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Knowledge, Attitude and Practice Towards Female Condom use at International Paramedical Institute-Maya, Wakiso District

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ABSTRACT

Sexually transmitted infections especially HIV/AIDS and unwanted pregnancy among students in higher institutions and universities is now a problem yet condom offers protection against sexually transmitted infections including HIV and pregnancy. In spite of various promotion, female condom use still remains relatively low among students especially girls. This study purposed to assess to the knowledge, attitude and practice towards female condom use among female of International Paramedical Institute, Wakiso District Uganda.

A descriptive cross sectional study was implemented and cluster sampling method was adopted to obtain a required number of respondents bringing up to 100 respondents which was got from 134 sample size.

The results of this study shows that of 100 respondents majority had good and proper knowledge on female condom and 69(69%) of the respondents agreed that female condom can protect against HIV/AIDS. In relation to attitude towards use of female condoms, most respondents have negative attitude as 66 (66%) of the respondents agreed that using female condom reduce sexual pleasure and 84% agreed that FC make sex uncomfortable. The level of female condom use was as low as only 11 (11%) of the respondents.

This study therefore conclude that majority of females have does not have good attitude and does not use female condoms despite having good knowledge of female condom, the level of use is very minimal and irregular.

This study therefore recommends that for consistent and regular use of female condom,

there is need to provide better information on female condom and make female condom available and easily accessible to students in various places including hospitals. Better information can be achieved by introduction of sex education in institutions and universities.

I. CHAPTER ONE: INTRODUCTION

1.1 Introduction

This chapter describes background of the study, problem statement, general objectives, specific objectives, and research questions, significance of the study and the scope of the study.

1.2 Background of the study

Infection by HIV is one of the most serious sexual health problems. The World Health Organization reported a total of 36,700,000 people infected with HIV in the world; 2.1 million of these people became infected in 2015 (Vallejo-Medina Pablo1, 2019).

In Uganda, a study according to USAID data 2020 showed that 1500000 people were infected of which 53000 we're newly infected and there were 21000 AIDs related deaths in 2019 (USAID, 2020).

Similarly, another study in Uganda shows that in 2016-2017, the prevalence of HIV among adults aged 15 to 64 in Uganda was 6.2%: 7.6% among females and 4.7% among males. This corresponded to approximately 1.2 million people aged 15 to 64 living with HIV in Uganda. HIV prevalence was higher among women living in urban areas (9.8%) than those in rural areas (6.7%) (assessment, 2017).

Male condom and female condoms is the only dual control device: they reduce the transmission of HIV and other STIs and they also prevent unplanned pregnancies. Therefore, the use of condoms must be promoted in order to prevent STIs and unplanned pregnancies (Vallejo-Medina Pablo^{1*}, 2019). In 1980s scientists came up with a female condom innovatively designed to make a woman to have a full control of HIV and STIs infections as a response to male condom.

The female condom (also known as femidom) is a tool of empowering woman for protecting against HIV and STIs as well as unwanted pregnancy (Kayombo, 2016).

A study conducted among student in university of Douala shows that young women accounts for 64% of young people living with HIV globally and in Cameroon, women are having HIV more than men with prevalence of 5.6% and 2.9% respectively (Michel Ekono¹, 2019).

The female condom (FC) is a polyurethane sheath with a flexible ring at both ends, which fits into the vagina before sexual intercourse, providing the woman with autonomy for protection, both against unwanted pregnancies and sexually transmitted infections (STIs), including HIV-AIDS (Michel Ekono¹, 2019). Consistent and appropriate use of condom is the most effective way of preventing HIV/AIDS transmission and unwanted pregnancies.

This mean that females are having HIV more than males in Uganda and since female condom is very effective in prevention of HIV and there is no available data on this in Uganda showing that the knowledge attitude and practice of female condom, this study will address the knowledge attitude and practice of female condoms.

1.3 Statement of the problem

Uganda is a landlocked country with a 2014 reported population of 34.8 million people (Herrerros-Villanueva, 2019). The first case of HIV (AIDS–Slim disease) in Uganda was reported in 1982 in Kansensero, a fishing village located in the Western region. Currently, HIV prevalence is highest in the Central region (10.4%) due to its

urbanization and location of the capital city Kampala – home to 1.5 million people according to 2014 statistics (Herrerros-Villanueva, 2019). HIV prevalence is almost four times higher among females than males aged 15 to 19 and 20 to 24 (assessment, 2017).

Still according to recent UNAIDS data, approximately 570 young women aged 15 to 24 get infected with HIV every week in Uganda. In all of Africa, Uganda is only second to South Africa where 2,363 individuals get infected every week (Herrerros-Villanueva, 2019).

Government of Uganda has put in place the use of female condoms in the prevention of HIV but still the cases is so high among the females compared to males in Uganda.

Data concerning female condom knowledge attitude and practice is very minimal in Uganda, this call for the need to conduct and investigate more on the knowledge attitude and practice toward female condoms.

This study will help find out the knowledge attitude and practice of condom use among females such that the result can be use address problem associated with females' condom utilization as the method of preventing HIV.

1.4 General objective

To determine the knowledge, attitude and practice toward female condom among students of international paramedical institute

1.4.1 Specific objectives

To assess the knowledge of female condom among students of international paramedical institute.

To assess the attitude towards female condom among students of international paramedical institute.

To determine the practice of female condom among students of international paramedical institute.

1.4.2 Research questions

1. Do female students of International Paramedical Institute know about female condom?
2. What is the attitude of female students of International Paramedical Institute towards female condom?
3. Do female students of International Paramedical Institute use female condom?

