University of Venda
Creating Future Leaders





ATTITUDES OF YOUTHS FROM 14 TO 19 YEARS TOWARDS CONDOM USE AT BOTLOKWA, LIMPOPO PROVINCE

by

Pfarelo Innocent Mudau

Student Number: 11561093

A thesis submitted in fulfilment of the requirements for the degree:

Magister Curationis (MCur)

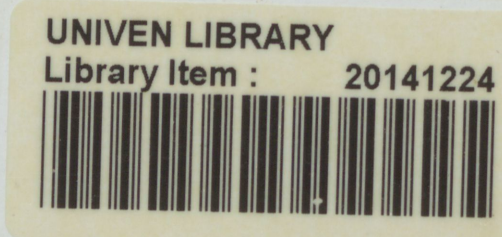
Department of Advanced Nursing Science
School of Health Sciences
University of Venda

Supervisor: Dr LH Nemathaga

Joint Supervisor: Dr PR Risenga

March 2014

©University of Venda



© University of Venda

DECLARATION

I, **Pfarelo Innocent Mudau**, declare that the thesis "**Attitudes of Youths from 14 to 19 Years Towards Condom Use at Botlokwa, Limpopo Province**" hereby submitted for the degree **Magister Curationis (MCur)** at the University of Venda has not been submitted previously by me at this or any other institution, that it is my own work in design and in execution, and that the sources that I have quoted have been indicated and acknowledged by means of complete references.

Pfarelo Innocent Mudau : .....
Student #: 11561093

Date Signed : APRIL 2014

© University of Venda

University of Venda
Creating Future Leaders

DEDICATION

- This study is dedicated to all the youths in our society. I hope they will take responsible actions and live positively.
- I also dedicate this study to all the parents, teachers and health workers who are supporting and educating youths to be responsible for their sexual behavior.

© University of Venda

University of Venda
Creating Future Leaders

ACKNOWLEDGEMENTS

I give special thanks and honour to All mighty God who gave me vision, strength, wisdom, opportunity and passion, if it wasn't for God, I would be nowhere by now.

I wish to express my deepest appreciation, thanks and acknowledgement to the following people who supported and encouraged me throughout to complete this study.

- Dr LH Nemathaga, my supervisor, for extra effort in guiding me and sharing her knowledge with me during the course of the study.
- Prof PR Risenga, my co-supervisor, who gave me knowledge, courage and support.
- Limpopo Provincial Department of Health, for granting me permission to conduct the study.
- The assistant Primary Health Care manager of Molemole municipality for giving me permission to conduct the study.
- Mrs TB Mulaudzi, for her dedication and support in the analysis of the questionnaires.
- Special thanks is due to my great parents, Jerry and Sarah Mudau, who are always my inspiration—they gave me support and opportunity through tough times in my studies. They instilled the culture of learning in the family.
- My siblings and friends Mudau Avhasei, Mudau Tshililo, Mudau Mulalo and a great pillar of strength, Razwiedani Konanani, who helped me a lot with technological skills and encouragement.
- To all the youths who voluntarily and willingly participated in the study, a special thanks for sharing their information, without them the study would be incomplete.

© University of Venda

University of Venda
Creating Future Leaders

ABSTRACT

Introduction: Sexually transmitted infections (STIs) are transmitted when infected semen or vaginal fluid comes into contact with mucosal surfaces. Condoms block the discharge of semen or protect the male urethra against exposure to vaginal secretions. Thus, condoms provide a greater level of protection against STIs. The main purpose of this study was to explore the attitudes of teenagers towards condom use at Botlokwa, located in the Limpopo Province, by analyzing the responses given by the youths from the age of 14 to 19 years to a questionnaire. The study was conducted at Botlokwa, a clinical area of the Capricorn district of Limpopo Province.

Methods: A quantitative approach was adopted using a descriptive design. Random sampling which included youths from the ages 14 to 19 years was used and data collection was done using questionnaires. Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 18.0.

Results: The major inferences drawn from this study included non-availability of condoms which led youths not to use condoms during sexual intercourse. A positive attitude towards condom use was observed among the youth respondents.

Conclusion: The feedback from the youths is an indication that lack of knowledge on the effectiveness of female condoms led to non-use of condoms. Non-availability of condoms and coerced sex also contribute to non-use of condoms at Botlokwa, Capricorn district of Limpopo Province. Youths were willing to use condoms during sex. Positive attitude towards condom use were found.

Keywords: Youth, condom, attitude, sexually transmitted infection, health belief model.

