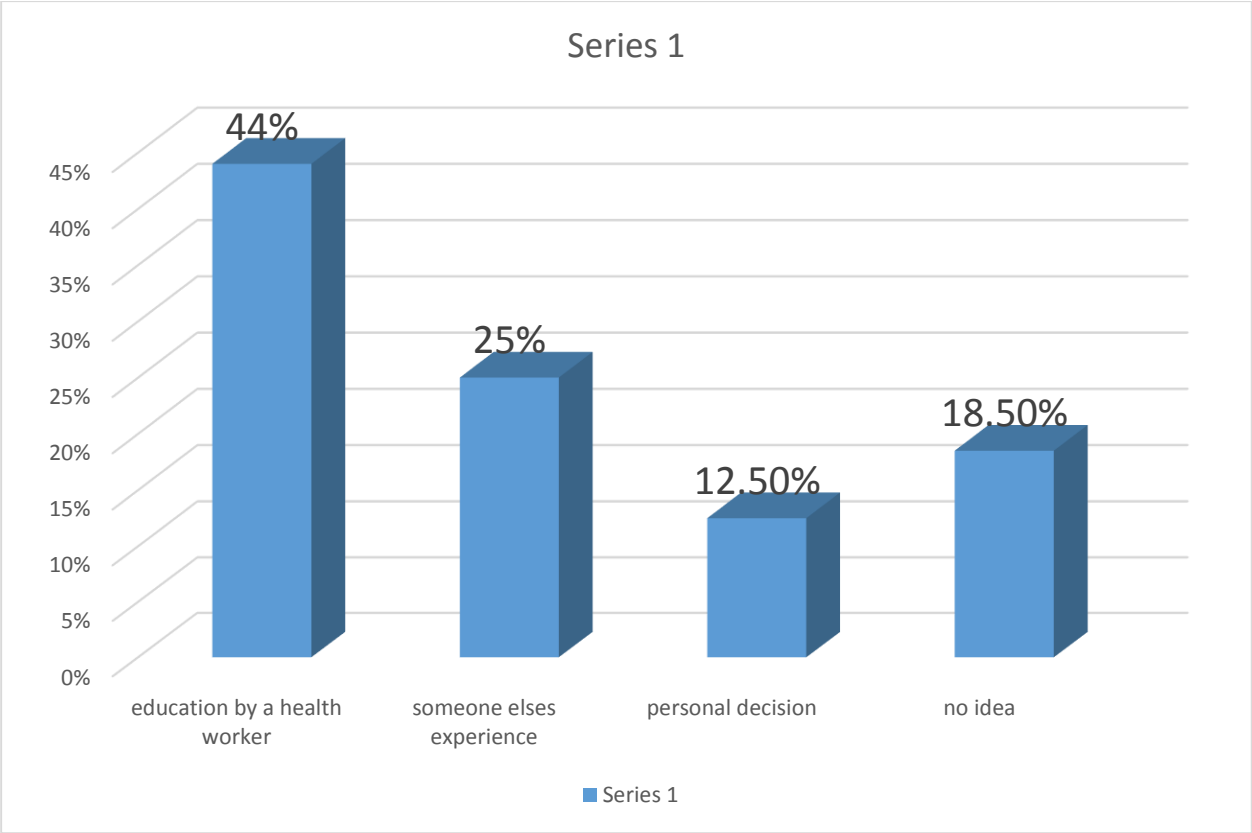
**Figure 13 : Can condoms be reused?**




**Field work 2019**

The figure above indicates that 96% of participants answered that a condom cannot be reused whiles 4% answered that it can be reused.