1.5 Significance of the study

This study will help reduce the transmissions of HIV and other sexually transmitted infections, in policies making, avoiding unwanted pregnancies and make students to educate other student on the knowledge of females condom use. This will in turn reduce on the level HIV among students, unwanted pregnancies, and equipped them with knowledge about females condom use.

1.6 Scope of the study

This study was carried out at international paramedical institute, one of the medical institutes in Wakiso district. It was focused on the knowledge, attitude and practice of female students towards female condoms in international paramedical institute. It involved all female students that are willing to participate and students who were still at home and for those who are present but are not willing participate in the study were excluded.

The study was conducted for a period of seven months.

II. CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter will give relevant review of what other researchers found out on knowledge attitude and practice of female condom among students of international paramedical institute.

2.2 Knowledge of female condom among students

Knowledge and awareness of condoms is necessary in the prevention of HIV/AIDS, STIS

and unplanned pregnancy. Studies done have found that the relationship between condom awareness and use tends to be unequal whereby knowledge will not always result into use (Vallejo-Medina Pablo1 et al, 2019).

A prospective and cross-sectional study was done on students of 320 sample size in university of Douala in assessing knowledge of female condoms shows that 74.4% were poorly knowledgeable, 17.5% had average knowledge, and 0.3% had good knowledge of female students. The physical description of the condom was known to 54 (29.3%) female students. In terms of physical knowledge, 54 (29.3%) students were able to describe the female condom. The channels through which they were informed were mainly media (159 cases = 49.7%), HIV prevention campaigns (148 cases = 46.3%) and eleven students (3.4%) were informed by the medical staff (Michel Ekono et al, 2019).

As for female condom functions, 244 students (77.2%) were aware of its protective role against STIs, while 171 (54.1%) mentioned its role in preventing unwanted pregnancies . According to this study, the students therefore had a fairly good knowledge of the functions and the role of the female condom, but they were unaware of its physical appearance and use. Their overall level of knowledge about the female condom was poor at 74.4%, 7% unsatisfactory, 17.5% average, and 0.3% satisfactory (Michel Ekono et al, 2019).

A study was published in 2015 hypothesized that individual with high knowledge of HIV would have higher condom use intentions that individuals with low HIV knowledge where by the majority of participants scores high on HIV knowledge (Kimberly Boydet al, 2015).

According to study done by Regina Mtayangulwa and Edward J. Kayombo published on 29th September 2015 done on 384 undergraduate students aged 21-25years in university of Dar Salaam assessing knowledge of female condoms showed 96.6% had heard about female condom, but only 18.75% respondents were classified to have high and 58.8% had low knowledge of female condom (Kayombo et al, 2016). The major source

of information on awareness and knowledge of female condom in this study were from mass media (radio, magazine and newspaper and television) (73%). Health workers who were expected to take a leading role on education and dissemination of female condom were among the least of sources of information (7.46) (Kayombo et al, 2016).

A study which was done 2015 on knowledge, perception and attitude of students towards female condoms shows that 59 percent of the respondents noted that they know how the female condom looks like while on the other hand 41 percent of the respondents noted that they did not know how the female condom looks like (Mathew et al, 2015).

Pertaining knowledge on how to use female condom, a study was published in 2015 about knowledge, attitudes and utilization of the female condom among high school female student in Kumba, Cameroon found out that majority of the respondents (64.1%) does not know how to fit in female condom correctly (Bain, 2015).

2.3 Attitude towards use of female condom

Attitude according to this study refers to good or bad beliefs associated with the use of condoms. Good attitudes are the beliefs that support the use of condoms and bad attitude on the other hand refers to the beliefs that discourage its use.

According to a study which was conducted assessing attitude toward female condoms by Dr. Ekono Michel on students of 320 sample size in university of Douala shows uncomfortable female condom in 37.4%, embarrassing in 29.4%, difficult to use in 36.1% and scary in 28.1% of cases. As for their use, 125, or 39.6% of the workforce was willing to use it. Those who were willing to offer it to other people numbered 121 (38.3%). The rate of acceptability of the female condom was 48.1%. However, 83.3% of female students (including some female users) had an overall negative perception of the female condom, compared to 16.2% of undetermined attitudes (Michel Ekono et al, 2019).

A study in Dar Salaam by Regina Mtayangulwa and Edward J. Kayombo (2016) suggest that there is fair attitude towards female condom considering the fact that it is not well marketed by mass media as male condoms and somehow being marginalized. As shown in this study, 46% had positive attitude towards female condoms, and thought female condom could increase a woman's ability to safe sex. The analysis of the findings showed majority of the respondents who had high knowledge of female condom had a positive attitude towards female condom. On the other hand, majority of those who had low knowledge of female condom had negative attitude towards female condom (Kayombo et al, 2016).

According to a study which was done to assess the attitude of female condoms among high school students in Kumba, Cameroon (2015) shows that majority, 64.1% believed that female condoms decrease sexual satisfaction, and a slight majority, 52.0% believed that due to religious beliefs they would feel guilty using female condoms.

Therefore, majority of the female students according to the study exhibited negative attitudes towards the female condom (Bain et al, 2015).

2.4 Condom use

Proper use of condom prevents Sexually Transmitted Infections (STIs) and unwanted pregnancies. Condom utilization will be discussed by looking at a number of aspects that other researchers found out about uses of female's condom among female.

The female condom is useful in empowering women to protect themselves from adverse consequences of sexual intercourse but there is a dearth of information about willingness to use this device by young women in Nigeria (PO Nwankwo et al, 2018).

A study done in University of Douala among students in 2019 by Dr. Ekono Michel on knowledge, attitudes and practices of female's condom among students in three faculties of the University of Douala revealed that the female condom use rate was 8.4% with a user satisfaction

rate of 7.4% and its use infrequent and unsatisfactory (Michel Ekono et al, 2019).

