THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST BASIC NURSING

A STUDY TO DETERMINE KNOWLEDGE AND PRACTICE OF CONDOMS USE FOR THE PREVENTION OF STDs/HIV/AIDS AS WELL AS A METHOD OF FAMILY PLANNING IN SIAVONGA DISTRICT

By:

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A RESEARCH STUDY SUBMITTED TO DEPARTMENT OF POST BASIC NURSING SCHOOL OF MEDICINE, UNIVERSITY OF ZAMBIA IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF BACHELOR OF SCIENCE (BSc (N))

DECEMBER – 2000

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ACKNOWLEDGEMENTS

TO

MINISTRY OF HEALTH/CENTRAL BOARD OF HEALTH

I wish to thank you sincerely for the scholarship I got which enabled me to pursue the Bachelor of Science Degree in Nursing at the University of Zambia, School of Medicine.

TO

SIAVONGA DISTRICT MANAGEMENT TEAM

Whose support and co-operation made it possible for me to collect data and valuable information within a very conducive environment.

TO

THE RESPONDENTS

For their willingness to participate, without whose cooperation this study would not have been a success.

TO

MY FACILITATORS

Sincere gratitude go to my course co-ordinator Mrs C. Ngoma and Facilitators Mr B.L. Bwalya and Mrs J. Ndulo for their constructive criticisms and indeed for making it possible for this study to come to completion.

TO

MY UNCLE, MR. MILIMO AND COUSIN MR. C. CHIPUNZA

For the support and care given to my children during the period I was away from home during the period of study.

TO

MS. CHANGU MUKANDEKE ANDMRS R. CHISANGA

For professionally typing this manuscript.

TO

MY COLLEAGUES

All the ever present friends, too numerous to mention, who supported, encouraged and contributed spiritually, emotionally and financially.

MAY ALMIGHTY GOD BLESS YOU ALL.

THANK YOU.

ABSTRACT

The main aim of the study was to determine knowledge and practice towards condom use for prevention of STIs/HIV/AIDS and as a method of Family planning among couples in rural setting of Siavonga District.

Literature review on knowledge and practice towards condom use was obtained from relevant studies and literature, globally, regionally and nationally.

A non-interventional descriptive study was developed and was both qualitative and quantitative. The study was conducted from 24th July to 20th August 2000. Using a systematic random sampling method. A total of 50 respondents (25 couples) were interviewed in Siavonga District in Southern Province of Zambia. Data was collected using a structured interview schedule and analysed manually. Findings were presented in frequency tables, Bar graphs and cross tabulations.

The study revealed that married men and women had high levels of knowledge (72 %) about condom use. Those who practiced condom use were 54 %. All the respondents who practiced condom use only used them occasionally (54 %). The respondents' main source of information about condom use was from Health Workers only (30 %) followed by those who got information from both health workers and friends (18%). The least was from media and friends only (10%) and (8%) respectively. Some factors mentioned by respondents as contributing to non-use of condoms were:-

a) Issues of mistrust, that condom use in marriage was a sign of an admission of extra marital sex.

b) Religious beliefs.

c) A culture where men have more power than women to choose whether to use or not to use condoms.

d) The desire to fulfil the biological role of procreation. Also,

e) Incomplete information given to consumers by friends.

Although there is high level of knowledge about condom use, the levels of practice is still very low. The reasons for low levels of condom use are as mentioned above.

The major recommendations were: -

1. Special attention and separate lessons should be given to couples about condom use. This will help couples discuss the issue freely at the same time improving and promoting effective communications between themselves.

2. The District Health Management Team should ensure that outreach activities are undertaken. This will ensure that every individual in the population including those in remote areas of the district are reached and information disseminated to all in the district.

3. The family planning providers should encourage and promote double protection by use of condoms.

4. Counselling activities should be put into place for couples and the population at large so that proper information is given to individuals or as couples to enhance use of condoms.

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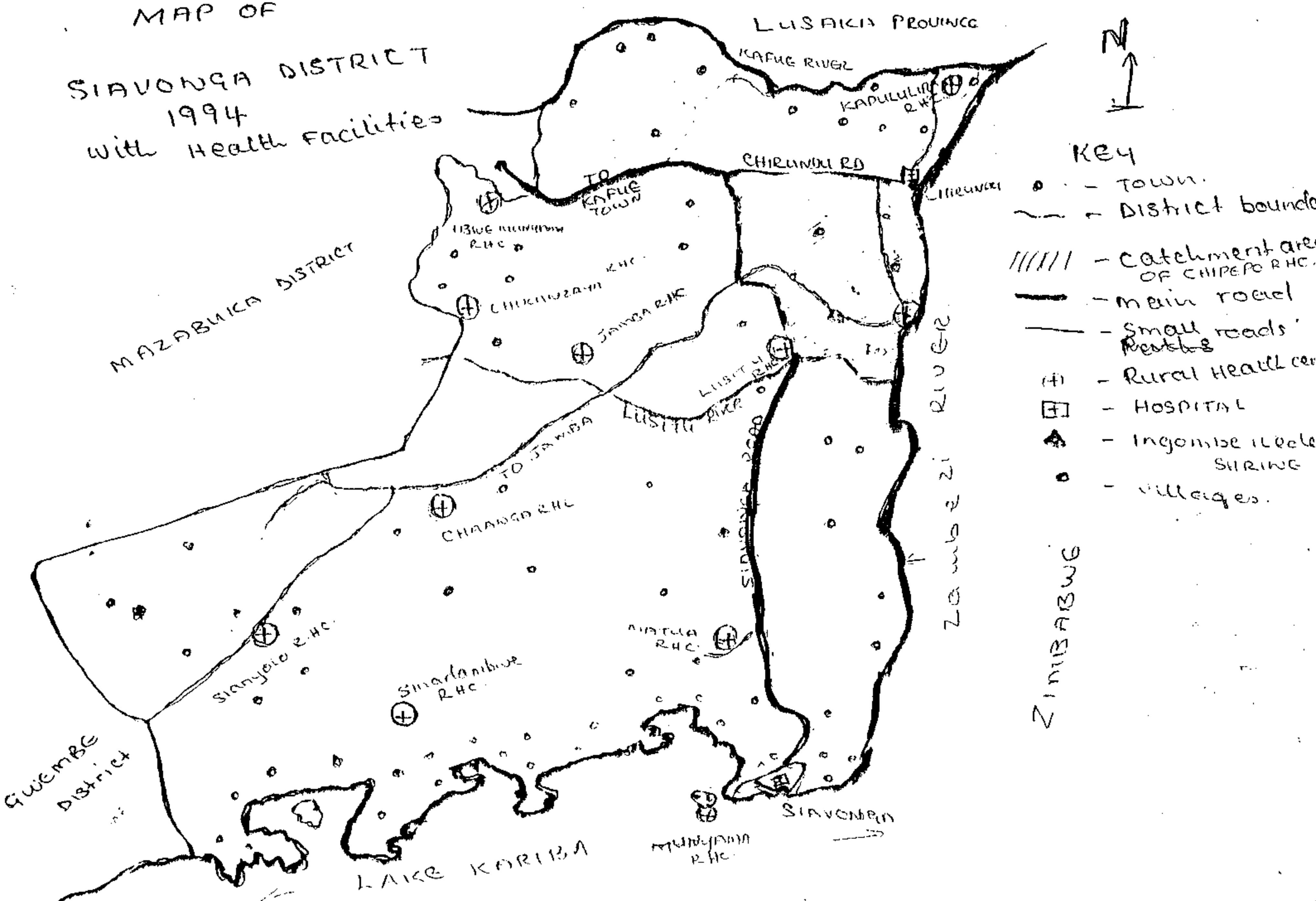
MAP OF SIAVONGA DISTRICT 1994 with Health Facilities



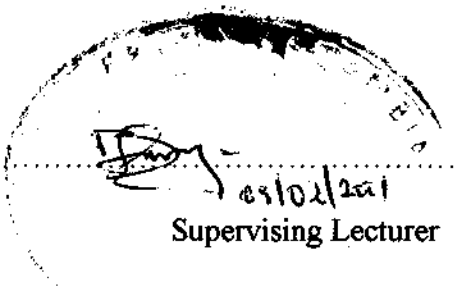
DECLARATION

I, Lucensia M. Himwiila, hereby declare that the work presented in this study for the Bachelor of Science Degree in Nursing has not been presented either partially or wholly for any other degree and is not being currently submitted for any other degree.

Signed..... Himwiila .....

Student

Date..... 9/02/01 .....



Signed.....

09/02/2001

Supervising Lecturer

Date.....

STATEMENT

I, hereby certify that this study project is entirely the result of my own labour and independent investigation. I have clearly indicated the various sources to which I am indebted throughout the text and the bibliography.

Signed.....

Candidate

Date: 09/02/01

DEDICATION

In great remembrance

Of

My father

Who passed away during the

Course of my training

On 31-05-2000

And

My MOTHER

Whose patience, love, and care

Has made me what I am today.

Not forgetting my beloved and precious

Children Marvin, Malambo

And my little girl Mutinta,

Who have been the sources of my inspiration.

ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
CSO	-	Central Statistical Office
CBoH	-	Central Board of Health
FP	-	Family Planning
HIV	-	Human Immune Virus
HIMS	-	Health Information Management Services
IEC	-	Information, Education and Communication
MCH	-	Maternal and Child Health
MoH	-	Ministry of Health
NAPCP	-	National AIDS Prevention Control Programme
NASTLP	-	National AIDS/STD/TB and Leprosy Programme
UNFPA	-	United National Fund for Population activities
WHO	-	World Health Organisation

CHAPTER ONE

1.1 INTRODUCTION

Sexually transmitted infections (STIs) have been a major public health problem all over the world throughout human existence (Roner R and Bohn A, 1991). Though the treatment of STI was previously not accorded a high priority in the health programmes of many African countries, the situation has radically changed with the advent of Human Immune Virus (HIV) and Acquired Immune Deficient Syndrome (AIDS) {CSO, 1997}. In recent years the strategy of preventing and controlling STI has been accepted as a major component of the global response against HIV/AIDS.