© University of Venda

ACRONYMS

ABC	Abstain, Be Faithful, Use a Condom
AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control and Prevention
CEA	Condom Education and Availability
DHIS	District Health Information System
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
NIH	National Institutes of Health
MDG(s)	Millennium Development Goal(s)
PHC	Primary Health Care
PLWHA	People Living with HIV/AIDS
SPSS	Statistical Package for Social Sciences
STD(s)	Sexually Transmitted Disease(s)
STI(s)	Sexually Transmitted Infection(s)
WHO	World Health Organization
UNAIDS	Joint United Nations Program on HIV/AIDS

© University of Venda

University of Venda
Creating Future Leaders

TABLE OF CONTENTS

TITLE PAGE i
DECLARATION ii
DEDICATION iii
ACKNOWLEDGEMENTS iv
ABSTRACT v
KEYWORDS vi
ACRONYMS vii
TABLE OF CONTENTS viii
LIST OF TABLES xiii
LIST OF FIGURES xiv

CHAPTER 1: ORIENTATION TO THE STUDY **1**
1.1 Introduction 1
1.2 Background to and Rationale of the Study 2
1.3 Problem Statement 5
1.4 Research Purpose 5
1.5 Research Objectives 6
1.6 Research Methodology 6
1.6.1 Research Paradigm 6
1.6.2 Research Design 7
1.6.3 Study Setting 8
1.6.4 Population 8
1.6.5 Sampling 8
1.6.6 Data Collection 9
1.6.7 Data Analysis 9
1.6.8 Reliability and Validity 10
1.6.9 Pre-Test (Pilot Study) 11
1.7 Ethical Considerations and Protecting the Rights of the Respondents 11
1.8 Significance of the Study 12
1.9 Assumptions Underlying the Study 13
1.10 Definitions of Concepts 14
1.10.1 Attitudes 14
1.10.2 Youths 14
1.10.3 Condom 14
1.11 Outline of the Study 14
1.12 Conclusion 15

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 2: LITERATURE REVIEW **16**

2.1 Introduction 16

2.2 Definition and Purpose of a Literature Review 16

2.3 Factors Affecting Condom Use 17

2.4 The Influence of Religion on Condom Use 20

2.5 The Influence of Parental Communication on Condom Use 23

2.6 Attitudes of Youths Towards Condoms 26

2.7 Sexual Practices of Youths 30

2.8 Misconceptions Regarding Condom Use 37

2.9 Beliefs and Condom Use 39

2.10 Conceptual Framework: The Health Belief Model 42

2.11 Conclusion 44

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY **45**

3.1 Introduction 45

3.2 Purpose of the Study 45

3.3 Research Setting 45

3.4 Research Design 46

3.4.1 Descriptive Research Design 47

3.4.2 Quantitative Research Design 47

3.5 Research Methods 47

3.5.1 Population and Eligibility Criteria 47

3.5.2 Sampling and Sampling Techniques 49

3.6 Data Collection 49

3.7 Operationalization of the Data Collection 50

3.8 Respondents' Responses to the Questionnaires 50

3.9 Validity and Reliability 51

3.9.1 Validity 51

3.9.2 Reliability 52

3.9.3 Development of the Data Collection Instrument 52

3.9.3.1 Structure of the Questionnaire 54

3.9.3.2 Covering Letter 56

3.9.3.3 Pre-Testing the Instrument 56

3.10 Data Analysis 57

3.11 Ethical Considerations 57

3.11.1 Permission to Conduct the Study 58

3.11.2 Informed Consent 58

3.11.3 Privacy, Confidentiality and Anonymity 58

3.12 Conclusion 59

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 4: DATA ANALYSIS AND INTERPRETATION 60