Similarly, a study done in University of Dar-Es-Salaam among students assessing knowledge, attitude and practices of female's condom among females undergraduate by Regina Mtayangul-waand Edmund J. Kayombo showed that out of 371 students who had heard of female condom, 4.31% admitted to have used at least ones, and of those who have ever used female condom, 26.7% preferred female condom as a means of HIV and STIs prevention (Kayombo et al, 2016).

A similar study was done in Kumba, Cameroon on the utilization of female condoms among high school students in 2015 revealed that only few sexually active female students, 3.6% reported having used female condoms during their first sexual encounters and only 5.6% reported having used them during their most recent sexual encounters. Still this study shows that consistent use of female condoms among the sexually active female students was low, 1.2% and the percentage of the sexually experienced female students who had ever used female condoms during sexual intercourse was also very low, 8.0%. There were no significant associations between respondents' knowledge on the female condom and their use of the female condom (Bain et al, 2015).

In an impoverished urban area, a quantitative and evaluative household survey was conducted to assess the knowledge, attitude and use of condom among women revealed that 1(0.33%) had practiced sexual intercourse with the female condom satisfactorily (Zaccara et al, 2015).

In general, all the study above shows clearly that utilization of female's condoms by females is very poor. This study will help find out some of the reasons why utilization of female's condom is very minima

III. CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter describes study design, study population, sample size determination, sampling technique, data collection method, data collection

tool(s), data collection procedure, quality control, data analysis and presentation, ethical consideration, study limitations and their solution and dissemination of results.

3.2 Study design

A descriptive cross-sectional study that was carried out among females of International Paramedical Institute Maya assessing the knowledge, attitude and practices of female's condoms where questionnaires and focused group discussion were used. This study design was used because very many researchers used it in this similar topic and worked successfully.

3.3 Study population

The study population consisted of all female students from International Paramedical Institute Maya of at least 17 years of age who gave their written consent and are sexually active. We excluded those who were not sexually active.

3.4 Eligibility criteria

3.4.1 Inclusion

The study involved and included the following;

1. All females' students who were present at the time for collecting data in International Paramedical Institute Maya.
2. Female's students who consented to participate in the study.

3.4.2 Exclusion

This study excluded the following;

1. Female's students who were not sexually active.
2. Female students were less than 17 years.

3.5 Sample size determination

By taking the study population size (N) of 134 female's students since most of the student are at home because of corona virus lockdown.

Considering the total population (N) which is estimated to be the current number of female's students and the marginal error (e), the sample size (n) can be calculated as follow according to Mugenda formula (1999)

$$n = N / [1 + N(e^2)]$$

Where;

n = sample size

N = total population = 134 e = marginal error = 0.05

$$n = 134 / [1 + 134(0.05^2)] \quad n = 134 / 1.335$$

$$n = 100$$

Therefore, the number of participants was 100 females' students in this study.

3.6 Sampling technique

A cluster sampling method was used to get minimum sample size of the study. The students were divided into three clusters; cluster one comprising students doing diploma in clinical medicine and students doing medical record, cluster two comprising students doing dentistry and students doing pharmacy, cluster three comprising of students doing nursing and students doing midwifery. The sample of the study population was selected systematically from each cluster; where by the list of students from class was obtained from the class representatives.

Every 5th student from each cluster was chosen for study until the intended number was reached. This method was implemented to reduce bias selecting the respond.

A purposive sampling was also used to select girls that participated in three focused group discussions making up to 8 girls each that met the criteria of being above 17 years and was sexually active.

3.7 Data collection methods

Questionnaire and focused group discussion were used in this study.

3.8 Data collection procedures

Data was collected using well-structured questionnaire both close and open ended in English only. Focused group discussion was used by following guided questions.

3.9 Quality control

The researcher ascertained quality control of the questionnaire through pre-testing by conducting a

pilot study. A pilot study was done in the institute among selected female's students doing clinical medicine. A sample of 8 girls was chosen to test the questionnaire and thereafter modified and completed. Still the quality of the research was assured by having enough time of conducting the study that is a period of 7 months. Besides above measure, the study only included students who met the inclusion above.

3.10 Data presentation and analysis

Data was coded to translate the responses of the questions into various categories. The coding reduced data into manageable summaries. The qualitative data from the focus group discussions was analyzed according to themes and patterns of responses that develop across the various respondents on each question. Quantitative data was coded and broken down using the SPSS statistical software version 21, Frequency distributions; percentages, tables and pie charts were used to present data in form of descriptive statistics.

3.11 Ethical consideration

The researcher obtained a letter from International paramedical institute Maya before undertaking the actual data collection. A written informed consent was sought from all the respondents and they freely accepted take part or not to take part in the study without any penalty.

The respondents were given freedom to participate and contribute voluntarily in the study. A comprehensive description of the purpose of study was given to those involved.

Respondents were guaranteed of confidentiality in handling of any information that was provided.

All the information obtained from the respondents was used for the sole purpose of this study. No gifts or money was given or promised to respondents for having taken part in the study.

3.12 Study limitations

Unreliable information and not willing to open up on issues dealing with private life and professional ethics. However, this was overcome by continuous

reassurance about the confidentiality of information, proper phrasing of questions and informing the respondents in advance about the rationales and projected benefits of the study.

Limited time to carryout research. However, this was overcome by closely following the guide on the work plan.

Limited funds to facilitate the research which was overcome by making a budget and borrowing from friends before commencing data collection.