Zambia is one of the African countries in the sub-Saharan region that has been badly hit by the high incidence of STI/HIV. Statistics from Ministry of Health (MoH) and Central Board of Health (CBoH) have shown that about 923000 adults aged between 15-49 years and nearly 87,000 children in the population are currently infected with HIV {MoH, 1999}. Heterosexual and mother to child transmission account for most of the HIV infections in Zambia {MoH and CboH, 1997}. Statistics also show that STIs are the third most common cause of hospital attendance among the adult population {MoH, 1996C}. Among women attending antenatal clinics 25 percent test sero positive to syphilis {CSO, 1997}.

In western countries condoms have been used for prevention of veneral diseases and Family planning and was ranking bottom among the contraceptives used by married couples {Population report, 1999}. With the increase of HIV/AIDS infections, condom use has increased especially among the sexually active married and unmarried men and

women. In Zambia, in the past condom use has been used mainly for Family planning {CSO, 1996}, but with the advent of the increase in STI/HIV/AIDS infection, the use of condoms has been encouraged. According to CSO (1997), the use of condoms increased from 2 percent in 1992 to 4 percent in 1996, This showed an increase in the acceptance and use of condoms.

In 1988, the Zambian government realising that AIDS was becoming a big problem set up a National AIDS Prevention and Control Programme (NAPCP) with the task of formulating policies and coordinating all AIDS related activities. NAPCP created 8 units to address HIV/AIDS prevention and control. These were; Programme management, IEC, counseling, STDs, /clinical care, Epidemiology and Research, laboratory support, Home based care and NGO coordination. This was aimed at increasing condom use and change of behavior towards safe sexual habits.

In 1993 the programme was restructured and reorganized to National AIDS/STD/TB and Leprosy Programme {NASTLP}. This was to promote and strengthen the multi-sectoral and political approach in order to strengthen condom promotion and distribution and control of HIV/AIDS infection. The programme ran up to 1998. On 11th July 2000, the National HIV/AIDS/STD/TB council and Secretariate was established. This was to improve on NASTLP. To advocate for effective multisectoral approaches towards the prevention of HIV transmission, care and social support as well as impact mitigation for those infected and affected by HIV/AIDS in the country. Therefore, this study sought to determine the knowledge, attitude and practices in the use of condom in prevention of

STDs/HIV/AIDS among married couples in Siavonga district. At the same time, the study was done in partial fulfillment for the Bachelor of Science in Nursing degree.

1.2 BACKGROUND

Zambia is a land locked country covering an area of 753722.0 square kilometers and occupies 2.5 percent of area space of Africa. It shares boundaries with eight countries; Zimbabwe and Botswana in the south, Namibia in the northwest, Angola in the west, Malawi and Mozambique in the east and Democratic Republic of Congo (DRC) with Tanzania in the north. Administratively the country is divided into nine provinces and sixty-seven districts. It has a population of 7.8 million people {CSO, 1997}. About sixty percent of the total populations of Zambia live in rural areas. Zambia has a mixed type of economy.

Siavonga district is a rural district situated in the southern province of Zambia .It covers an area of 3576.22 square kilometers. It is in the valley and has therefore a hot climate and very little rainfall. The land is hilly and rocky. Siavonga district has a population of 62,291 people and because of the type of climate, about 80 percent of the population live along the main rivers, namely Zambezi, Kafue, and Lusitu and also along the Kariba lakeshore. The road network is fairly good but the feeder roads within the district are impassible during rain season. There are three basic schools, one secondary school and a number of primary school. The population is generally of low education.

The main social economic activities are fishing, trading, and subsistence farming. Agricultural activities are very limited because of the poor geographical climate. The district is a tourist district, with busy boarders, these are Chirundu and Siavonga., bringing about an influx of people to and from all over Zambia. There are two commercial banks in the district. The district has two hospitals ,one government hospital and a mission hospital , and 12 health centres, out of which 2 have laboratory facilities .

According to health records, the major health problems in the district are; Malaria, Diarrhea, Pneumonia, Eye diseases, and STD/HIV/AIDS. Inadequate food reserves has given rise to promiscuity leading to increase in STDs/HIV/AIDS in the area as seen from MoH report of HIV/AIDS prevalence rate, which increased from 14.1 percent in 1997 to 16.3 in 1999 {MoH and CBoH, 1999}.

With an increase in STD/HIV/AIDS in the district, there is a need to determine knowledge, attitude and practice in the use of condom for prevention of STD/HIV/AIDS infection transmission and spread among the married men and women in Siavonga district. Condoms are effective in the prevention of transmission of sexually transmitted infections including HIV/AIDS. Therefore, if properly used condoms can provide effective protection against STD/HIV/AIDS. Several studies have confirmed that the use of male condoms effectively prevent the transmission and spread of HIV .

The rate at which condoms are used in Lusaka urban and indeed in many parts of Zambia, including Siavonga district are not well documented. Visits to some NGOs in Lusaka urban

and Siavonga, who distribute condoms, revealed that there were no proper records kept on condom distribution, as such it was very difficult to determine the rate at which the condoms were being used for prevention of STDs/HIV/AIDS in the communities. The government through the NASTLP wanted to increase condom accessibility and acceptability by increasing distribution outlets using traditional outlets such as health center, pharmacies, drug stores and non-traditional outlets such as bars and stores {MoH and CboH, 1999}. However, it was impossible to properly document the actual use. The researcher chose Siavonga district to determine knowledge and practice in use of condoms among married couples because the area is one of the areas with high prevalence of HIV/AIDS and is familiar to it.

1.3 PROBLEM STATEMENT

The increase in the prevalence of HIV/AIDS in general population and especially among sexually active is of great concern for every nation and the world at large. What makes HIV/AIDS pandemic so serious is that it affects the most productive age group 15-49 years, and the pervasive impact it has virtually on all aspect of development, health, education, economic, labour force, agriculture and transport are all affected. This threatens to undo many of the gains made over years in improving heath, social and economic status of Zambia {MoH and CboH, 1999} The challenges to health care systems, communities, families and individuals brought about by HIV/AIDS are enormous. Communities are becoming increasingly more burdened by effects of HIV/AIDS {CboH, 1999}. The need to provide care and support for those who have AIDS, increased poverty resulting from loss of breadwinner and ever growing number of orphans {CboH, 1999}. HIV endemic will, if

not checked increase the death rate in almost all ages, but the impact will be most severe among adults in prime working ages and among the children under the age of 5 years (MoH, and CboH, 1997).

Condoms are one of the major strategies for combating sexually transmitted diseases including HIV/AIDS. Laboratory tests show that no sexually transmitted infection including HIV can penetrate an intact latex condom (Conant m, etal, 1986). Therefore, condom use can be a very good method in prevention of the spread of HIV/AIDS and for protection of an individual against HIV. From the outset condoms have been used as prevention of pregnancy and disease. The low levels of condom use could be attributed to the fact that people associate condom with uncleanness, elicit sex and immoral behavior (sexual Health Exchange,1999) and the conflict between religious and traditional moralists and public health specialists in African countries. The use of condoms in African countries, in cultures where fertility is fundamentally paramount and STDs /HIV are considered shameful has been essentially disapproved (Mariyness and Lyons, 1993). Indeed condoms have become symbols for a range of negative attributes in Africa, including infedelity, and prostitution in men and women (Mariyness and Lyons, 1993).

In Zambia condom use as a Family planning method is about 4 percent (CSO, 1997), where as, as a method of preventing STD/HIV/AIDS, it is not known. This is because in Zambia record of condom use as a prevention of STD/HIV is not well documented, because of the government policy. It has also been found that, in Zambia 27 percent of married couples are discordant (MoH, 1999). This means one partner is HIV negative while the other is

HIV positive. Without the adoption of the use of safe sexual practices like use of condom, this puts the negative partner at a much high risk of contracting HIV. Such couples could benefit if they had adequate knowledge on the use of condom and used condoms during their sexual relation. This would reduce the spread of HIV and thus reduce both the incidence and prevalence of the infection in the community..

In Siavonga district where this study was conducted a review of hospital and health center records indicate that STDs and HIV were a serious health problem. The local community also perceived this as a serious problem too. This was shown by the 1999 STD cases and AIDS deaths, as illustrated in the table below.

TABLE 1

PERIOD	STD/CASES	AIDS-CASES	DEATHS
Jan.-March	203	20	13
April-June	242	54	23
July-Sept.	126	14	10
Oct-Dec.	267	41	30
TOTAL	838	129	76

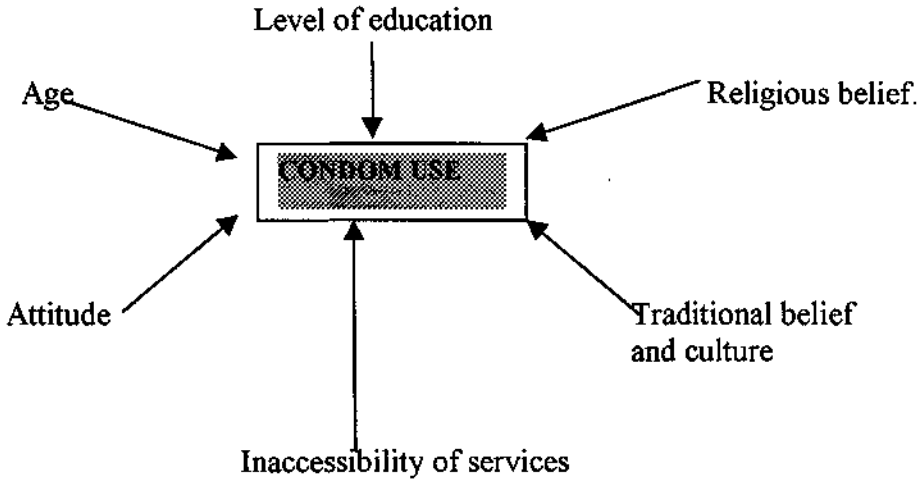
STD/HIV/AIDS related disease morbidity and mortality 1999.(Adopted from annual report. Siavonga district health office).