4.1 Introduction 60

4.2 Analysis and Discussion of Questionnaire Data 60

4.2.1 Section A: Demographic Data of the Respondents 61

4.2.1.1 Item 1: Age 61

4.2.1.2 Item 2: Educational Level 62

4.2.1.3 Item 3: Gender 63

4.2.1.4 Item 4: Marital Status 63

4.2.1.5 Item 5: Number of Children 64

4.2.1.6 Item 6: Family Members 65

4.2.1.7 Item 7: Ethnic Group 66

4.2.1.8 Item 8: Religious Affiliation 66

4.2.1.9 Item 9: Botlokwa Village Residency Status 67

4.2.1.10 Items 10-12: Highest Qualifications of Parents or Guardians 68

4.2.1.11 Items 13-15: Employment Status of Parents or Guardians 70

4.2.2 Section B: Knowledge related to Condom Use 71

4.2.2.1 Item 16: Using a Condom Reduces the Risk of STI Transmission 71

4.2.2.2 Item 17: Latex Condoms Reduce the Risk of STI Transmission 71

4.2.2.3 Item 18: Lubricants can Cause Condoms to Break 72

4.2.2.4 Item 19: Condoms can be Used More than Once 72

4.2.3 Section C: Attitudes Concerning Condom Use 73

4.2.3.1 Items 20 & 21: Affordability and Availability of Condoms 73

4.2.3.2 Items 22 & 23: Embarrassment Related to Condom Purchase and Suggesting Condom Use to Partner 74

4.2.4 Section D: Attitudes Towards Female Condoms 74

4.2.4.1 Item 24: Female Condoms versus Male Condoms: Prevention of Pregnancy 75

4.2.4.2 Item 25: Female Condoms versus Male Condoms: Difficulty of Use 76

4.2.4.3 Item 26: Female Condoms versus Male Condoms: Female Orgasm 76

4.2.4.4 Item 27: Female Condoms versus Male Condoms: Male Orgasm 77

4.2.4.5 Item 28: Female Condoms versus Male Condoms: Protection Against STIs, Including HIV 77

4.2.5 Section E: Sexual Behavior and the Health Belief Model 77

4.2.5.1 Item 29: Risk of Contracting STIs 77

4.2.5.2 Item 30: Use of Condom While at Risk of Contracting STIs 78

4.2.5.3 Item 31: Frequency of Condom Use in Past Three Months 78

4.2.5.4 Item 32: Use of Condom to Prevent Infection During Sexual Intercourse 79

4.2.5.5 Items 33 & 34: Confidence in Putting on and Carrying a Condom 79

4.2.5.6 Items 35 & 36: Suggesting Condom Use to a Partner and It's Embarrassing to Put on a Condom 80

4.2.5.7 Items 37 & 38: Fear of Rejection and Confidence in Persuading a Partner to Accept Condoms 81

4.2.5.8 Items 39 & 40: Disposing of a Condom After Sexual Intercourse and Failing to Use a Condom Properly 82

4.2.5.9 Items 41 & 42: Diagnosed with STI and Discussing Condom Use with a New Partner 83

© University of Venda

University of Venda
Creating Future Leaders

4.2.5.10 Items 43-45: Alcohol and Condom Use, Sexual Intercourse and Age at First Sexual Intercourse 84
4.2.5.11 Items 46 & 47: Condom Use/Non-Use During Last Sexual Intercourse 86
4.2.5.12 Items 48-50: Partner Has Other Sexual Partners, Regular and Casual Sexual Partners 87
4.2.5.13 Items 51 & 52: Condom Use During Last Sexual Intercourse with Casual Partners and Reason for Using Condoms 87
4.2.5.14 Items 53 & 54: Coerced to Have Sex and Use of Condom in Coerced Sex 88
4.2.5.15 Item 55: Number of Sexual Partners 89
4.2.5.16 Item 56: Mentality on Condom Use 90
4.2.5.17 Item 57: Knowledge of STIs 91
4.2.5.18 Item 58: Hindrance to Condom Use 91
4.2.5.19 Item 59: Problems Encountered While Using Condoms 92
4.2.5.20 Item 60: Promotion of Condom Use 92
4.3 Conclusion 93

CHAPTER 5: DISCUSSION, LIMITATIONS AND RECOMMENDATIONS 94

5.1 Introduction 94
5.2 Discussion 94
5.2.1 Demographics 94
5.2.1.1 Age, Educational Level and Gender 94
5.2.1.2 Marital Status and Number of Children 95
5.2.1.3 Family Members, Ethnic Group and Religious Affiliation 96
5.2.1.4 Residency Status and Qualification of Parents or Guardians 98
5.2.1.5 Employment Status of Parents or Guardians 99
5.2.2 Knowledge and Attitudes of Condom Use 99
5.2.2.1 Condom Use Reduces the Risk of STI Transmission 99
5.2.2.2 Lubricants can Cause Condoms to Break 101
5.2.2.3 Affordability and Availability of Condoms 101
5.2.2.4 Embarrassment Related to Condom Purchase and Proposing Condom Use to Partner 102
5.2.2.5 Attitudes Towards Female Condoms 103
5.2.3 Sexual Behaviour and the Health Belief Model 105
5.2.3.1 Risk of Contracting STIs and Condom Use 105
5.2.3.2 Frequency of Condom Use to Prevent Infection 106
5.2.3.3 Confidence in Putting on and Carrying a Condom 106
5.2.3.4 Suggesting and Discussing Condom Use with a Partner 107
5.2.3.5 Diagnosis of STI, Sexual Intercourse and Age at First Sexual Intercourse 109
5.2.3.6 Alcohol and Condom Use During Last Sexual Intercourse 110
5.2.3.7 Partner Has Other Sexual Partners, Regular/Casual Sexual Partners Reasons for Condom Use at Last Sexual Intercourse 112
5.2.3.8 Use of Condom in Coerced Sex 114
5.2.3.9 Mentality on Condom Use, Knowledge of STIs and Hindrance to Condom Use 114
5.2.3.10 Problems Encountered While Using Condoms and Promotion of Condom Use 116
5.3 Limitations of the Study 118