3.13 Dissemination of results

Information from this study was analyzed and compiled into a research report and submitted to

4.2 Demographic data

Table 1: Shows demographic data of respondents

Variables	Frequency	Percentage (%)
Age		
15-19	33	33
20-24	43	43
25-29	17	17
30 and above	7	7
Religion		
Catholic	21	21
Muslim	11	11
Protestant	13	13
SDA	8	8
Others	47	47
Course		
DCM	19	19
Medical records	11	11
Medical laboratory	16	16
Pharmacy	14	14
Nursing	32	32
Midwifery	08	08
Year of study		
First year	46	46
Second Year	34	34
Third Year	20	20
Marital Status		
Single	87	13
Married	87	13

The majority of the respondents 43 (43%) were between 20-24 years and the minority of the

administration International Paramedical Institute (IPI), UAHEB, and there searcher remained with a copy.

IV. CHAPTER FOUR: RESULTS

4.1 Introduction

In this section data of the 100 respondents that were interviewed will be statistically presented inform of tables and figures supported by narrative.

respondents were 30 years and above, majority of the respondent 47 (47%) did not fall under the

listed religion while minority of the respondents 8 (8%) were SDA, most of the respondents 32 (32%) were doing Nursing and the least number 8 (8%) were doing Midwifery, majority of the respondents 46 (46%) were in first year and minority of them 20(20%) were in third year, 87 (87%) were single and 13(13%) were married.

4.3 Knowledge of female condoms

4.3.1 Respondents response on ever hearing about FC

71 (71%) of these respondents reported to ever heard about female condom and 29(29%) had never heard about female condom as shown in figure 1 above.

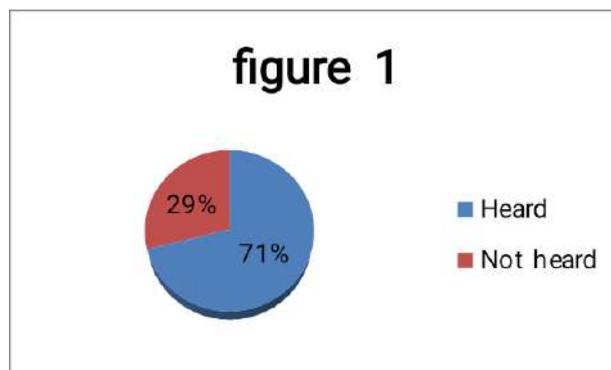


Figure 1: Show respondents who had heard about FC

4.3.2 Respondents' source of information about FC

Out of the 71 respondents who had ever heard about FC, 23 (32.4%) heard from internet, 12

(16.9%) from hospital, 15 (21.1%) from friends, 10 (14.1%) from television, 4 (5.6%) from partners and 7 (9.9%) from other sources.

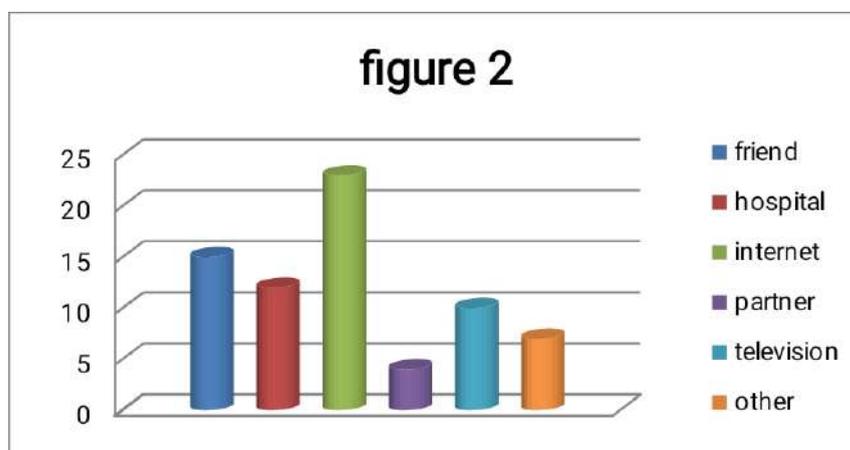


Figure 2: Shows respondents sources of information about FC

4.3.3 Respondents who saw female condom

In the above figure 3, 57(57%) had ever seen FC of which 39(%) saw it physically and 18(18%) saw the picture while 52(52%) had never seen female condom.

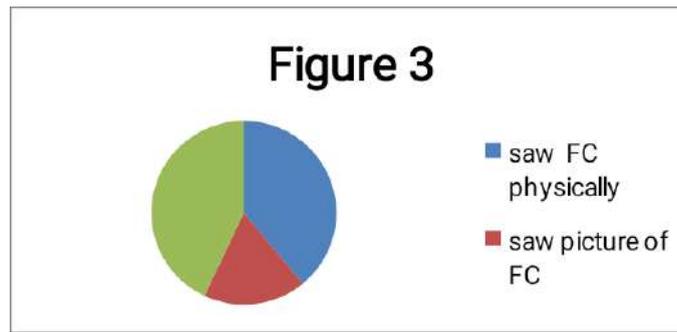


Figure 3: Shows respondents results about seeing female condom

4.3.4 Knowledge on how to use female condom

As noted in the above table2, the study found out that most of the students (81%) does not know how to use female condom mean while few of the students knows how to use female condom.

Respondents response on whether female condoms protect against HIV.