**Figure 14 : What will influence you to use a condom?**




**Field work 2019**

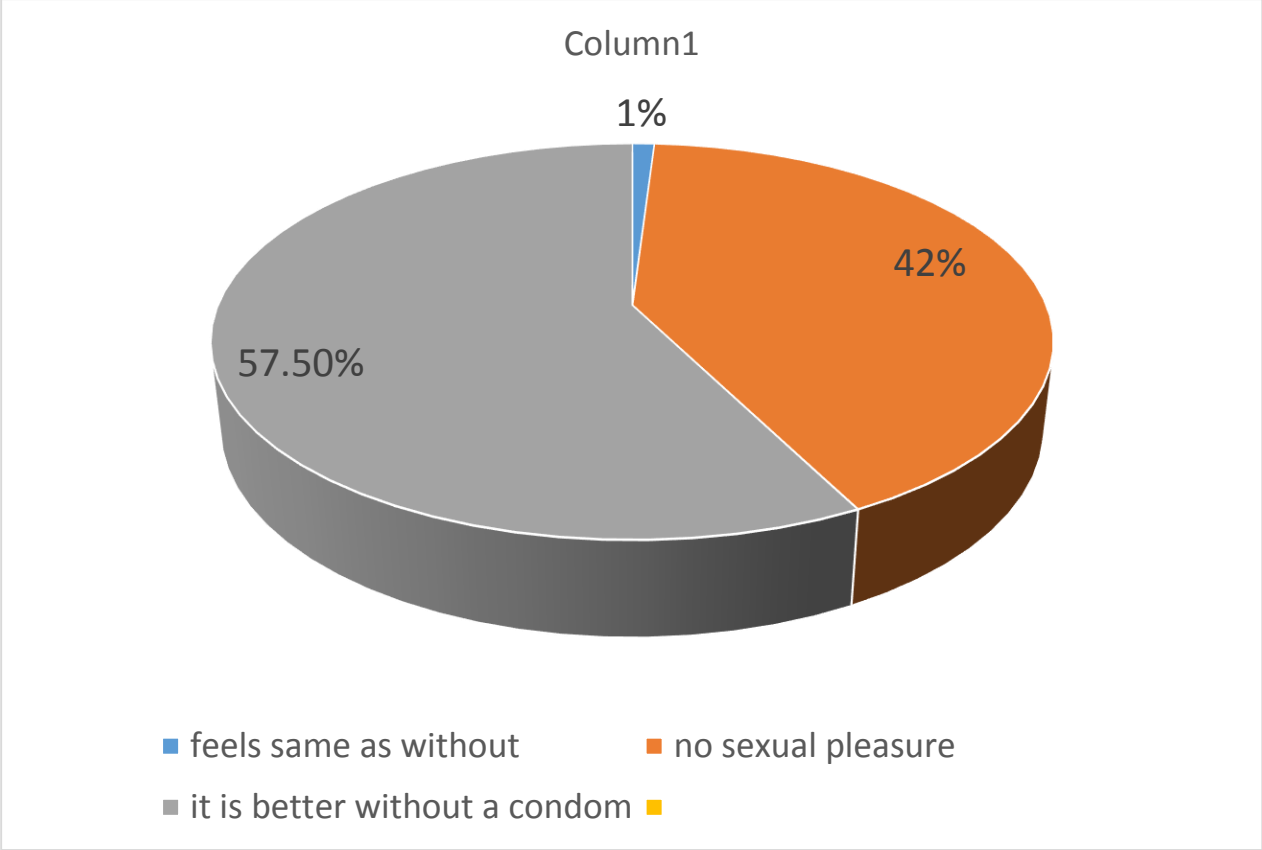
In this study,44% of the participants revealed that education by a health worker will influence them to use a condom, 25% also said someone else experience will influence them to use a condom, 12.5% replied that their personal decision will influence their condom use and 18.5% had no idea what will influence them to use a condom.

**Table 9 : When is it appropriate to use a condom?**

| Variable | Frequency | percentage |
|---|---|---|
| When you trust your partner | 28 | 14% |
| When it is the first time with your partner | 45 | 22.5% |
| When you don't trust your partner | 113 | 56.5% |
| No idea | 14 | 7% |

Table above shows that 14% of participants will use a condom when they trust their partners, 22.5% will use a condom when it is their first time with partners, 56.5% will use a condom when they do not trust their partners and 7% had no idea when it was appropriate to use a condom.

**Figure 15 : How does condom use with sexual intercourse feel like?**




**Field work, 2019**

Figure above suggests that 57.5% participants replied that sexual intercourse is better without a condom, 42% replied that using a condom during sexual intercourse had no sexual pleasure and 1% replied that using a condom during sexual intercourse feels same as without using a condom.

All participants replied that they had no cultural reservations about condom use.

However, 11% of participants had religious reservations about using a condom, whiles 89% did not have any religious reservations.