Inspite of government strategies put in place to reduce spread of HIV and by advocating for the increase in condom use and change of behavior towards sex through the NAPCP and NASTLP programmes since 1988, the prevalence and incidence of HIV is still increasing. According to UNICEF (2000), accumulative total of 13 million children will have lost their

mother or both parents to AIDS, and 10.5 million of the children will be under the age of 15. This could be eluded to low levels of condom use among people. This prompted the researcher to find out whether condoms have been accepted and are being used for prevention of STD, HIV especially among the married couples.

Findings of this study may help to develop strategic plans and institute programmes that would effectively disseminate information on condom use among married couples in Siavonga district. This would promote use of condoms and thus prevent the spread of STD/HIV in the community as well as space pregnancies.

1.4 PROBLEM ANALYSIS DIAGRAM OF POSSIBLE FACTORS CONTRIBUTING TO THE NON USE OF CONDOMS



1.5 JUSTIFICATION OF THE STUDY

AIDS is essentially a sexually transmitted disease either homosexually or heterosexually, but can also be spread via infected blood or blood products and from an infected mother to her child in the uterus during parturition or in breast milk. In Zambia HIV/AIDS is mainly transmitted heterosexually and by an infected mother to her child in uterus, during parturition or in breast milk. Since the main route of HIV transmission in Zambia is through heterosexual contact, condom use should be encouraged among the sexually active married and unmarried people to reduce the spread of HIV. Thereby reducing the incidence and prevalence rate.

It was therefore, imperative that this study was carried out to determine knowledge, and practice in the use of condom for prevention of STD/HIV/AIDS, with a view of developing appropriate educational programmes that would motivate, promote and increase levels of condom use amongst the sexually active people in the community.

1.6 STUDY OBJECTIVE

1.6.1 General Objective

To explore and describe knowledge and practices of married men and women in the use of condoms during sexual relations encounter for prevention of pregnancy and STI/HIV/AIDS infections in married men and women in Siavonga district.

1.6.2 Specific Objectives

To assess knowledge of condom use among married men and women.

To assess local practices of condom use.

To identify factors that contribute to use/non-use of condoms.

To identify sources of condoms in the area.

1.7 HYPOTHESIS

1. Age, religion and education would influence attitude of respondents' and influence the use of condoms.
2. Male and female knowledge on the issue of condoms would be different.

1.7 VARIABLES

DEPENDENT VARIABLE

Dependent variable is a variable that can be caused or affected by an independent variable.

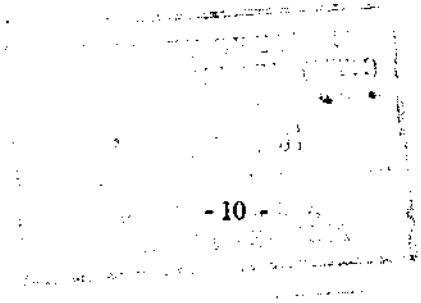
The dependent variable in this study is;

- Condom use

INDEPENDENT VARIABLE.

An independent variable is the variable that stands alone and is not dependent on any other.

The independent variables in this study are;



KNOWLEDGE

- High knowledge-Respondents who have heard of condom use and will be able to give two or more benefits of condom use.
- Average knowledge – Respondents who have heard of condoms and can give at least one benefit of condom use.
- Low knowledge –Respondents who have heard of condom use but can not know any benefit of condom use.

PRACTICES - Always uses condom during sexual intercourse.

- At times use condoms during sexual intercourse.
- Never uses condom during sexual intercourse.

1.9 DEFINITION OF TERMS

ACCESSIBILITY- How easy it is for couples to access condoms. Are they always available and affordable.

AIDS - A syndrome caused by HIV which destroys a sub group of lymphocytes resulting in suppression of body's immune response.

ATTITUDE - Peoples' feeling towards condom use. Can be positive if they accept and use them and negative if they do not accept nor use them.

CONDOM - Is a rubber sheeth that is worn on penis or vagina during Sexual intercourse to prevent fluid and micro organisms to Pass through to another person.

FAMILY PLANNING - Is a process of limiting or spacing out children born.

KNOWLEDGE - Level of awareness to condom use and benefits.

MARRIED - A state of being legally joined as husband and wife.

MARRIED COUPLE - Man and woman living and joined together in married.

PRACTICE - People actually using condoms and using them correctly.

CHAPTER TWO

2.0 LITERATURE REVIEW

INTRODUCTION

History of condom use goes back to ancient times, the period of Knosus (1200 BC) and later, Gabriel Fallopia in the sixteen century used condoms as a barrier method against venereal diseases. The name allegedly was derived from a doctor Contom the family physician of King Charles ii (Rohner R and Bohn A , 1991). The pandemic of HIV/AIDS has created immense social problem, which can not be conquered medically as there is no cure for AIDS nor a vaccine to prevent the infection. Therefore, the change in sexual behavior and the use of condoms to prevent the spread of infection from those already infected to those not yet infected are the only weapons available to prevent the spread of HIV.

GLOBAL PERSPECTIVE

Many studies have been done world wide on the use of condoms as an alternative means for prevention and control of sexually transmitted disease, including HIV/AIDS infections, as well as prevention of unplanned pregnancies. The effectiveness of male condoms in preventing pregnancy shows a 3 percent of failure rate, where as the effectiveness against HIV/AIDS shows a failure rate of 0.3 percent (Gill G and Tonny K, 1993). In spite of the availability of such convincing evidence on the effectiveness of the male condom, the rate of condom use is lower within marriage than among the unmarried sexually active. Yet many married couples need condoms for both Family planning and protection against sexually transmitted infections.

Recently, surveys concerned with HIV/AIDS suggest that condom use has been rising and is often substantial among the unmarried men and women. Surveys of contraceptive use among married couples indicate low levels of condom use and little increase in recent years (Population report, 1999). Laboratory tests have also proved the female condom to be impermeable to sperm and to infectious organisms including HIV (Feldblum P J, 1998). Female condom contraceptive effectiveness and disease prevention rates seem comparable to those of male condom. The few studies conducted to date, in Kenya and Brazil, indicate that many people like female condoms (Rocers C, etal 1999). Social marketing programmes are now providing female condoms in many countries of Africa. South Africa, Uganda, Zambia and Zimbabwe have had substantial sales of female condoms (Madrigal J, etal, 1998). HIV/AIDS is now among the 10 top causes of death worldwide and may soon move up to the top 5 (UNAIDS, 1999). In 1998 about 2.5 million people died of AIDS related causes and an estimated 5.8 million (about 16,000 people per day) become infected with HIV world wide (UNAIDS, 1999).

REGIONAL PERSPECTIVE

Southern countries of Africa have the highest HIV infection in the world. As Dr. Kaunda said " Africa has lost people through AIDS than any where in the world put together." In Botswana , Namibia , Swaziland , Zambia and Zimbabwe between 18 percent and 26 percent of all adults aged 15 – 49 years are infected (UNAIDS,1999). In Namibia particularly , AIDS has already become the single greatest cause of death . This is seen from the prevalence rate which rose from 4.7 percent in 1992 to 15.4 percent in 1997 (Africa, 1997). According to Vlok E, (1995) heterosexual contact play an important role in

HIV transmission. Some studies have revealed that oral and anal sex are also common (Panos , 1988) .

In Africa condoms have become symbols for a range of negative attributes including infidelity in both men and women and believed to be used with prostitutes. In many African cultures men have more power than women to choose condoms (Africa, 1988). Yet even when they know that unprotected sex can be dangerous men do not protect themselves or their partners because of peer pressure against condoms. People often associate condoms with uncleanness, elicit sex, infidelity and immoral behavior (AIDSCAP, 1997). While extra marital sex may be culturally accepted for men in African society, married men may not want to use condoms with their wives since condom use may be construed as an admission of sexual relationship outside marriage (Agah S , 1998). This means that, there is high risky of infecting the uninfected partner. Many studies have shown that condom use is still very low especially in developing countries and among married couples.

Analysis of Kenyan District Health system data found that, "The levels of contraceptic use of condoms was 3 times as high among couples who frequently discussed sex as among those who did not communicate. This showed the need for good inter-couple communication (Nyablade L, 1993).

A study by Gregson S, et al (1998) conducted in Zimbabwe rural of Manicaland Province in 1994, revealed that greater knowledge of AIDS was associated with secondary school education, regular news reading, radio and television exposure and travel to urban areas.

Out of 468 women 43 percent considered themselves in danger of contracting HIV primarily because their husbands or regular partners have other partners. Personal risk perception was associated with non-marriage, medical exposure and non contact with medical services. Forty four percent of the respondents had taken personal action to avoid infection with HIV. These actions included abstinence 24 percent, monogamy 24 percent and condom use 7 percent. Effective behavior change was associated with greater knowledge of AIDS. Economic status, low female autonomy, marital status and alcohol consumption were obstacles to change.