Table 2: Knowledge on how to use female condom

	Number of respondents	Percentage of respondents
Knows how to use FC	19	19%
Does not know how to use FC	81	81%

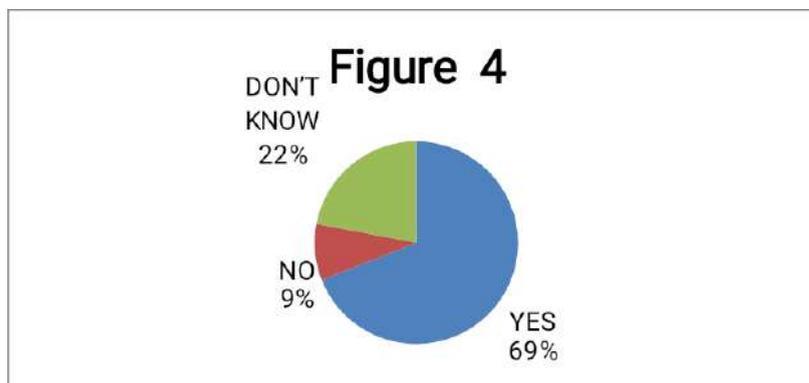


Figure 4: Shows response of respondents on whether female condoms protect against HIV

In the study carried out, 69 (69%) agreed that female condom can protects against HIV, 22 (22%) didn't know whether it can protect and 9 (9%) reported that FC don't protect against HIV.

4.4 Attitude of respondents towards F C

The results of respondents' attitude towards females' condom are displayed in table 4.3 below showing various degree of agreement and disagreement with the statement that measure attitude.

4.3.5 Knowledge on whether female condom prevents unwanted pregnancy

On addition to protection against HIV, assessment on its protection of unwanted pregnancy show that 76 (76%) agreed that it do prevent unwanted pregnancy while 24(24%) disagreed that it prevent unwanted pregnancy.

Table 3: Results of respondents' attitude towards females' condom

Questions	Strongly agree		Agree		Disagree		Strongly disagree	
	NO.	%	NO.	%	NO.	%	NO.	%
Using female condom mean I don't trust my partner	15	15%	18	18%	40	40%	27	27%
Do you think female condom make sex uncomfortable?	41	41%	18	18%	27	27%	13	13%
Do you think female condom don't prevent HIV/AIDS so there is no point in using them	14	14%	11	11%	13	13%	62	62%
Do you think sex with female condom feels good as without condom	17	17%	10	10%	28	28%	45	45%
Do you think because of female condom people are not faithful to their partner?	15	15%	21	21%	25	25%	39	39%
I would refuse to have sex if my partner refused to use female condom	39	39%	21	21%	18	18%	22	22%
Do you think if someone find me with a female condom think I have loose morals	29	29%	26	26%	25	25%	20	20%
Do you think female condom reduce pleasure during sex	41	41%	16	16%	18	18%	25	25%
Would you accept to use female condom with your sexual partner	12	12%	8	8%	32	32%	11	11%

4.4.1 Respondents attitude about FC reducing sexual pleasure

Out of 100 respondents, 57(57%) agreed that using female condom can reduce sexual pleasure meanwhile 43(43%) disagreed that using female condom reduces sexual pleasure as shown in figure 4.

4.4.2 Respondents attitude toward FC in making sex uncomfortable

In the below figure 5, it shows that 67% of respondents agreed that female condom reduce sexual pleasure mean while 33% of respondents disagree with the statement.

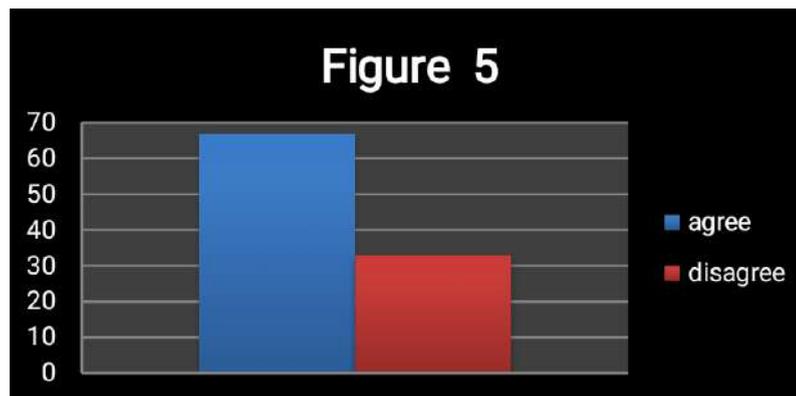


Figure 5: Shows respondents attitude about FC reducing sexual pleasure

Table 4: Shows respondents attitude toward FC in making sex uncomfortable

Belief	frequency	Percentage (%)
Agree	8	4
Disagree	26	26

Results on table 4 show that majority of the respondents 84(84%) agreed that using female condom during sex may make sexual intercourse uncomfortable meanwhile 26(26%) disagreed with the statement.

4.5 Practice

4.5.1 Respondents who have ever used female condom

The results in table 4 above shows that the biggest number of the respondents 28(34%) reported that

the reason for always using condom is to prevent HIV, then 17(21.0%) of the respondents say it's to prevent pregnancy and the least number of respondents 4(4.9%) reported that its lack of trust that make people always use condoms.

Table 5: Respondents response on using female condom

Parameters	Number of respondents	Percentage of respondents
Use female condom	11	11%
Never use female condom	89	89%

V. CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter shows discussion of the findings of knowledge, attitude and practice towards female condom use among female students of International Paramedical Institute. It also presents conclusions established on the research results as well as recommendations and provides area of additional research.

5.2 Discussion

5.2.1 Knowledge of female condom

Female condom (FC) is a polyurethane sheath with a flexible ring at both ends, which fits into the vagina before sexual intercourse, providing the woman with self-sufficiency for protection, both against unwanted pregnancies and sexually transmitted infections (STIs), including HIV-AIDS (Michel Ekono1, 2019).

According to this study, majority (71%) of the respondents had ever heard about female condom. Pertaining knowledge on how to use a female condom, the study found out that most of the students (81%) did not know how to use female condom mean while a few of the students (19%) know how to use female condom.

A study which was conducted in University of Dar-Es-Salaam and published in 2015 revealed that 96.6% of the respondents reported to have heard of female condom (Kayombo et al, 2016).