## 3.3 DISCUSSIONS

### 3.3.1 Knowledge of PLHIV on condoms use

The results from this study showed high level of awareness of condoms among the respondents. This was evident when our finding indicated that all the respondents 200(100%) were aware of the existence of condoms. The main sources of information on condoms were 64 (32%) friends/relatives and 48(24%) from the social media/internet. Most participants 98 (49%) knew that condom uses can prevent both pregnancy; STIs and HIV/ AIDS. This is similar to the study reported in Axum preparatory school students in Ethiopia. Fourty two 42 (36.5%) of the respondents (n=200) gave a correct definition of condoms, according to the technical definitions. Those who knew that condoms prevent HIV transmission only were 38 (19%); 12(6%) knew that condoms prevent sexually transmitted infections only; 32respondents (n=200) (16%) knew that condoms prevent pregnancy only. Majority of the respondents 172 (86%) had never attended a session on condom demonstration.

The analysis revealed that the main source of information on condoms for majority of the participants were from friends and relatives and though 20% heard of condoms from a health worker, this was not sufficient as information received may be incomplete, bias or inaccurate. This outcome is consistent with finding by Kabikira. (2010) whose findings indicated that those who knew that condoms prevent HIV transmission were 129 (97.7%); the same numbers knew that condoms prevent sexually transmitted infections; all respondents (100%) knew that condoms prevent pregnancy and also Seventy-four (74) (57.4%) of the respondents had attended a session on condom demonstration.

On the issue of availability of condoms, majority knew that they could get condoms from a pharmacy or drug store. This is particular good since it will encourage participants' accessibility to condoms.

### 3.3.2 Attitude of PLHIV towards condom usage

The study indicated that majority of the participants 147 (73.5%) had used condom before while 53(26.5%) participants had not used a condom before. This study is consistent with the study conducted among ART attendees in Addis Ababa, Ethiopia. Significantly, of those who had used condom at last intercourse, majority 152(76%) did not use a condom during their last sexual encounter. This represents low condom usage and may tend to increase the HIV prevalence rate. This finding is inconsistent with findings by Kabikira (2010) who found that condom use during the past month was 97.4% and regular condom use by 38.9% of participants.

The study also revealed that 24% of participants stated that they used condom at their last sexual intercourse while 76% stated that they did not use condoms during their last sexual encounter. The findings are inconsistent with findings by Asante and Doku (2010) who found out that 48% reported condom use at last sexual intercourse among university students in Ghana.

In other African studies, participants with higher educational status were more likely to use condoms than those with lower educational status but our study did not show any significant linkage between educational status and condom use.

The attitude towards condom usage by PLHIV is very poor whereas PLHIVs are supposed to have a positive attitude towards condom use so as to prevent the further spread of the disease. This

negative attitude towards condom use has reflected in the high prevalence rate (2.71) being recorded by the Ningo Prampram District. (GAC 2017)

### 3.3.3 Perception of PLHIV on condom use

Any individual's risk-taking behavior depends on the situation and how the individual assesses their risk. Social dynamics, social interactions and the norms that govern interaction in a particular social context contribute to risky sexual practices. Even when fully aware of the risks ahead, people make irrational choices because social interactions are power-based relationships. (Dessie et al,2011)

The study found that (42%) stated that condom use during sexual intercourse has no sexual pleasure and 11% stated that they had religious reservations toward condom use. This outcome is inconsistent with finding by Dessie et al (2011) who found that those who engaged in little or no discussion with their partner about safe sex were more likely to engage in unprotected sex.

The study revealed that 44% of participants responded that education by a health worker will influence them to use condoms hence health workers have been realized as motivators of condom use.

## 3.4 CONCLUSION

This study assessed the knowledge, attitude and perception on condom use among Persons Living with HIV at Prampram Polyclinic. Despite the presence of adequate knowledge,the study highlighted some risky sexual practice including negative attitude to condom use and this might be related to low awareness towards condom use practice; which needs to be addressed. Low level of

condom use as seen in this study might be due to lack of professionals (health workers) commitment to create awareness on condom use to PLHIV. Increased commitment on the part of health workers will change their attitude and perception toward condom use and further lead to a decline in prevalence rates.