NATIONAL PERSPECTIVE

The lower levels of condom use in marriage is not surprising given the issues of trust raised by use of condoms in marital sex. Example, despite wide spread awareness in Uganda, about condom use, the prevalence of the reported use has been very low with only a small percent of people using condoms. Condom use in Uganda tends to be greater with casual partners compared to primary partners and in urban areas compared to rural areas (Kimya M , et al 1997) . This trend seems to be all over sub-Saharan countries including Zambia. Zambia with a population of 9.7 million people , the annual deaths due to HIV/AIDS have doubled from 40,000 in 1992 to 80,000 in 1997 (MoH ,1999), thirty percent of these deaths are within the age group 15 – 49 years . It was estimated that by 1993 Zambia had 70,000 AIDS orphans and that by end of year 2000 the number will have increased to 600,000 AIDS orphans (WHO, 1999). This is a big problem for Zambia as a nation. As there will be no adequate resources to cater for this increasing number of orphans, there by increasing the morbidity and the mortality rate of the country (WHO, 1998). The effective

way to prevent the increase in incidence and prevalence of HIV/AIDS is to encourage and ensure condom use especially among married men and women. The quality of condom and proper use is the key determinant of the effectiveness of a condom in prevention of the spread of HIV/AIDS. But the problem is that condoms are sporadically and incorrectly used or not used at all in married couples (Gill G. and Tonny K, 1993).

A pilot study by Zambia University of Albania research project 1997, in Lusaka, on knowledge, attitude and practice and trying to get HIV status of couples on voluntary ground. The results were 20 percent of couples were discordant. The discordant couples were followed and counseled on HIV/AIDS and use of condoms for 2 years. The results were that those who used condoms effectively, their negative partners remained negative. Those who refused to use condoms their negative partners became positive (Maboshi , 1999) . Another study done among soldiers on use condom revealed that of the 112 condom users only 18 percent always used condoms during casual sex while the majority used them only at times (Musonda J , 1992) . Condom use varied significantly by the type of sexual relationship for both men and women, condom use has almost three times higher for those with regular or casual partners than those with marital sexual partners (Aga , 1996) . Therefore, the use of condoms among the married and the unmarried can go along way in helping to prevent and reduce STD/HIV/AIDS infections as well as prevent unwanted pregnancies.

Since 1986, a wide range of approaches have been used to raise awareness of AIDS and family planing in Zambia. These efforts include the formation of NAPCP in 1988,

NASTLP in 1993 and NASTLP council and secretariat in 2000 to educate the public about the threat of AIDS and the need for research to find a cure.

2.1 CONCLUSION

From the literature review, one can say that despite the AIDS pandemic many people still practice risky sexual behaviors. Therefore, people need to come together as individuals, families, communities health providers, nationally and internationally to fight this dreadful enemy among us. This study was needed to determine knowledge and practice in the use of condoms for the prevention of STD/HIV/AIDS among married men and women as well as prevent unwanted pregnancies.

Information is power. It is the basis of enhanced self-awareness, empowering individuals to exert control of their own lives. This means information, education and communication (IEC) on condom use in relation to HIV/AIDS and family planning to open not only the minds of women but men as well

CHAPTER THREE

3.0 METHODOLOGY

3.1 RESEARCH DESIGN

A non-interventional descriptive study design was developed.

3.2 RESEARCH SETTING

The study was conducted in Siavonga district, which is a rural district in the southern province of Zambia. It is in the valley and covers an area of 3576.22 kilometers. The district has a population of 62,291 people and most of the people have low education. The area is a typical rural setting with two peri-urban areas. For the study one peri-urban area and typical rural setting of chief Sikoongo were chosen by simple random sampling .In chief Sikoongo's area there are four main villages, out of these four villages, two villages were chosen by simple random sampling to get a proper representation of the characteristics of the district. Siavonga district was chosen because the researcher is familiar with the area.

3.3.0 SUBJECTS AND METHODS

3.3.1 STUDY POPULATION

The study population were married couples in Siavonga district .

3.3.2 SAMPLE SIZE AND SAMPLING METHOD

Twenty-five (25) married couples, that is, 25 females and 25 males participated. Thirty (30) from the village and twenty (20) from the township. Everyday the researcher used to go to

the chosen areas then take every 8th couple, in the company of peer educators to prevent suspicion.

The sample of twenty-five couples was decided because it is a min –research with limited time to be completed and submitted in partial fulfillment for the Bsc.degree program. The other reason for choosing a twenty-five sample was because of financial constraints.

3:3:3. ETHICAL CONSIDERATION

Permission to conduct both the pilot study and the main study was obtained from Lusaka City Council and Siavonga district health office respectively. To maintain confidentiality; the questionaires had no names on them and no identity was requested , at the same time the researcher conducted the interviews in a room where the respondent and the researcher were on their own.

The purpose of the study was explained to each respondent. Their participation was voluntary . Permission was also sought from headmen verbally before starting the interviews in that area . Respondents were thanked at the end of the interview schedule . Each evening data collected was checked and mistakes clarified.

3.4.0 DATA COLLECTION TECHNIQUE AND TOOL

3.4.1 INTERVIEW SCHEDULE

Data was collected over a period of 27 days during the month of July and August, from 24th July to 20th August 2000. The method used to collect data was interview schedule. This is a face to face interview, which involves oral questioning using a questionnaire with open and closed-ended questions.

This method was chosen because most of the respondents were illiterate to use a self-administered questionnaire. The researcher had to read the questionnaire to the respondents and recorded the responses. It was chosen because of the following advantages

- It has higher response rate
- It permitted clarification of questions.
- It enhanced all questions to be answered.
- Saves time as there is no going back to the respondents.
- Suitable for illiterates.

However, it has some disadvantages, for example,

- Influencing responses by the presence of the researcher.
- Reports of events may be less complete.

3.4.2 PILOT STUDY

A pilot study was conducted in Lusaka's Kamanga compound from 12th July to 14th July 2000. The pilot study sample was drawn using systematic-sampling method, and it had similar characteristics with the actual study sample in that, the population is of low

education and most of the people are poor. Five couples were selected for the sample, which is 25 percent of the actual sample. An interview schedule was used for data collection. The pilot study was conducted to pretest the data collection tool, and to make any possible amendment prior to actual study. Changes made were;

- Some questions produced similar responses, therefore one was cancelled.

Some new questions were added to the interview schedule while some were dropped.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF FINDINGS

INTRODUCTION

Data analysis and presentation of findings of the study, which was to determine knowledge and practice of condom use for prevention of HIV/AIDS, STDs as well as a Family Planning Method among the couples in Siavonga district, are presented in this chapter.

A total number of 50 respondents, that is, twenty-five couples, were systematically selected and interviewed in the district. The data was collected between 24th July and 20th August 2000 and was manually analysed.

DATA ANALYSIS

Data was sorted out for completeness and recorded. Responses to closed-ended questions were entered on a data master-sheet, information from open-ended questions were categorised and coded also entered on data master sheet. Data was analysed manually using a calculator.

PRESENTATION OF FINDINGS

The collected data are meaningless, unless they are arranged in a meaningful way. The researcher therefore decided to present data in tabular form to facilitate interpretation. This arrangement helped to summarise findings and made it easier to remember facts.

TABLE 2

FREQUENCY TABLE FOR DEMOGRAPHIC DATA

VARIABLE	MALE	FEMALE		
	FREQUENCY	FREQUENCY	TOTAL FREQUENCY	RELATIVE FREQUENCY
AGE				**%**
15 – 24 years	2	9	11	22
25 – 34 years	12	11	23	46
35 – 44 years	7	4	11	22
45 – 54 years	4	1	5	10
TOTAL	**25**	**25**	**50**	**100**
EDUCATIONAL LEVEL				
No education	1	2	3	6
Primary	11	15	26	52
Secondary	9	6	15	30
College	3	2	5	10
University	1	0	1	2
TOTAL	**25**	**25**	**50**	**100**
DENOMINATION				
Catholic	9	9	18	36
S.D.A.	8	6	14	28
New Apostolic	4	6	10	20
Watch tower	2	3	5	10
Pentecostals	2	1	3	6
TOTAL	**25**	**25**	**50**	**100**

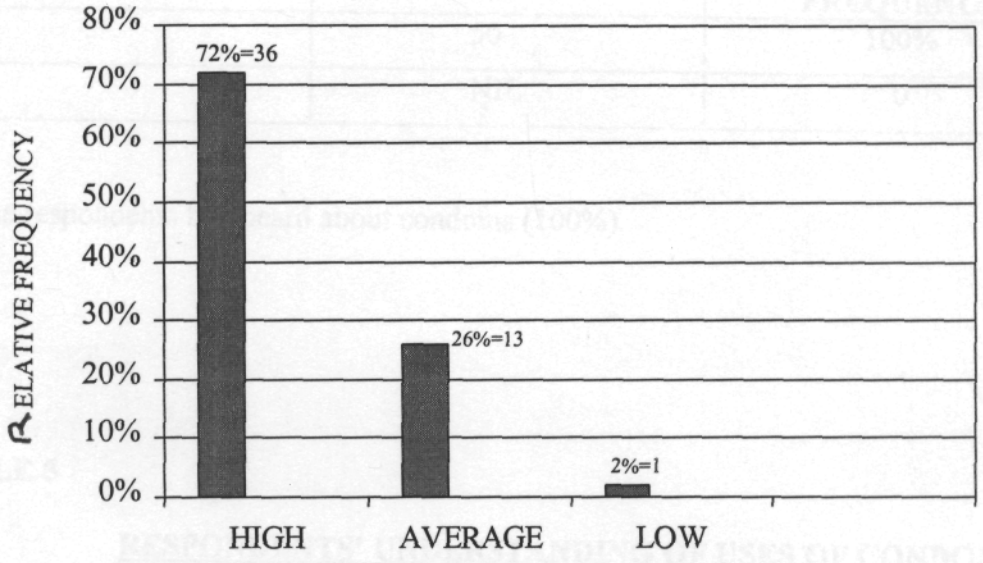
FREQUENCY FOR DEMOGRAPHIC DATA (CONTD)

VARIABLE	MALE	FEMALE		
	FREQUENCY	FREQUENCY	TOTAL FREQUENCY	RELATIVE FREQUENCY
RESIDENCE				**%**
Village	15	15	30	60
Township	10	10	20	20
TOTAL	**25**	**25**	**50**	**100%**
PARITY				
0 – 2	7	10	17	34
3 – 4	13	11	24	48
6 – 8	4	4	8	16
9 – 11	1		1	2
TOTAL	**25**	**25**	**50**	**100%**
OCCUPATION				
Farmer	11	8	19	38
Unemployed	3	6	9	18
Self-employed	5	6	11	22
Teacher	2	1	3	6
Clerical Worker	4	4	8	16
TOTAL	**25**	**25**	**50**	**100%**

Majority of the respondents were aged between 25-34 years 23(46%) and majority (52%) had primary education. Most of the respondents were farmers (38%) followed by self-employment (22%). All the respondents were Christians (100%) and majority had between 3-5 children (48%) only a few respondents (10%) went to a college.