Again the findings of this study show that 57(57%) had ever seen FC of which 39(%) saw it physically and 18(18%) saw it in pictures, this is almost in correlation with a study done in 2015 that reported that 59% of the respondents know how a female condom looked like.(Mathew et al, 2015).

On the source of information about FC, the internet and friends were selected by many respondents (32.4% and 21.1% respectively) out of many sources outlined. This finding concurred with a study published in 2019 that shows media 54 (29.3%) being the main source of information about FC (Michel Ekono et al, 2019).

The finding of this study also showed that majority of the respondents (69%) knows that FC protect against HIV which is consistent with a study done in 2019 that reported 77.2% were aware of FC protective role against Sexually Transmitted Infections (STIs) (Michel Ekono et al, 2019).

On addition to its HIV protection, assessment on its protection of unwanted pregnancy show that 76(76%) agreed that it do prevent unwanted pregnancy while 24(24%) disagreed that it

prevent unwanted pregnancy. This is correlating with a study published in 2019 in university of Douala whereby the biggest number of respondents (53%) agreed that FC protect against unwanted pregnancy (Michel Ekono et al, 2019).

5.2.2 Attitude toward the use of female condom

This study sort to stumble on the attitude of respondent towards female's condom. From the study 59(59%) of the respondents agreed that female condom make sex uncomfortable and 73(73%) of the respondents disagreed with the statement that "sex with female condom feels good as without condom". This shows that the respondents had negative attitude towards female condoms.

A certain study was done in Dar Salaam by Regina Mtayangulwa and Edward J. reveals that majority of the had negative attitude with only 46% having positive attitude towards females condoms (Kayombo et al, 2016). The negative attitude towards female condoms could be due to the fact that the knowledge of female condom is not to the maximum as there is still some doubt about it.

Still in this study conducted, it was agreed by 33(33%) respondents that using female condom mean I don't trust my partner meanwhile 67(67%) of the respondents disagreed with the statement.

on addition to the above results of this study, majority 57(57%) of the respondents agreed that female condom reduce sexual pleasure and 43% of the respondents disagreed with the statement.

This finding is consistence with a study published in 2015 conducted in Kumba, Cameroon which revealed that 64.1% of their respondents believe that female condom decreases sexual satisfaction (Bain et al, 2015).

In the acceptability of female condom to be used with sexual partner, only 20% of the respondents agreed that they can use, 43% of the respondents disagreed to use female condom their partner and 37% did not answer the question. This finding is contradicting with a certain study done in Bulawayo, Zimbabwe which shows that majority of the respondents (38%) noted that they will agree to use female condom with their partner

while only 22% disagreed with the statement of accepting to use FC (Mathew et al, 2015).

Similarly, a study conducted in University of Douala published in 2019 shows that 48% of the respondent accepted the ideas of using female condom (Michel Ekono et al, 2019).

From a focused group discussion, majority express negative attitude towards female condom use as many said that pleasure in sex is felt when a partner does it skin to skin contact and releasing directly to the woman's body and the also said that sex with condom on makes the partner to only stay on for few minutes and does not reach the climax.

5.2.3 Practices of female condom

Pertaining female condom use, the study revealed that only 11 (11%) of the respondents had used them meanwhile 89(89%) of the respondents had not used FC. This is due to the fact that student had moderate knowledge about female condom. The findings in this aspect is in correlation with a study done in University of Douala that shows that the female condom use rate was 8.4% with satisfaction rate of 7.4% (Michel Ekono et al, 2019). Similarly another study from university of Dar Es Salaam revealed that 4.31% admitted to have use the condom once (Kayombo et al, 2016).

The study revealed that majority (34%) of the respondents reported that the reason why condom is always used is to prevent against HIV followed by 21% of the respondents reporting its use in preventing pregnancy. This finding is in correlation with a study from university of Dar Es Salaam revealed 26.7% preferring female condom as a mean of HIV and STIs prevention (Kayombo et al, 2016).

The small utilization of female condom is due to the fact that female condom is not easily accessible in the school premises as many students have seen it and also there is strict rule to student of on moving out of school since students are not allowed to move out without permission. This can limits a student to engage in sexual intercourse and getting female condom.

The study has shown that having knowledge on female condom does not always results in to its use as most of the student's reports having good knowledge on female condom yet its utilization is very minimal. This finding is consistent with a study done in Cameroon that reported that there was no statistically significant association between respondent's knowledge on female condom and their use of female condom, at the level of 0.05.

VI. CONCLUSION

The finding reveals that most of the female student at International Paramedical Institute has a good and correct knowledge about female condom this means that students at this school are being involved in activities that provides information on reproductive health. Conversely, there are some misunderstanding and false believe about female condom reported during focused group discussion that needs to be clarified.

Attitude towards female condom use is negative as most of the respondents agreed that female condom makes sexual intercourse uncomfortable and reduces sexual pleasure in spite of their agreement about female condom protecting against sexually transmitted infections (e.g. HIV) and unwanted pregnancy.

The finding also showed that most of the respondents think that if someone is found with a female condom, they think you have loose morals.

Pertaining female condom use, its level of use is remains low as majority of the respondent reported not having used female condom at all.

The study also concludes that having knowledge about FC does not always result in the its use.

Strategies targeting behaviors and attitude change should be promoted to find ways of encouraging female condom use especially among people at risk of getting STDS (e.g. HIV) and unwanted pregnancy.

VII. RECOMMENDATION

To ensure that the misconceptions that discourage use of female condoms are alleviated, interventions that promote the use of female condoms should be targeted and other dynamics related to non-use.