© University of Venda

University of Venda
Creating Future Leaders

5.4 Recommendations 118
5.4.1 Ministry of Education and Vocational Training 119
5.4.2 Community 119
5.4.3 Health Services Management 119
5.4.4 The Country 119
5.4.5 Further Research 120
5.5 Assumptions 120
5.6 Final conclusions 121

REFERENCES 122

ANNEXURE A: Letters Requesting Permission to Conduct the Study 135

ANNEXURE B: Clearance from the University of Venda Research and Ethics Committee to Conduct the Study 137

Approval letter from Limpopo department of health to conduct the study 138

ANNEXURE C: Information Letter and Consent Form 139

ANNEXURE D: Questionnaire 141

ANNEXURE E: Guide to condom use 150

ANNEXURE VI: Letter from the Language Editor 151

© University of Venda

University of Venda
Creating Future Leaders

LIST OF TABLES

Table 3.1: Respondents responses to the questionnaires 50
Table 4.1: Ages of the respondents *(Item 1)* 61
Table 4.2: Educational level of the respondents *(Item 2)* 62
Table 4.3: Gender of the respondents *(Item 3)* 63
Table 4.4: Marital status of the respondents *(Item 4)* 64
Table 4.5: Number of children of the respondents *(Item 5)* 64
Table 4.6: Family members of the respondents *(Item 6)* 65
Table 4.7: Ethnic group of the respondents *(Item 7)* 66
Table 4.8: Religious affiliation of the respondents *(Item 8)* 67
Table 4.9: Botlokwa village residency status of the respondents *(Item 9)* 68
Table 4.10: Highest qualifications of parents or guardians *(Items 10-12)* 69
Table 4.11: Employment status of parents or guardians *(Items 13-15)* 70
Table 4.12: Using a condom reduces the risk of STI transmission *(Item 16)* 71
Table 4.13: Latex condoms reduce the risk of STI transmission *(Item 17)* 72
Table 4.14: Lubricants can cause condoms to break *(Item 18)* 72
Table 4.15: Condoms can be used more than once *(Item 19)* 73
Table 4.16: Affordability and availability of condoms *(Items 20 & 21)* 73
Table 4.17: Embarrassment related to condom purchase and suggesting condom use to partner *(Items 22 & 23)* 74
Table 4.18: Female condoms versus male condoms: Prevention of pregnancy *(Item 24)* 75
Table 4.19: Female condoms versus male condoms: Difficulty of use *(Item 25)* 75
Table 4.20: Female condoms versus male condoms: Female orgasm *(Item 26)* 76
Table 4.21: Female condoms versus male condoms: Male orgasm *(Item 27)* 76
Table 4.22: Female condoms versus male condoms: Protection against STI & HIV *(Item 28)* 77
Table 4.23: Risk of contracting STIs *(Item 29)* 78
Table 4.24: Use of condom while at risk of contracting STIs *(Item 30)* 78
Table 4.25: Frequency of condom use in past three months *(Item 31)* 79
Table 4.26: Use of condom to prevent infection during sexual intercourse *(Item 32)* 79
Table 4.27: Confidence in putting on and carrying a condom *(Items 33 & 34)* 80
Table 4.28: Suggesting condom use to a partner and it's embarrassing to put on a condom *(Items 35 & 36)* 81
Table 4.29: Fear of rejection and confidence in persuading a partner to accept condoms *(Items 37 & 38)* 82
Table 4.30: Disposing of a condom after sexual intercourse and failing to use a condom properly *(Items 39 & 40)* 83
Table 4.31: Diagnosed with STI and discussing condom use with a new partner *(Items 41 & 42)* 83
Table 4.32: Alcohol and condom use, sexual intercourse and age at first sexual intercourse *(Items 43-45)* 84
Table 4.33: Condom use/non-use during last sexual intercourse *(Items 46 & 47)* 86
Table 4.34: Partner has other sexual partners, regular and casual sexual partners *(Items 48-50)* 88
Table 4.35: Condom use during last sexual intercourse with casual partners and reason for using condoms *(Items 51 & 52)* 89
Table 4.36: Coerced to have sex and use of condom in coerced sex *(Items 53 & 54)* 90
Table 4.37: Number of sexual partners *(Item 55)* 90