KNOWLEDGE

FIGURE: 1
RESPONDENTS LEVEL OF KNOWLEDGE ON CONDOMS



Majority of the respondents 72% had high knowledge on condom use

TABLE 3

RESPONDENTS KNOWLEDGE ON AVAILABILITY OF CONDOMS

AVAILABILITY	FREQUENCY	RELATIVE FREQUENCY
Always	16	32%
At times	25	50%
Not available	0	0
No idea	9	18%
TOTAL	**50**	**100**

Majority of the respondents (50%) said condoms were available at time

TABLE 4

RESPONDENTS WHO HAVE HEARD ABOUT CONDOMS

HEARD OF CONDOM USE	FREQUENCY	RELATIVE FREQUENCY
Yes	50	100%
No	NIL	0

All the respondents had heard about condoms (100%).

TABLE 5

RESPONDENTS' UNDERSTANDING OF USES OF CONDOM

USE OF CONDOM	FREQUENCY	RELATIVE FREQUENCY
Family Plan	3	6%
Protection against STD, HIV/AIDS	10	20%
Both	36	72%
No Idea	1	2%

A majority of the respondents 72% were able to give both uses of condoms. About 20% of the respondents only knew that condoms were for protection against STD/HIV/AIDS and only (2%) had no idea what they were used for.

TABLE 6

RESPONDENTS IMPRESSION OF CONDOM USE

IMPRESSION OF CONDOM USE	FREQUENCY	RELATIVE FREQUENCY
For Family Planning	7	14%
Prevent HIV/AIDS	18	36%
Immoral acts	9	18%
2nd and 3rd responses	16	32%
TOTAL	50	100%

Most of the respondents (36%) said condom use reminded them of prevention of HIV/AIDS and (18%) were reminded of immoral acts.

TABLE 7

RESPONDENTS' SOURCE OF INFORMATION ON CONDOM USE

SOURCE OF INFORMATION	FREQUENCY	RELATIVE FREQUENCY
Health worker	23	46
Friends	5	10
Radio	5	10
Television	1	2
All of above	2	4
Two of the above	10	20
Three of the above	4	8
TOTAL	**50**	**100%**

The health worker was the major source of information (46%) followed by those who had two sources (20%).

TABLE 8

RESPONDENTS PREFERENCE ON METHOD OF DELIVERY OF INFORMATION ON CONDOM USE

METHOD OF DELIVERY OF INFORMATION	FREQUENCY		TOTAL FREQUENCY	RELATIVE FREQUENCY
	MALE	FEMALE		
Door to door – private	14 (28%)	13 (26%)	27	54%
Radio and Television	1 (2%)	3 (6%)	4	8%
Public meetings	9 (18%)	9 (18%)	18	36%
2 of the above	1 (2%)	0 (0)	1	2%
TOTAL	**50 (50%)**	**25 (50%)**	**50**	**100%**

The majority of the respondents (54%) preferred to be taught about condom use by door to door campaign. Followed by having public meetings (30%).

TABLE 9

RESPONDENTS' LEVEL OF KNOWLEDGE IN RELATION OF AGE

AGE	LEVEL OF KNOWLEDGE			TOTAL
	HIGH	AVERAGE	LOW	
15 – 24 years	7 (14%)	4 (8%)	-	11 (22%)
25 – 34 years	19 (38%)	4 (8%)	-	23 (46%)
35 – 44 years	7 (14%)	4 (8%)	-	11 (22%)
45 – 54 years	3 (6%)	1 (2%)	1 (2%)	5 (10%)
TOTAL	**36 (72%)**	**13 (26%)**	**1 (2%)**	**50 (100%)**

Majority of the respondents with high (38%) knowledge were aged between 25-34 years. Followed by those between 15 –24 and 35-44 years. Only(2%) had low knowledge.

TABLE 10

RESPONDENTS' LEVEL OF KNOWLEDGE IN RELATION TO SEX

SEX	LEVEL OF KNOWLEDGE			TOTAL
	HIGH	AVERAGE	LOW	
Male	18 (36%)	7 (14%)	-	25 (50%)
Female	18 (36%)	6 (12%)	1 (2%)	25 (50%)
TOTAL	**36 (72%)**	**13 (26%)**	**1 (2%)**	**50 (100%)**

The same number of males (36%) and females (36%) had high knowledge. No man had low knowledge of condom use.

TABLE 11

RESPONDENTS LEVEL OF KNOWLEDGE IN RELATION TO PLACE OF RESIDENCE

RESIDENCE	LEVEL OF KNOWLEDGE			TOTAL
	HIGH	AVERAGE	LOW	
Township	17 (34%)	3 (6%)	-	20 (40%)
Village	19 (38%)	10 (20%)	1 (2%)	30 (60%)
TOTAL	**36 (72%)**	**13 (26%)**	**1 (2%)**	**50 (100%)**

The majority of those from villages had (38%) more respondents with high knowledge of condom use. The same group had (20%) as the highest number of people with average knowledge on condom use.

TABLE 12

RESPONDENTS LEVEL OF KNOWLEDGE IN RELATION TO EDUCATION

EDUCATION	LEVEL OF KNOWLEDGE			TOTAL
	HIGH	AVERAGE	LOW	
No Education	1 (2%)	2 (4%)	0	3 (6%)
Primary	17 (34%)	8 (16%)	1 (2%)	26 (52%)
Secondary	12 (24%)	3 (6%)	0	15 (30%)
College	5 (10%)	0	0	5 (10%)
University	1 (2%)	0	0	1 (2%)
TOTAL	**36 (72%)**	**13 (26%)**	**1 (2%)**	**50 (100%)**

Majority of the respondents with primary education had high knowledge (34%) 17.

TABLE 13

RESPONDENTS LEVEL OF KNOWLEDGE IN RELATION TO PARITY

PARITY	LEVEL OF KNOWLEDGE			TOTAL
	HIGH	AVERAGE	LOW	
0 – 2 children	11 (22%)	6 (12%)	-	17 (34%)
3 - 5 children	21 (42%)	3 (6%)	-	24 (48%)
6 – 8 children	4 (8%)	3 (6%)	1 (2%)	8 (16%)
9 – 11 children	0	1 (2%)	-	1 (2%)
TOTAL	**36 (72%)**	**13 (26%)**	**1 (2%)**	**50 (100%)**

(72%) of respondents had high knowledge and (42%) had children between 3 – 5 and nobody with children 9 and above had high knowledge.

TABLE 14

RESPONDENTS LEVEL OF KNOWLEDGE IN RELATION TO SOURCE OF INFORMATION ON CONDOM USE

SOURCE OF INFORMATION	LEVEL OF KNOWLEDGE			TOTAL
	HIGH	AVERAGE	LOW	
Health Worker	15 (30%)	5 (10%)	-	20 (40%)
Friends	4 (8%)	-	2 (4%)	6 (12%)
Radio/Television	5 (10%)	1 (10%)	1 (2%)	7 (14%)
All of above	8 (16%)	-	-	16 (32%)
First and second responses	9 (18%)	-	-	9 (18%)
TOTAL	**41 (82%)**	**6 (12%)**	**3 (6%)**	**50 (100%)**

Health workers taught the majority of the respondents with high knowledge (30%) .