HIV prevention programs for the youth should aim at directing the young adolescent girls before their first sexual encounter to increase their risk perception and empower them to use protection during their first sexual intercourse with a partner of unknown HIV status.

There should be formation of programs that impart and encourage the parents to familiarize with and discuss with their adolescents about appropriate information concerning reproductive health and sexual matters since the study revealed that information about female condom is from internet not parents.

To realize the consistent use and uptake of condom use, there is need for reinforcement of positive behavior among the adolescent girls and young women. Introduction of sex education amongst out of school girls should be emphasized.

There is need address attitudes and practices towards women by educating men about responsible sexual behaviors through community based involvements if consequences related to risky sexual behaviors are to be dealt with.

There is need for sensitization and awareness to be done in regards to female condoms as from the findings of this research most girls reported having not used the female male condom as well as reporting limited knowledge about it.

Abbreviation

FC	Female Condom
STI	Sexually Transmitted Infection
AIDS	Acquire Immunodeficiency Syndrome
WHO	World Health Organization
IPI	International Paramedical Institute
UAHEB	Uganda Allied Health Examination Board
HIV	Human Immunodeficiency Virus
DCM	Diploma in Clinical Medicine and Community Health

SDA Seven Day Adventist

Definition of operational terms

Attitude: This is the way you feel about something or a settled way of feeling about something.

Female condom: This is a polyurethane sheath with a flexible ring at both ends, which fits into the vagina before sexual intercourse, providing the woman with autonomy for protection, both against unwanted pregnancies and sexually transmitted infections.

Knowledge: This is the fact of knowing about something or having general understanding or familiarity with someone or something.

Practice: The act of applying or using ideas, believe or method.

STIs: These are infections that are commonly spread by sex, especially vaginal intercourse, anal sex and oral sex.

Pregnancy: This is the time through which one or more offspring develop inside a woman.

Acquired Immunodeficiency Syndrome (AIDS): Is a condition of reduced immunity as a result of infection with the Human Immunodeficiency virus.

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Appendices

Appendix 1: Consent form

I am WATMON ERICK, a student at International Paramedical Institute pursuing a three year course of diploma in clinical medicine and community health. I am carrying out a research study on knowledge attitude and practices of female condom and you have been chosen as a potential respondent for this study. Therefore, I kindly request you to participate in the study by answering the questions provided below as this study will help us improve on our ability to protect ourselves from HIV and other STIs

Purpose of the study

The purpose of this study is to gather feedback from you about knowledge, attitudes and the use of female condoms. Your feedback will assist in identifying gaps where they exist which would be useful for any researcher who are aiming to develop or strengthen programs that are aimed at increasing awareness towards female condoms.

Confidentiality

All personal information gathered about you during this study will be kept strictly confidential and only research staff will know that you are in the study. Information learned from this study will be used in reports, presentations, and publications but you will not be personally identified.

Voluntary participation

Your participation in this research is voluntary, and you will not be penalized if you refuse to participate or decide to stop. You may withdraw from this study at any time.

Contact

If you have any concerns, questions or problems you feel may be associated with this research, contact WATMON ERICK at 0783214999, watmonerick7@gmail.com or contact administration of International Paramedical Institute if you have questions about your rights as a research participant.

If you agree to participate, you will be given a signed copy of this document and the participant information sheet which is a written summary of the research. The research study, including the above information, has been described to me orally. I understand what my involvement in the study means and I voluntarily agree to participate.

Name..... Sign.....

Appendix 2 Questionnaire

Section 1: Biographic information

1. How old are you?.....
2. What is your religion? Tick appropriate answer
(a) Catholic (b) Muslim (c) Protestant (d) SDA (e) Others
3. Which course are you doing?
(a) Clinical Medicine (b) Medical laboratory (c) Pharmacy Nursing
(d) Midwifery..... (e) Medical records.....
4. Which year of study are you?
(a) Second year (b) Third year
5. Marital status
(a) Single (b) Married

Section 2: Knowledge of Female Condom

1. Which type of condom do you know?

Section 2: Knowledge of Female Condom

1. Which type of condom do you know?
(a) Female condom (b) Male condom (c) Both (d) None
2. Have you heard of a female condom?
(a) Yes (b) No
3. If yes (to Question 01), from where?
(s) 1 = Friend (b) 2 = Hospital (c) 3 = Internet (d) 4 = Partner
(e) 5=Television (f) 6=Others
4. Have you seen a female condom?
(s) 1 = Yes, seen the condom (b) 2 = Yes, seen a picture of it (c) 3 = No
5. Can female's condom protect against HIV?
(a) Yes. (b) No. (c) Don't know
6. Can female's condom protect against HIV?
7. Can female's condom prevent unwanted pregnancy?
(a) Yes. (b) No. (c) Don't know
8. Can you describe the physical appearance of female's condom?
(a) Yes. (b) No. (c) Don't know
9. Does condom have expiry date?
(a) Yes. (b) No. (c) Don't know

Section 3: Attitude

Questions	Strongly agree	Agree	Disagree	Strongly disagree
Using condom mean I don't trust my partner				
Do you think condom make sex uncomfortable?				
Do you think condom don't prevent HIV/AIDS so there is no point in using them				
Do you think sex with condom feels good as without condom				
Do you think because of condom people are not faithful to their partner?				
I would refuse to have sex if my partner refused to use condom				
Do you think if someone find me with a condom think I have loose morals				
Do you think condom reduce pleasure during sex				

Section4: Practice

1. Have you ever had sex?
(a) Yes (b) No
2. How old where you when you had your first sex ?
3. Have you ever used condom?
(a) Yes (b) No
4. If yes, which type of condom have you ever used?
(a) Male (b) Female (c) Both
5. Which is the common type that you have used before?
(a) Female (b) Male
6. Did you use condom when you had sex for the first time?
(a) Yes (b) No (c) Dont know