© University of Venda

University of Venda
Creating Future Leaders

LIST OF FIGURES

Figure 3.1: Map of Botlokwa village adapted from photos 46
Figure 4.1: Ages of the respondents *(Item 1)* 61
Figure 4.2: Educational level of the respondents *(Item 2)* 62
Figure 4.3: Gender of the respondents *(Item 3)* 63
Figure 4.4: Number of children of the respondents *(Item 5)* 65
Figure 4.5: Family members of the respondents *(Item 6)* 66
Figure 4.6: Ethnic group of the respondents *(Item 7)* 66
Figure 4.7: Religious affiliation of the respondents *(Item 8)* 67
Figure E : Guide to condom use 150

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction

Condoms are an integral part of sexually transmitted infection (STI), including human immunodeficiency virus (HIV) prevention strategies, and their use has increased significantly over the past decade. Correct and consistent use of condoms reduces the risk of HIV transmission by almost 85%. According to a 2000 report by the National Institutes of Health (NIH), correct and consistent use of latex condoms reduces the risk of HIV/AIDS transmission by approximately 85% relative to risk when unprotected, putting the seroconversion rate (infection rate) at 0.9 per 100 person-years with condoms down from 6.7 per 100 person-years (NIH, 2010:13). An analysis published in 2007 by the University of Texas Medical Branch and the World Health Organization (WHO) found similar risk reductions of 80–95% (Cayley & Davis, 2007:3; WHO, 2007:200).

Another study conducted in 2001 by the NIH in the subsequent year reported similar findings regarding consistent condom use which reduces the risk of HIV/AIDS transmission by approximately 85% as well as the risk of gonorrhoea for men by approximately 78% (UNAIDS, 2012:12). This information reflects how crucial consistent condom use is and hence it was considered relevant to conduct the present study, i.e., investigate the attitudes of youth at Botlokwa towards condom use. Due to the information presented above, condom promotion has received extensive

© University of Venda

University of Venda
Creating Future Leaders

responsiveness in the fight against the AIDS pandemic. This is particularly important in sub-Saharan Africa where HIV transmission is mainly through sexual contact. Yet condom use is among the most difficult issues to address in designing programmes to reduce sexual transmission of HIV in Africa. The South African government made exceptional progress in prevention of STIs and unwanted pregnancies by providing free accessible and user friendly condoms, yet people are still getting sexually transmitted infections and the country is challenged by the high rate of teenage pregnancies. According to Millennium Development Goal (MDG) number 5, universal access to reproductive health must be achieved by 2015. Thus, in this study the condom was considered as a primary contraceptive and primary barrier to STI's (WHO, 2007:200). The attitudes of a person towards condom use will determine whether the person will use a condom while having sex (Cort & Modeste, 2006:61).

1.2 Background to and Rationale of the Study

The most complex and complicated health problems confronting the world today are STI's, including HIV/AIDS. The national commission on AIDS, classified HIV infection as the mostly deadly STD ever to confront humanity (Agweda, Dibua & Eromosele, 2010:169). According to UNAIDS (2012:74), AIDS kills ten times more people in a year than war. Thus, if people are using condoms correctly and consistently it implies that there will be less infections, deaths and complications caused by STIs. The campaigns for the use of condoms remain one of the mainstays for prevention of HIV and other STIs. In spite of condom availability, some moral social and psychological obstacles are still prevalent and they hinder condom use (Arunansu, Bal, Senyal, Roy & Payel, 2008:55). This implies that even though people are willing, the above circumstances prevent them from using condoms. A study conducted in Europe

© University of Venda

University of Venda
Creating Future Leaders

on condom use with steady partners among heterosexual people living with HIV/AIDS (PLWHA) showed that condoms were not used consistently during the past six months. In a condom-base HIV centre, 28% of HIV-infected women and 53% of HIV-infected men always used condoms for vaginal or anal intercourse (Nostlinger, Niderost, Gredig & Roulin, 2010:771). In South Africa, young people experience considerable peer pressure to be sexually active. For males, having multiple sex partners is considered proof of manliness and earns status and admiration. In addition, males also encounter negative peer pressure towards condom use, females also face pressure from sexually experienced peers being excluded from group discussions because the inexperienced ones are considered immature. A recent national survey of HIV and sexual behavior among young South Africans found that approximately two thirds (67%) of young people aged 15-24 years reported having sexual intercourse (Mwaba & Naidoo, 2005:651).