TABLE 15

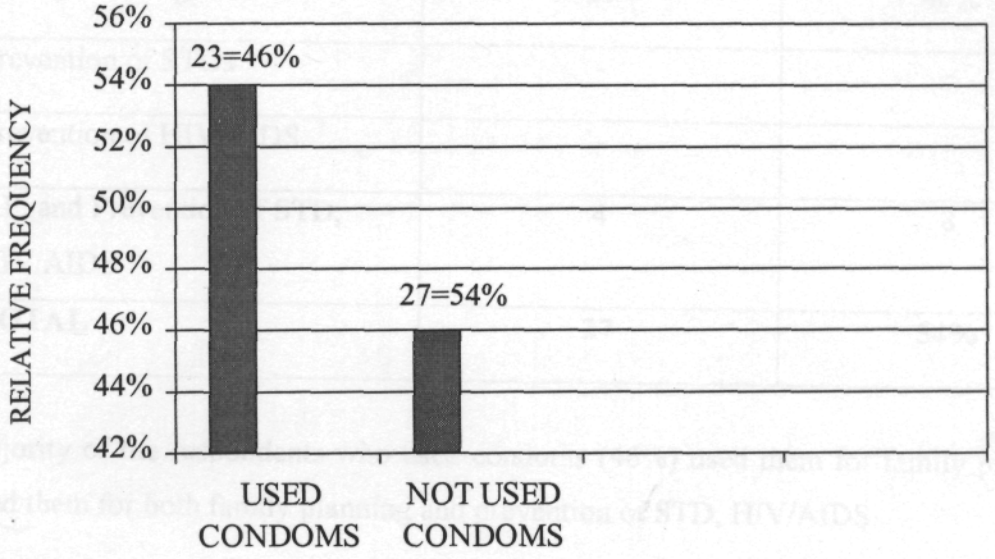
RESPONDENTS LEVEL OF KNOWLEDGE IN RELATION TO OCCUPATION

OCCUPATION	LEVEL OF EDUCATION			TOTAL
	HIGH	AVERAGE	LOW	
Farmer	12 (24%)	7 (14%)	-	19 (38%)
Unemployed	6 (12%)	2 (4%)	1 (2%)	9 (18%)
Self employed	7 (14%)	4 (8%)	-	11 (22%)
Teacher	3 (6%)	-	-	3 (6%)
Clerical jobs	8 (16%)	-	-	8 (16%)
TOTAL	**36 (72%)**	**12 (24%)**	**1 (2%)**	**50 (100%)**

Majority of the respondents (24%) with high knowledge were farmers. Followed by those with clerical jobs(16%.) The farmers also had the highest (14%) number of those with average knowledge.

PRACTICE

FIGURE: 2
RESPONDENTS WHO HAVE USED CONDOMS IN MARRIAGE



(54%) of the respondents had used condoms and (46%) had not used condoms in their marriage.

TABLE 16

RESPONDENTS' LEVEL OF CONDOM PRACTICE IN MARRIAGE

LEVEL OF CONDOM PRACTICE	FREQUENCY	RELATIVE % FREQUENCY
Always	-	-
At times	27	54
Never	23	46
TOTAL	**50**	**100%**

No respondent always used condoms (0%) but about 54% respondents used condoms at time and (46%) never used condoms in their marriage.

TABLE 17

RESPONDENTS REASONS FOR USING CONDOMS

REASONS FOR NOT USING CONDOMS	FREQUENCY	RELATIVE FREQUENCY
Family planning	23	46%
Prevention of STDs	-	-
Prevention of HIV/AIDS	-	-
F.P. and Prevention of STD, HIV/AIDS	4	8
TOTAL	**27**	**54%**

Majority of the respondents who used condoms (46%) used them for family planning only (8%) used them for both family planning and prevention of STD, HIV/AIDS.

TABLE 18 .

RESPONDENTS REASONS FOR NOT USING CONDOMS

REASONS FOR NOT USING CONDOMS	FREQUENCY	RELATIVE FREQUENCY
Husband does not want	2	4
Against Religion	6	12
Taking oral contraceptive	4	8
Want a child	5	10
A sign of extra marital sex	6	12
TOTAL	**23**	**46%**

The respondents who did not use condoms, because they felt it was against Religion were (12%.) Those who felt it was a sign of extra marital sex were also (12%.) Followed by those who want children (10%).

TABLE 19

RESPONDENTS WHO USE CONDOMS OUTSIDE MARRIAGE

USE CONDOMS OUTSIDE MARRIAGE	FREQUENCY	RELATIVE FREQUENCY
Yes	20	40
No	30	60
TOTAL	**50**	**100%**

Majority of respondents (60%) did not use condoms outside marriage, and only 40% used condoms outside marriage.

TABLE 20

RESPONDENTS' KNOWLEDGE ON CULTURAL PRACTICE AGAINST CONDOM USE

KNOWLEDGE ON CULTURE	FREQUENCY	RELATIVE FREQUENCY
Yes	13	26
No	37	74
TOTAL	**50**	**100%**

(26%) of the respondents had knowledge of some cultural beliefs for not using condoms.

(74%) said there were no cultural obstacles against practice of condom use.

TABLE 21

RESPONDENTS SOURCE OF CONDOMS

SOURCE OF CONDOMS	FREQUENCY	RELATIVE FREQUENCY
Government Clinic	19	38%
Grocery	3	6%
NGOs/Chemist	6	12%
Mixed	8	16%
Not applicable	14	28%
TOTAL	**50**	**100%**

Most of the respondents (38%) got the supply of condoms from Government Clinics. (16%) from any source convenient to them at that particular time. (28%) did not give a response because they never used condoms.

TABLE 22

RESPONDENTS' REASON FOR CHOOSING SUCH TYPE OF SOURCE

REASON FOR THE CHOICE OF SOURCE	FREQUENCY	RELATIVE FREQUENCY
Private	9	18
Free	14	28
Near work place	3	6
Privacy and free	10	20
Not applicable	14	28
TOTAL	**50**	**100%**

Majority of the respondents (28%) got the condoms from the respective sources because they were free of charge, and(20%) got them from respective source because they were free and privacy was maintained.

TABLE 23

RESPONDENTS' LEVEL OF PRACTICE OF CONDOM USE IN RELATION TO EDUCATION

LEVEL OF EDUCATION	LEVEL OF PRACTICE			TOTAL
	ALWAYS	AT TIMES	NEVER	
No education	-	1 (2%)	2 (4%)	3 (6%)
Primary	-	13 (26%)	13 (26%)	26 (52%)
Secondary	-	7 (14%)	8 (16%)	15 (30%)
College	-	5 (10%)	-	5 (10%)
University	-	1 (2%)	-	1 (2%)
TOTAL	-	**27 (54%)**	**23 (46%)**	**50 (100%)**

(26%) of the respondents with primary education did not practice condom use, while the same percentage(26%)practised condom use.

TABLE 24

RESPONDENTS' AGE IN RELATION TO LEVEL OF PRACTICE OF CONDOM USE

AGE	LEVEL OF PRACTICE			TOTAL
	ALWAYS	AT TIMES	NEVER	
15 – 24 years	-	2 (4%)	9 (18%)	11 (22%)
25 – 34 years	-	18 (36%)	5 (10%)	23 (46%)
35 – 44 years	-	6 (12%)	5 (10%)	11 (22%)
45 – 54 years	-	1 (2%)	4 (8%)	5 (10%)
TOTAL	-	**27 (54%)**	**23 (46%)**	**50 (100%)**

Of the respondents between 15-24 years of age (18%) had never practiced condom use. (36%) of respondents between 25-34 years of age practiced condom use.

TABLE 25

LEVEL OF PRACTICE IN RELATION TO LEVEL OF KNOWLEDGE

LEVEL OF KNOWLEDGE	LEVEL OF PRACTICE			TOTAL
	ALWAYS	AT TIMES	NEVER	
High	-	25 (50%)	11 (22%)	36 (72%)
Average	-	3 (6%)	10 (20%)	13 (26%)
Low	-	-	1 (2%)	1 (2%)
TOTAL	-	**28 (56%)**	**22 (44%)**	**50 (100%)**

Out of (72%) respondents with high knowledge, 50% used condoms at times and 22% never used condoms. Only (6%) of those with average knowledge used condom at times and (20%) never used condoms.

TABLE 26

RESPONDENTS' LEVEL OF CONDOM PRACTICE IN RELATION TO RESIDENCE

RESIDENCE	LEVEL OF CONDOM PRACTICE			TOTAL
	ALWAYS	AT TIMES	NEVER	
Township	-	15 (30%)	5 (10%)	20 (40%)
Village	-	12 (24%)	18 (36%)	30 (60%)
TOTAL	-	**27 (54%)**	**23 (46%)**	**50 (100%)**

There were more people (30%) in township who used condoms at times and majority of the villagers (36%) had never used condoms.

TABLE 27

RESPONDENTS' LEVEL OF CONDOM PRACTICE IN RELATION TO RELIGION

DENOMINATION	LEVEL OF CONDOM PRACTICE			TOTAL
	ALWAYS	AT TIMES	NEVER	
Catholic	-	9 (18%)	9 (18%)	18 (36%)
S D A	-	11 (22%)	3 (6%)	14 (28%)
New Apostolic	-	3 (6%)	7 (14%)	10 (20%)
Watch Tower	-	2 (4%)	3 (6%)	5 (10%)
Pentecostals	-	2 (4%)	1 (2%)	3 (6%)
TOTAL	-	27 (54%)	23 (46%)	50 (100%)

Majority of the SDA (22%) used condoms at times. 18% of the Catholics used condoms at time and the same number 18% of the Catholics never used condoms.

CHAPTER FIVE

5.0 DISCUSSION OF FINDINGS AND IMPLICATION FOR HEALTH CARE SYSTEM

5.1 INTRODUCTION

The objective of the study was aimed at determining knowledge and practice of condom use for the prevention of STD/HIV/AIDS as well as a method of Family planning among married couples in Siavonga district. The study was prompted by the increasing incidence and prevalence of HIV/AIDS cases and deaths due to AIDS. A number of variables likely to contribute to the phenomenon under study were examined. Some of the variables examined included educational levels, employment status, age, cultural factors, religion, and accessibility of condoms among married men and women.

5.2 CHARACTERISTICS OF THE SAMPLE.

A total of 50 married men and women participated in the study. The respondents' age ranged from 20 –49 years. The median age was 23years. The majority of the respondents (46%) were aged between 25-34 years, followed by the age group 15-24 and 34-44years each with (22%).

The least group (10%) ranged from 45-49 years old (table 2). Majority of respondents (52%) had primary education, (30%) had secondary education, (10%) had attained college level education, (6%) had no education and only (2%) had attained university level.

All the respondents were Christians from different denominations. Thirty-six (36%) were Catholics, (28%) were SDAs, (20%) were New Apostolic, (10%) were Watchtower and (6%) belonged to different Pentecostal churches.