7. Do you have your current sexual partner?
(a) Yes (b) No
8. How often have you use condom with your sexual partner?
(a) Sometimes (b) Always (c) never
9. If yes what are the reason for always using condom?
(a) for family planning (b) to prevent pregnancy (c) I don't trust my partner
(d) Partner insisted (e) To prevent HIV (f) Other
10. If no, what was the reason for not using a condom?
(a) Reduce pleasure during sex (b) I don't like it (c) To get pregnant
(d) Caught in the heat of the moment (e) Partner doesn't like using condom (f) Other
11. Who decide when to use condom
(a) Self (b) Partner

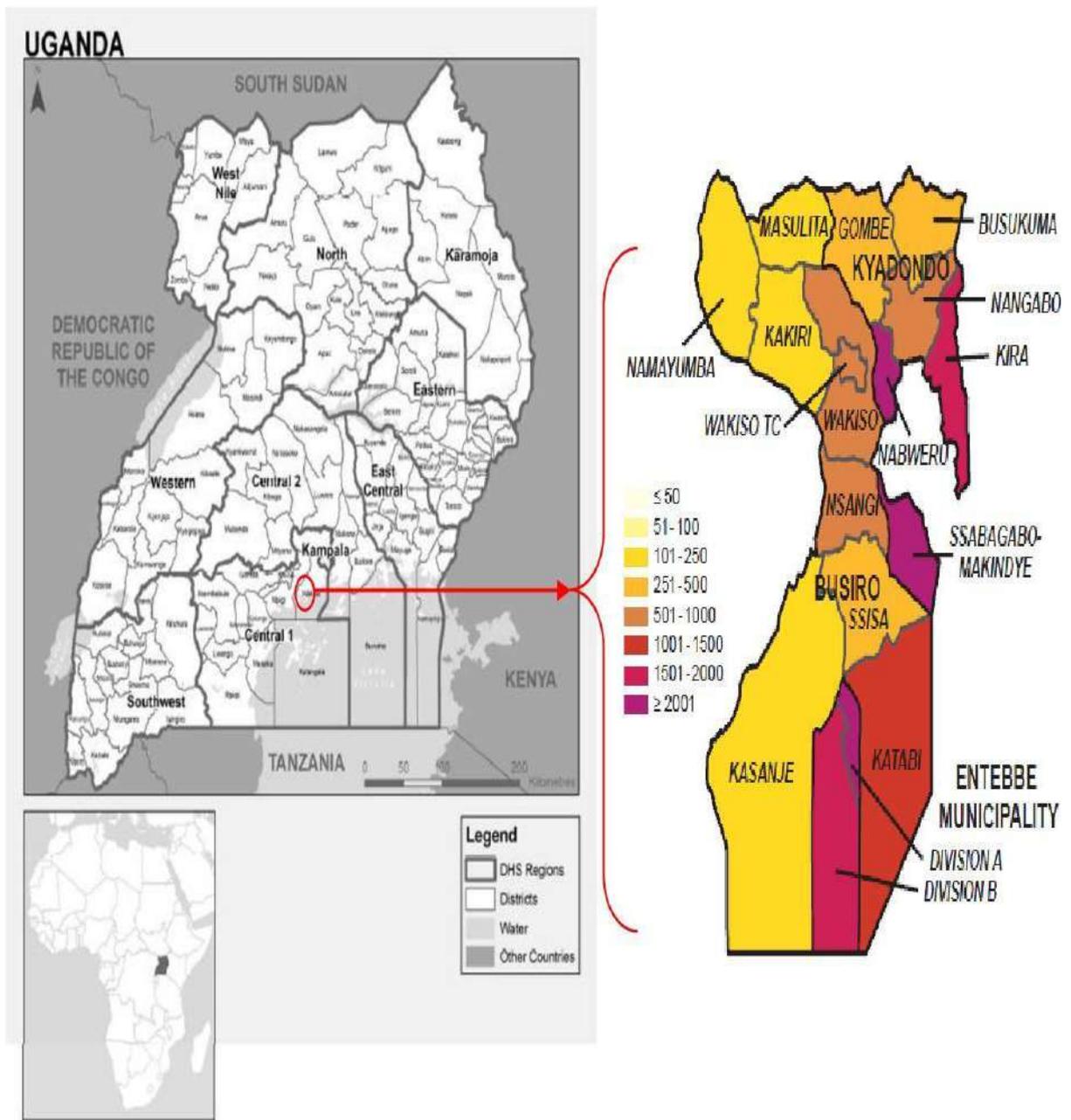
Section 5: Focused group discussion

My name is Watmon Erick, a student of International Paramedical Institute, department of Clinical Medicine and Community Health. I am conducting this research for award of Diploma in Clinical Medicine and Community Health.

This focus group discussion guide is prepared to collect information on knowledge, attitude and practice among the adolescent girls and young women in International Paramedical Institute for research purposes. Your honest and genuine answer to the questions will have a great value to the research outcome. I would greatly appreciate your help in responding to these questions.

1. Condoms are used for prevention of pregnancy, HIVAIDS and other STIS, has any of you seen and heard about them?
2. For those who have seen the device do you know how it is used?
3. Where can you easily find condoms?
4. Do you know how to use female condom?
5. Who should use condoms?
6. How many of you have used condoms before? What was your experience?
7. Which type of condoms have you used before?
8. Do your partners easily accept to use of condoms or you have to negotiate their use?
9. Do you think condoms reduce sexual pleasure? Why?
10. For those who have not used them what are your reasons for not using them?

Appendix III: Map of Uganda showing Wakiso District



APPENDIX IV: Acceptance letter