Mwaba and Naidoo (2005:652) found that sexual experience increases with age, with 48% of 15-19 year olds reporting having had sex compared to 89% of 20-24 years old. The study also found that even though general knowledge about STIs and HIV was high among young people, there was a significant underestimation of personal risk. Only half of young sexually active people reported using condoms during their latest sexual encounter. The findings of the survey regarding low condom use are quite alarming—considering that South Africa is estimated to have one of the highest HIV prevalence rates in the world (Mwaba & Naidoo, 2005:652). Research also shows that the spread of HIV/AIDS is on the increase. It was expected that the prevalence of AIDS will reach about 27% of the sexually active population in South Africa by the year 2010. At least half of those infected with HIV are under the age of 25 years,

© University of Venda

University of Venda
Creating Future Leaders

making AIDS a major concern affecting youth today. At the former University of the North (now the University of Limpopo) in South Africa, it has been reported that the prevalence of HIV among students who consulted private medical doctors in the Mankweng area has reached an alarming rate of 50% (Pletzer, 2000:46). This denotes that young people who are sexually active are not using condoms, hence the statistics of HIV keeps on escalating. A study carried out at a South African university showed that among sexually active women, 8% reported that they had been coerced in having sex, while 2% indicated that they had sex in exchange for some kind of support from someone. Most participants (94%) reported that they would be willing to talk to their partner about using a condom, while 95% indicated that it was easy for them to get a condom if they needed to use one (Mwaba & Naidoo, 2005:654).

Condom use during first sex was reported only by 24% of the students who had sexual intercourse. Condom use during the first intercourse was associated with lower levels of alcohol use, the absence of depressive symptoms, and the absence of a pregnancy history. Consistent condom use with a steady partner was reported by 8% (Jenkins, Manopaiboon, Samuel & Carey, 2002:235). One of Limpopo schools, Mavalani Secondary, has been hit by a wave of 50 teenage pregnancies on 2010 (Drum magazine 963, 2011:9). This also prompted the present study to explore the attitudes of youths towards condom use in order to come up with recommendations for promotion of consistent condom use as it will reduce the rate of STIs and lower teenage pregnancies.

© University of Venda

University of Venda
Creating Future Leaders

1.3 Problem Statement

Burns and Grove (2003:66) defined a research problem as a situation in need of a solution, improvement or alterations, a discrepancy between the way things are and the way things are supposed to be.

There is high rate of STIs, including HIV, and teenage pregnancies in the Capricorn district of the Limpopo Province, which clearly suggest that youths are not using condoms. At Ramokgopa clinic where the researcher is working, 5 in 10 youths who consult with a medical illness are found to have STIs. In the last quarter of 2011, from October to December, there were 90 newly diagnosed STIs and in the first quarter of 2012, from January to March, there were 121 newly diagnosed STIs—hence, in the first quarter of 2012, 5200 male condoms and 233 female condoms were distributed (Ramokgopa Clinic Monthly District Health Information Stats, 2012:2). Some of the youths who were diagnosed with STIs were asked if they had problems using condoms and some said they did not like using condoms. It was against this background that the researcher decided to investigate the attitudes of youth towards condom use at the study site. No scientific research was conducted to address the problems of STI's at Botlokwa but those youths were treated and given contact slips to give their partners so that they must also be treated. Daily health education is continuously given and STI's is one of the topic which is also given attention too.

1.4 Research Purpose

The purpose of the study was to investigate the attitude of youths towards condom use in the Botlokwa area of Limpopo Province.

© University of Venda

University of Venda
Creating Future Leaders

1.5 Research Objectives

The objectives of the study were to:-

1. Explore the attitudes of youths towards condom use;
2. Describe the attitudes of youths towards condom use; and
3. Suggest guidelines to promote condom use.

1.6 Research Methodology

Methodology is the way of obtaining, organizing and analyzing data (Polit & Hungler, 2003:233). Methodological decisions depend on the nature of the research questions and in this study methodology refers to how the research was conducted.

1.6.1 Research Paradigm

This study followed a quantitative research paradigm which involved the use of structured formal instruments to collect information. Quantitative research is the process that involves conceptualizing a research project, planning and implementing the project as well as communicating the findings (Burns & Grove, 2003:35). This research involved identification of the problem, purpose of the study and formulation of objectives. Other characteristics included the literature review, research design, population and sample, data collection and analysis, identification of limitations as well as communication of the findings. The following are the reasons for the adoption of a quantitative research paradigm in this study:

- The purpose of the study was to investigate the attitude of youths towards condom use in the Botlokwa area of Limpopo Province.