Respondents from the villages were (60%) while those from township were (40%). Comparison between the two groups was done to determine whether living in rural or urban areas could affect the acceptance of condom use. To determine whether the number of children one had, would affect condom use, respondents were asked the number of the children they had. The majority of respondents (48%) had 3-5 children, followed by those with 0-2 children (34%), then those with 6-8children (16%) and lastly those who had 9-11 children (2%).

5..3 KNOWLEDGE ON CONDOM USE

All the respondents had heard about condom use (100%). Seventy –two (72%) had high knowledge. Only (2%) showed low levels of knowledge and twenty-six (26%) had average level of knowledge of condom use (figure 1) . The low level of knowledge in few respondents could be attributed to the fact that they had insufficient information about condom use and its benefits which could also be attributed the fact that those with low knowledge were from villages where they were not exposed to different forms health education.

About fifty percent (50%) of respondents said condoms were available only at times, (32%) said condoms were always available in the strategic places like health centers and or shops. Eighteen (18%) said they had no idea. This could be that they did not look for them since they were not using them. The study also revealed that the majority of the respondents between 25-35 years (38%) had high knowledge of condom use. This age group is the

most sexually active and was there fore more likely to have heard about the advantages of using condoms through publicity or through their partners. Those between 45 49 years (2%) had low knowledge of condom use because they could have out grown the sexually active stage and showed no interest into the issue. The study showed that there were no differences in level of knowledge on condom use in relation to their sex. Both male and female respondents indicated high knowledge (36%). This disagrees with the second hypothesis, which says, "Men and women's knowledge on condom use would be different".

Although from table 11, majority of the respondents (38%) with high knowledge is from the village, the total township of 20 people have (85%) respondents with high knowledge and only (15%) respondents with average knowledge. While respondents of 30 people from the village had (64%) respondents with high knowledge, (33%) with average knowledge and (3%) with low knowledge. Therefore, there is higher levels of knowledge on condom use in township than in villages. This could be attributed to better exposure to health and social facilities. This agrees with Kimya M, etal (1997) in their study on "Condom use with casual partners by men in Kampala, Uganda". They observed that condom use and knowledge were higher in urban setting than in rural setting.

Most of the respondents with secondary, college and university levels of education that is,(24%), (10%), and (2%)respectively ,had high level of knowledge on condom use, while the majority with no education(4%) and primary level of education (33%) had low levels of knowledge on condom use. This could be attributed to inadequate exposure to literature on

condom use and being unable to read. This was supported by Aga S., (1999) in his study on "female condom in Lusaka", he observed that level of education affects the acceptability of new ideas and change by individuals. The findings are also supported by Jacobson (1991), who in his study "The challenge of survival", acknowledged that low levels of education limits access to vital information regarding legal rights, health care and Family planning.

Respondents' knowledge on condom use had no significant relation to their parity and occupation. Despite the number of children they had and the type of occupation they did, did not affect the level of knowledge on condom use. Majority of the respondents regardless of the number of children and the type of the occupation, had high level of knowledge. In both situations most of the respondents had heard about condom use, gave at least 2 benefits of condom use and knew where to get condoms (tables 13,15).

Majority of the respondents got their information about condom use from health workers (30%), followed by those who got their information from both health workers and friends (18%). Respondents who got information from friends only were (8%) while those who got from media were (10%) (table 14). This could be attributed to the fact that there was a lot of information, education and communication (IEC) that took place between the care providers and the respondents during health service deliveries. Some respondents (16%) got their information on condom use from all the three sources.

When the respondents were asked what their feelings were about people who were using condoms (36%) they said that condom use reminded them of prevention of HIV/AIDS,

seconded by those who attributed condom use to both HIV/AIDS prevention and promiscuity (32%). Other respondents associated condom use to promiscuity only (18%). This suggests that there is still a lot which needs to be done to change peoples' attitude towards condom use. Most people associated condom use to promiscuity, despite the prevailing high knowledge on condom use among couples.

5.4 PRACTICE OF CONDOM USE

The study did not only seek to assess the level of knowledge but also to assess condom practice among married men and women for prevention of HIV/AIDS and prevention of pregnancy.

To determine the extent, to which condom use was practiced among married men and women, the respondents were asked questions as to whether they had ever used condoms in their marriage, how often they used them and for what reasons. The study revealed that (54%) had used condoms in their marriage. Out of those who used condoms (46%) used them only for Family planning, (8%) used them for both Family planning and for prevention of HIV/AIDS. Forty-six (46%) had never used condoms in their marriage.

The respondents did not show consistence in use of condoms at all, because even those who used them indicated that they only did so occasionally (table 16 and 17). Therefore enough health education needs to be done to married couples aimed at emphasizing use of condoms to prevent spread of the disease from husband to wife or from wife to husband, as well as for Family planning purposes. This agrees with the findings of Population report (1999) which observed that rates of condom use are lower within marriage than among the

unmarried sexually active people, yet married couples needed condoms for both Family planning and for protection against sexually transmitted infections including HIV/AIDS.

Some of the reasons included in the responses for not using condoms were that of

- Condom use being against religion.
- Husbands not wanting the practice.
- Wanted more children and
- Some said they were already using either oral contraceptives or injectable contraceptives as a method of Family planning so they saw no reason for using condoms.

Twelve (12%) said that condoms in marriage was a sign of an admission to having extra marital sexual relations, which could bring about problems in the home. Four (4%) of the respondents said that husbands did not want the practice and (12%) said that it was against religion. This means that even if there was adequate knowledge, married men and women did not use condoms for various reasons.

Respondents (40%) agreed using condoms outside marriage for prevention of STI/HIV/AIDS as well as unwanted pregnancy. This was supported by Aga (1998) who revealed that men may not want to use condoms with their wives, since condom use may be construed as an admission of sexual relationship outside marriage. He also continued to say, while extramarital sex may be culturally accepted for men, it can still be a cause of dispute in marriage. The study also revealed that religion is still a strong barrier against

condom use among Christians. From the study very few (26%) agreed that culture plays an important role in towards condom use. Most of the respondents (74%) said that there were no cultural beliefs against condom use.

The results showed that most of the respondents (54%) who used condoms got them from government clinic because the condoms there were free of charge and there was privacy (tables 21,22). This means that the government, MOH and the District management team should increase the supply of condoms in health centers to ensure accessibility.

The respondents who had high knowledge in relation to high education level did not always practice condom use. Most of those with secondary, college, and university education level that is (14%, 10%, and 2%) respectively, only used condoms at times. (16%) of those with secondary education level never used condoms. This could be attributed to negative attitude towards condom use, despite the level of education and level of knowledge attained. Therefore high level of education does not mandate one to use condoms.

The respondents' level of condom practice in relation to residence showed that people who live in urban areas seemed to accept condom use more readily than those in rural areas. The practice of condom use in township couples was higher (30%) than those in the villages (24%).

The first hypothesis was "Age , religion, and education would influence attitude of respondents and influence the use of condoms". According to study results this hypothesis was proved true. These factors have been proved to influence attitude of respondents thereby influencing condom use.

5.5 IMPLICATIONS ON HEALTH SYSTEM

The study revealed that married men and women have very high knowledge about condom use. Most of the couples got their information from health workers and friends. Very few couples got their information from media. This is because the media reception in the area is poor.

- The health workers have to go flat out in the villages to educate the couples in detail on benefits of using condoms in marriage.
- Some couples thought that condom use was only for unmarried men and women or prostitutes. Therefore, as health workers together with all stakeholders have a major role of explaining and educating married couples about condom use in detail to try and improve practice.
- There is need for health workers to clarify misconceptions that married men and women have about condom use.
- The couples should also be involved in educating other couples about benefits of condom use and the consequences of not using condoms.
- Counseling of couples by trained counselors must be intensified so that the acceptance of condom use is increased and misconceptions clarified.

- Leaders of different denominations should be involved, as one of the key strategies, to try and change peoples' attitude towards condom use in relation to religion. This will help to try and solve the religious barrier to condom use and then help to disseminate proper information to decrease the spread of HIV/AIDS in the community.
- While health care providers are expected to motivate people to have health seeking behavior they should identify the best ways of motivating the population at large. This can be done by respecting cultural beliefs in our society. At the same time educating the population and discouraging harmful traditions to health in preference to good health practices.
- In Zambian culture people do not discuss sex openly, as a result any discussion on anything in line with sex, like condom use, becomes a sensitive and secretive issue. However, the health care providers should continue to give information education and communicate to the public on new trends where health issues are concerned. With the advert of HIV/AIDS, married men and women should freely discuss the issue of condom use without fears of intimidation or shame as this is one of the major strategies of trying to prevent the spread of HIV/AIDS since this infection has no cure.

  Health care providers have to forge closer links with key people in community, churches, and NGOs who can assist in dissemination of information to the general public for them to change behavior from unsafe health practices to safe health and sexual practices. This is important if we are to see a decrease in incidence and prevalence of HIV/AIDS.

CHAPTER 6

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

The study sought to determine knowledge and practice towards condom use for prevention of STI/HIV/AIDS as well as a family planning method among married couples. This was in view of the escalating increase in the incidence and prevalence of HIV/AIDS in Siavonga District, inspite of the preventive measures put in place. Although 100 % of the respondents had heard about condom use, rates of condom use are still very low among married couples. The reasons for this result was found to include:- issues of mistrust, religious beliefs where Christians believe that once two people are joined together by marriage they become one, therefore, are not allowed to use any barriers.

Age also contributed, in that being young, they would want to experience a lot of things including sexual intercourse and want to prove that they are able to have children, thereby fulfil the role of procreation. After the age of 49 years most men and women are not sexually active. They may also have the number of children they want and as such they may not be interested in sexual activity, therefore may find the use of condoms inappropriate.

