

DECLARATION

I **Maseka Mwamba** do hereby declare that this dissertation represents my own work and that it has not been submitted for the award of a degree or any other qualification at this University or any other University.

Signed.....**Date**.....

MASEKA MWAMBA

(Candidate)

Supervisors:

I have read this dissertation and approved it for examination

Dr INGVILD F. SANDØY

Signed.....**Date**.....

Department of Public Health, School of Medicine

I have read this dissertation and approved if for examination

(Co-supervisor)

Signed.....**Date**.....

Dr CHARLES MICHELO

Department of Public Health, School of Medicine

I have read this dissertation and approved it for examination

(Co-Supervisor)

Singed.....**Date**.....

Dr MPUNDU MAKASA

CERTIFICATE OF COMPLETION OF DISSERTATION

I **Maseka Mwamba** do hereby certify that this dissertation is the product of my own work and I'm submitting it for my Master of Science in Epidemiology programme, further attest that it has not been submitted to another University in part or whole for the award of programme

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I **Dr Ingvild F. Sandøy** having read this dissertation is satisfied that this is the original work of the author under whose name it is being presented. I confirm that the work has been completed satisfactory and is hereby ready for presentation to the Examiner.

Supervisor Dr Ingvild F. Sandøy

Supervisor Signature.....

Date.....

Head of Department

Signature.....

Department of Public of Public Health

CERTIFICATE OF APPROVAL

This dissertation of **Maseka Mwamba** is approval as fulfilling requirement for the award of degree of Master of Science in Epidemiology of the University of Zambia.

Signature.....Date.....

Examiner I

Signature.....Date.....

Examiner II

Signature..... Date.....

Examiner III

Head of Department

Signature.....Date.....

ABSTRACT

BACKGROUND

Globally about 34 million people are living with HIV/AIDS, and annually 2.5 million new infections and 1.7 million deaths related to AIDS occur. Zambia in particular is experiencing a generalized HIV/AIDS epidemic, with a national HIV prevalence rate of 14.3 percent among adults aged 15 to 49. The primary modes of HIV transmission are through heterosexual sex and mother-to-child transmission. In Zambia, as is the situation in other developing countries (sub-Saharan region), majority of Women in particular suffer a disproportionate impact of HIV/AIDS. These have implications for the well being of women of reproductive age and the Use a condom strategy (ABCs) has served as the cornerstone of prevention efforts for the last quarter of a century. Thus, to date, the female condom is the only technology available that women can use as an alternative to the male condom. While many studies have been conducted on factors associated with female condom, country specific contexts of areas of concern still differ between places. Consequently, not much is known about factors associated with female condom use in our setting. The aim of the study was to determine factors associated with female condom use in Zambia.

METHODOLOGY

A cross sectional study design was conducted. Quantitative and Qualitative method were used in the study. Quantitative method used secondary dataset from the Zambia Demographic and Health Survey (ZDHS) 2007, in these dataset 6214 sexually active women were interviewed, and to complement from the survey, three focus group discussions (comprising ten participate for group one (1), nine participate for group two (2) and ten participate for group three (3) was conducted at Ng'ombe Clinic of Lusaka Province. The Dataset for ZDHS 2007 was exported to Stata® Version 12 (**Stata Corporation**, College Station, Texas) (StataCorp, 2013) for analysis. Frequency tables were created for the underlying and proximate factors in order to show the distribution of the data. Bivariate analysis were performed in order to understand the relationships between the dependent variable (ever female condom use in the year preceding the survey) and the underlying and proximate determinants and cross tabulation were performed to show the knowledge and perceived accessibility of female condom use among women of

reproductive age. Crude odds ratios and adjusted odds ratios at 95% confidence intervals were calculated and level of significance was set at $p=0.05$ level. Multivariable logistic regression analysis was also done, in order to identify which factors were most strongly associated with ever female condom use. Multivariable analysis comprised of 4 models as follows: model 1, with underlying factors; model 2, with proximate factors; model 3 with both underlying and proximate factors and model 4 with those factors that were most strongly associated with ever female condom use (identified through stepwise backward regression). The selection of variables and the goodness of fit of the model were automatic when the stepwise backward regression command was entered and variables significant at $p<0.05$ using logistic regression were retained in the multivariable analysis.

FINDINGS OF THE STUDY

The study finding revealed that majority of both urban and rural women of reproductive aged 35 years to 44 years and those with secondary and high education were accessing female condom use respectively. It also revealed that most women with secondary and high education for both urban and rural area had the knowledge on how to use female condom as a contraceptive method. In addition both urban and rural women who not living together, who knew a place to get female condom and rural women who were widowed and rural women who were aged between 25-29 years were significantly associated with female condom use.

Further urban women aged 35-39 years and 40-44 years were 4.26(1.30-14.0) and 7.59 (1.84-31.3) more likely to use a female condom compared to urban women aged 15-19 years. Women who perceived the risk of HIV infection to be low in urban area were 0.47(0.26-0.85) less likely to use female condom compared to those who perceived the threat of HIV infection to be no risk and for women in rural area who perceived the threat of disease to be medium were 2.13 (1.12-4.05) more likely to use female condom compared to rural women who perceived the threat of HIV infection to be no risk. Women with secondary and higher education were positively associated with female condom use. Urban women who had genital sore/ulcer and those who were perceived accessing female condom were 1.57(0.84-2.92) and 1.65(1.12-2.44) respectively more likely to use female condom compared to those who did not have genital sore/ulcer and who were perceived not accessing female condom use.

CONCLUSIONS AND RECOMMENDATIONS

Overall use female condom is very low therefore, the Ministry of Community mother and Child health (MCMCH) together with other partners who are involved in promotion of female condom services should; Should target both men and women in promoting safe sexual practices considering the high influence they exert on female condom use especially among women with little or no education and this will enable them to better understand their risk and that a healthy sexual life and decision making around sexual issues is a collective decision of both partners. This could be through programmes that encourage both married and unmarried women on the use of female condom as a tool for family planning as it is the concept of women empowerment on deciding safe sex especially in an abusive environment where the male sex partner wants to engage in unprotected sexual intercourse.

DEDICATION

This study is dedicated to my father, Enock Kaleka Maseka who has been so supportive to me during the period of research proposal development, data collection and analysis and report writing. I also dedicate this study to my beloved mother Emeldah Maseka for the encouragement and inspiration she has always rendered to me.

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LISTS OF ABBREVIATION

AIDS	Acquired Immunodeficiency Syndrome
C.S.O	Central Statistics Office
MOH	Ministry of Health
ERES	Excellence in Research Ethics and Science
HBM	Health Belief model
HIV	Human Immuno-deficiency Virus
STI	Sexually Transmitted Infections
UNAIDS	United Nations Programme on HIV and AIDS
UNZA	University of Zambia
WHO	World Health Organization
ZDHS	Zambia Demographic and Health Survey

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