© University of Venda

University of Venda
Creating Future Leaders

- A planned process of collecting, analyzing and communicating data.

1.6.2 Research Design

A research design is a blueprint for conducting a study, it maximizes control over variables that could interfere with the validity of the findings (Burns & Grove, 2003:34). A descriptive, quantitative research design was used to investigate the attitudes of youths towards condom use at Botlokwa in the Limpopo Province. The purpose of a descriptive study is to obtain complete and accurate information about a phenomenon through observation, description and classification—it provides new information about a phenomenon. The purpose of a descriptive study is to observe, describe and document aspects of a situation as it occurs naturally (Polit & Hungler, 1999:195).

Exploratory research, on the other hand, seeks to generate ideas about a relation between variables. The advantage of exploratory research is that it is easier to make new discoveries due to the less stringent methodological restrictions. Here, the researcher does not want to miss a potentially interesting relation and therefore aims to minimize the probability of rejecting a real effect or relation, this probability is sometimes referred to as β and the associated error is of type II. Thus, to see whether some of the measured variables are related and to increase the chances of finding a significant result, the threshold of what is deemed significant may be lowered. The advantage of this design is that a great deal of information can be obtained. This design was applied to the present study (De vos, Strydom, Fouche & Delport, 2005:134.)

© University of Venda

University of Venda
Creating Future Leaders

1.6.3 Study Setting

The study was conducted at one of the PHC facilities in the Capricorn district of the Limpopo Province. This clinical setting was used as there was no manipulation of the environment, no changes were made to the setting and no special treatment was given to the participants which could have affected the results. Data were collected during normal working hours throughout the week. Most of the youths attended school and most females at an average age of 18 years have at least one child. Youths spend most of their recreational time at the sport fields and some at the liquor stores.

1.6.4 Population

A research population refers to the entire aggregation of cases in which the research is interested in (Polit & Hungler, 1999:277). The target population is the aggregate of cases about which the researcher would like to make generalisations (Polit & Beck 2004:290). In this study, the target population consisted of all youths between the ages of 14 to 19 years who came to the PHC facility during the time of data collection at Botlokwa in Molemole municipality, Capricorn district, Limpopo Province.

1.6.5 Sampling

Sampling is the process of selecting the portion of the population to represent the entire population (Polit & Hungler, 1999:278). In this study non-probability sampling was used because the researcher did not know the population size or members of the population (Gravetter & Forzano, 2003:118). The researcher used his judgement to hand-pick youths aged 14 to 19 years. The sample size of 80 respondents comprised males and females between the ages 14 to 19 years who visited the local clinic where

© University of Venda

University of Venda
Creating Future Leaders

the researcher worked. Data were collected throughout the day from 07h00 to 18h00, but mainly from 13h00 as the target group generally visited the clinic after school.

1.6.6 Data Collection

Data collection is the gathering of information needed to address research problems (Polit & Hungler, 1999:475). In this study, data were collected by means of a self-report in the form of self-administered questionnaire consisting of open-ended and closed questions. A questionnaire in the form of a Likert Scale was developed and used in the study to measure the attitudes of youths towards condom use at Botlokwa. Data were collected at Ramokgopa clinic. The purpose of the study was explained to the respondents, after which a signed informed consent was obtained by the researcher from the respondents who willingly agreed to participate in the study, and for those who were under age consent was first secured from the parents or guardians. The consent forms were kept in a separate box before the administration of the questionnaires and were finally locked in the researcher's office to ensure confidentiality. Every respondent completed the questionnaire in a quiet side room. An average of 25 minutes was spent by each respondent in the completion of the questionnaire. The questionnaires did not requested the names of the participants. Questionnaires were collected by the researcher and locked in a safe room.

1.6.7 Data Analysis

Data analysis is an activity that permeates all stages of a study and should begin during the design of the study (USGAO, 1992:1). The Statistical Package for Social Sciences (SPSS) 18.0 was used to analyze the data. All returned questionnaires were coded into the computer for easy entry, and analysis was performed by a statistician from the

© University of Venda

University of Venda
Creating Future Leaders

Department of Statistics at the University of Venda. SPSS 18.0 was used to manage data in order to gain frequencies and cross tabulations from the data. Data capturing was numerical and numbers were linked to questions asked in the questionnaire.