Lastly but not least the other contributing factor is the culture where men have more power than females to choose what they want whether good or

bad for both. A man may refuse to use condoms, even where the wife may have evidence of her husband having extra marital affairs. The wife may also fear to suggest to her husband to use condoms.

The researcher also observed that the respondents cited migration to towns in search of a better life as another factor which contributed to an increase in the spread of STD/HIV/AIDS. Therefore one could say, poverty, powerlessness and social instability promote the spread of HIV/AIDS and other STIs. The impact of increased HIV/AIDS and STDs prevalence on public health of any community is very serious and should be fought from all possible angles.

The result also revealed that there is a need to educate women so that they acquire more knowledge, talk for themselves and be able to choose what they want without being intimidated by their husbands, ensuring that discrimination among women is removed.

6.1 RECOMMENDATIONS

1. Special attention and separate health education should be given to couples on condom use. This will help couples discuss condom use freely and at the same time promoting effective communication between husband and wife.

2. Family planning providers should encourage condom use among men and women so that double protection can be emphasized.

3. Counselling Centres should be set up within Health Institutions for better dissemination of information on condom use to couples and the population at large.

4. Counselling of couples should be done by all concerned, e.g. health workers, trained counsellors and elderly significant others trained in counselling.

5. Married couples or those intending to marry should be encouraged to go for voluntary HIV test so that precautions could be taken as early as possible and counselling given to the couple or would be couple accordingly.

6. Health personnel should take each encounter with couples as an opportunity to discuss the risk of HIV infection and promote safer sexual behaviour, especially during family planning sessions.

7. There should be proper communication between the health workers and other co-operate partners to enhance proper co-ordination to

facilitate wide coverage of people in dissemination of information on condom use thereby avoiding duplicating of services in the same area.

8. The District Health Management Team (DHMT) should ensure outreach activities are done so that information on condom use is spread to the whole population.

9. The District Health Management Team (DHMT) should put in strategies to ensure evaluation of educational intervention and implementation to identify effective ways of disseminating information on condom use.

10. The Government should improve media reception in the area for the people of Siavonga District to be able to listen to information given to the public on condom use.

11. A research on a wider scale should be conducted to enable generalisation of findings to married couples within Zambia in order to help plan strategies on a wider scale.

6.2 LIMITATION OF STUDY

There are several factors that could have influenced my study. Some of the factors were:-

i) The time allocated to conduct the investigations, write and submit the research study was limited. The research study was done along with five other courses, thus rendering me with limited time to effectively conduct and complete the study.

ii) The funds allocated by my sponsors to enable me purchase the necessary requirements to carry out the study were inadequate. The expenses for the typing, printing and photocopying services were quite high. The problem of depreciating kwacha currency made it worse as the prices were changing almost everyday.

iii) The size of the sample was small, hence the findings could not be generalised to a larger population.

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APPENDIX I

INTERVIEW SCHEDULE FOR MARRIED COUPLES ON KNOWLEDGE AND PRACTICE OF CONDOMS

DATE OF INTERVIEW

SERIAL NO.

INSTRUCTIONS TO THE INTERVIEWERS

1. Introduce yourself to the respondents
2. Explain purpose of interview
3. Ensure respondents are free when answering questions throughout the interview.
4. Tick in the space provided and fill in the space provided according to respondents' given answer.

SECTION A – BACKGROUND INFORMATION **OFFICIAL USE**

1. Sex Male ☐
   Female ☐

1. What was your age at your last birthday?

   _____

2. What is your religion

   Catholic ☐
   S.D.A. ☐
   Watch Tower ☐
   New Apostolic ☐
   Other specify _____

3. Where do you live

   Village ☐
   Township ☐

4. What is your highest education level

   No education ☐
   Primary education ☐
   Secondary education ☐
   College ☐
   University ☐

5. How many children do you have

( )

6. What is your occupation

_____

SECTION B – KNOWLEDGE ON CONDOM USE

7. Have you ever head of condoms

Yes ( )

No ( )

8. If yes, what are condoms used for

_____

_____

9. Where did you hear or learn about condoms

Health worker ( )

Friends ( )

Radio ( )

Television ( )

Others, specify _____

10. Are condoms readily available

Always ( )

At times ( )

Not available ( )

No idea ( )

11. Condom use reminds you of

Family planning ( )

Prostitution ( )

HIV/AIDS ( )

Immoral acts ( )

12. How would you like information about condom be

Passed to you _____

_____

SECTION C – PRACTICE ON CONDOM USE

14. Have you ever used a condom in your marriage?

Yes ( )

No ( )

15. If yes, what were the reasons for using it _____

_____

16. If no, give reasons _____

_____

17. How often do you use condoms in your marriage?

Always ( )

At times ( )

Never ( )

18. Have you ever used condoms outside marriage?

Yes ( )

No ( )

19. If yes what were the reasons for using it?

_____

20. Where do you obtain your condoms?

Government clinic ( )

Private clinic ( )

N.G.O. ( )

Grocery/store ( )

Chemist ( )

Others, specify _____

21. Why do you obtain condoms from the above named source?

Privacy ( )

Free ( )

Inexpensive ( )

Close to home ( )

Close to work ( )

Others, specify_____

22. How long do you walk to this place to get condoms

_____

23. Do you know of any cultural practices that may predispose couples from not using condoms

Yes ( )

No ( )

24. If yes, explain _____

_____

25. What do you think should be done to encourage couples to use condoms

_____

_____

_____

_____

THANK YOU FOR TAKING YOUR TIME AND ANSWERING MY QUESTIONS.

APPENDIX II

University of Zambia
School of Medicine
Dept. of Post Basic Nursing
P.O. Box 50110
LUSAKA

June 14, 2000

The Councillor
Kamanga Compound
LUSAKA

u.f.s. Head, Dept. of Post Basic Nursing
School of Medicine
University of Zambia
LUSAKA

Dear Sir

Re: **PERMISSION FOR DATA COLLECTION**

I am a 4th Year student pursuing a degree in Nursing at the University of Zambia.

As part of the course requirement, I have to carry out Pilot study. I am therefore, requesting for permission to do my pilot study in your area. My research topic is "To determine knowledge and practice towards condom use for HIV/AIDS prevention and as a family planning method, among married couples".

The target population is married couples.

I intend to collect data from a systematically randomed sample of married couples during the first two weeks of July 2000.

Thanking you in anticipation.

Yours faithfully

Himwiila

LUCENSIA HIMWIILA (MS)

The University of Zambia
School of Medicine
Department of Post Basic Nursing
P.O. Box 50110
LUSAKA

The Executive Director
Siavonga District Health Office
P.O. Box 16
SIAVONGA

u.f.s. Head, Post Basic Nursing
School of Medicine
University of Zambia
LUSAKA

Dear Sir

Re: **PERMISSION TO UNDERTAKE A RESEARCH STUDY**

I am a 4th Year student pursuing a degree in Nursing at the University of Zambia. As part of the course requirement, I have to carry out a research study. I am therefore asking for permission to do a study in your district. My research topic is "To determine knowledge and practice towards condom use for HIV/AIDS prevention and as a Family Planning Method, among married couples in Siavonga District". The target population is married couples between 15-49 years.

It is hoped that the results will benefit the District Health Team in planning for health needs of the District.

Thanking you in anticipation.

Yours faithfully

himwiila

LUCENSIA HIMWIILA (MISS)

University of Zambia
School of Medicine
Dept. of Post Basic Nursing
P.O. Box 50110
LUSAKA

June 14, 2000

The Council Secretary
Siavonga District Council
P.O. Box
SIAVONGA

u.f.s. The Head, Dept. of Post Basic Nursing
School of Medicine
University of Zambia
LUSAKA

Dear Sir/Madam

Re: **RESEARCH STUDY: REQUEST FOR DATA COLLECTION**

I am a fourth year student pursuing a degree in Nursing at the University of Zambia.

In partial fulfilment for a Bachelor of Science degree in Nursing program, I am required to carry out a research study. My topic of study is "To Determine Knowledge and practice Towards Condom use for Prevention of HIV/AIDS and as a Family Planning Method, among married couples in Siavonga district". I am therefore, kindly requesting for permission to enable me carry out the study.

I intend to collect data from a systematically randomed sample of married couples during the months of July-August 2000 in Siavonga Peri-urban area and a typical rural area in the district.

Thanking you in anticipation

Yours faithfully

LUCENSIA HIMWIILA (MS)

REPUBLIC OF ZAMBIA

APPENDIX III

MINISTRY OF HEALTH

SIAVONGA DISTRICT HEALTH BOARD

All correspondence
to be addressed to the
District Director of Health

P.O Box 16
SIAVONGA
Zambia
TeleFax: (01) 511077

Your Ref:

RN/5577

14 July 2000

The University of Zambia
School of Medicine
Department of Post Basic Nursing
P O Box 50110
LUSAKA

Dear Madam

RE: PERMISSION TO UNDERTAKE A RESEARCH STUDY

Reference is made to your letter received in regard to the matter stated above.

Be informed that permission is granted for you to go ahead with the study, as it is hoped that this will benefit the District Health Team in planning for Health needs of the District.

Wishing you success in your study.

Yours in service

Dr Puma
DISTRICT DIRECTOR OF HEALTH

LUSAKA CITY COUNCIL

P O BOX 30077
LUSAKA

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11 July 2000

Chairman
Resident Development Committee
Kamanga Compound
LUSAKA

Dear Sir

MS L. HIMWILLA

This note serves to introduce Ms Himwilla who is a student at UNZA School of Medicine. She is currently carrying out a research on aspects relating to HIV/AIDS. I would wish you to assist her my arranging for her to collect data from the residents within the Kamanga Compound.

Yours sincerely

Dr Bwalya K.E. Ng'andu
COUNCILLOR