### 3.5 RECOMMENDATIONS

The findings from our study calls for continued and strengthened health education on condom use practices among PLHIV at the ART unit and the organization of condom demonstration sessions to bring change in practices; along with knowledge and attitudes. Promoting condoms has to be one of the strategies of HIV/ AIDS prevention process. Thus; emphasis has also to be given towards avoiding other high-risk sexual behaviors. This can be done through IEC (Information; Education and Communication) materials at the ART unit.

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## APPENDIX

## CENTRAL UNIVERSITY

## SCHOOL OF MEDICINE AND HEALTH SCIENCES

## QUESTIONNAIRE/INTERVIEW GUIDE

We are final year students of Central University offering BSc. Nursing, conducting a study on "**Condom usage among persons living with HIV/AIDS; a study at Prampram Polyclinic**. We would be grateful if you could answer the following questions to the best of your knowledge. We assure you confidentiality - that information given will be used for only academic purpose. Kindly select the most appropriate answer to each question by ticking [ √]. Thank You.

### DEMOGRAPHIC DATA

1. Gender

a) Male

b) Female

2. Age

a) Below 18

b) 18-24

c) 25-34

d) 35-44

e) 45-60

3. Marital status

a) Single

b) Married

c) Cohabiting

d) Divorced

e) widowed

4. Education level

a) write and read

b) unable to read and write

c) primary school

d) secondary school

e) tertiary

**KNOWLEDGE ON CONDOM USAGE**

1. Do you know anything about condom?

a) Yes

b) No

***If Yes in Q. 1 above,***

2. what was your source of the information?

a) Health worker

b) Social media/Internet

c) Traditional Media (TV/Radio)

d) Friend/ Relative

e) Others, Specify ……..

3. What are condoms?

d) a latex or rubber tubular sheath used during sexual intercourse

e) anything used to protect yourself during sexual intercourse

f) no idea

4. What are the types of condom available?

a) Male

b) Female

c) Both a & b

d) No idea

5. Is condom usage beneficial to faithful HIV positive partners?

a) Yes

b) No

c) Maybe

6. If Yes in Q. 3 above, what are some of the benefits?

*iv. Prevents pregnancy*

*v. Prevents transmission of STI's*

*vi. Prevent the transmission of HIV/AIDS*

a) i only

b) ii only

c) iii only

d) All the above

e) Two of the above

7. Where can one get condoms?

a) Friends & Relatives

b) Pharmacy/Drug Store

c) Health Facility

d) No idea

e) Others, specify……

8. Do you know how to use a condom?

a) Yes

b) No

c) Somehow

9. If yes in Q. 6 above, describe how it is used?

……

*[For researcher only]*

*a) Correct Answer*

*b) Wrong answer*

*c) No idea*

10. Have you ever attended a condom demonstration clinic or session before?

a) Yes

b) No

11. Do condoms expire?

a) Yes

b) No

c) No idea

**ATTITUDE ON CONDOM USAGE**

12. Have you ever used a condom before?

a) Yes

b) No

13. Did you use condom during your last intercourse?

a) Yes

b) No

14. How often do you use condoms?

a) Sometimes

b) Always

c) Never

15. Do you need the cooperation/concern of your partner before using a condom?

a) Yes

b) No

c) No idea

16. Do you feel stigmatized when purchasing condoms?

a) Yes

b) No

17.What are some of the things that will prevent you from using condoms

c) I will feel guilty when using it

d) I can't afford it

e) I feel shy to purchase it

f) I do not possess any skills to use it

**PERCEPTION ON CONDOM USAGE**

18. Can a condom be reused

a) Yes

b) No

c) No idea

19. When is it appropriate to use a condom

a) When you trust your partner

b) When it is the first time with your partner

c) When you don't trust your partner

d) No idea

20. How does condom use with sexual intercourse feel like?

a) Feels same as without condom

b) No sexual pleasure

c) It is not better than without condom

21. Do you have any cultural reservations about condom use?

a) Yes,

specify……

……..

b) no

22. Do you have any religious reservations about condom use?

a) Yes,

specify……

……..

b) No

23. What will influence you to use a condom

a) Education by a health worker

b) Someone else experience

c) Personal decision

d) No idea