1.6.8 Reliability and Validity

Reliability is the extent to which an instrument provokes consistent responses when repeated (LoBiondo-Wood & Harber, 2002:317). According to Crookes and Davies (2004:97), reliability is referred to as the degree to which the instrument used to collect data will yield consisted results if used repeatedly. To ensure reliability in this study, the instrument was given to experts in development of questionnaires and also to the supervisors to check before pilot testing the instrument. The instrument was pre-tested by administering the questionnaire to 17 youths before the main study and data obtained from pilot study did not form part of the results, but used to check ambiguity, understandability of terms and to effect necessary adjustments.

Various authors defined validity as the degree to which an instrument actually measures the abstract construct it purports to measure given the environment to which it is applied (LoBiondo-Wood & Harber, 2002:331; Burns & Groove, 2001:340). The researcher focused on the content validity, i.e., the degree to which the items in an instrument adequately represent the universal content. After the construction of the research instrument, it was submitted to the following people for correction and constructive criticism:

- The supervisors of this study, Department of Advanced Nursing Science at the University of Venda

© University of Venda

University of Venda
Creating Future Leaders

- Senior professional nurses at PHC level
- Statistician in the Department of Statistics, University of Venda

The reviewers supported the assertion that the components of the questionnaires accurately reflected the phenomenon being studied and that the questions were appropriate to explore the attitudes of youth towards condom use at Botlokwa in the Limpopo Province.

1.6.9 Pre-Test (Pilot Study)

Pre-testing is the collection of data prior to the experimental intervention—thus it is the trial administration of a newly developed instrument to identify flaws or assess time requirements (Polit & Beck, 2012:267). The pre-testing of the instrument was conducted using 17 youths as respondents. The 17 respondents did not form part of the main study. The pre-testing was conducted at Matoks clinic which provide the same services as Ramokgopa clinic, using the prepared questionnaires to determine whether the proposed study was feasible, to determine the clarity of questions, the effectiveness of the instructions and the time required to complete the questionnaire. It was found that the questionnaire was simple and user-friendly. The instrument was not time consuming as the participants spent an average time of 30 minutes to complete it.

1.7 Ethical Considerations and Protecting the Rights of the Respondents

Ethics are moral principles that control or influence a person's behaviour (Pera & Van Tonder 2005:4). Ethical considerations in the conduct of this study were followed to prevent ethical dilemmas. To ensure ethical adherence of the study, permission to conduct this study was obtained from the following structures:

© University of Venda

- School of Health Sciences Higher Degrees Committee
- University of Venda Higher Degrees Committee
- The Research Committee, Department of Health and Social Development, Limpopo Province, as well as
- Respondents.

Informed consent was obtained from the respondents prior to their participation in the study and participation was voluntary. It was made clear to the respondents that signing of the consent form indicated their willingness to participate in the study. Participants were also advised that they could terminate their participation in the study at any time. The purpose of study was explained to the respondents and that anonymity was upheld and the names of the respondents were not required on the questionnaires. Data were stored in a locked room which was only accessible to the researcher. The questionnaires and consent forms will be destroyed upon approval of the completed study by the research assessors. No physical risks were involved as the study was non-experimental.

1.8 Significance of the Study

The study sought to explore and describe the attitudes of youths aged 14 to 19 years towards condom use at Botlokwa in Limpopo Province. The findings of this study may serve as a basis for planning youth health promotion programmes and might give insight on why youths are not using condoms. Moreover, alternative ways of encouraging youths to use condoms will be look at and appropriate recommendations conceptualized. This may help with the reduction of STIs, including HIV, and teenage

© University of Venda

University of Venda
Creating Future Leaders

pregnancies in the Botlokwa area. The government may also benefit from the study if the STI rate can be lowered by the promotion of condom use which, in turn, may reduce the costs of antibiotics and other drugs used in the treatment of STIs.

If condoms are used there would be fewer infections as well as fewer complications which are caused by STIs. The rate of unwanted pregnancies may decrease and thus may also reduce the number of abortions. The youth might be aware of the importance of using condoms and this may increase their life span as there would be less STIs, including HIV infection.

1.9 Assumptions Underlying the Study

Assumptions are basic principles that are accepted as being true on the basis of logic and reasoning without being verified or proven (Polit & Beck, 2012:640).

This study was based on the following assumptions:

- Lack of knowledge of condoms can result in not using condoms and make youths prone to STIs.
- There is a relationship between negative attitudes towards condom use and non-use of condoms.
- Cultural and religious beliefs are associated with unprotected sexual encounters.

© University of Venda

University of Venda
Creating Future Leaders

1.10 Definitions of Concepts

1.10.1 Attitudes

Views and ways of responding towards something (Oxford Advanced Learner's Dictionary, 2010). In this study, attitudes refers to the way teenagers act in response towards condom use, i.e., the way they think will determine whether they will use condoms during sexual intercourse.

1.10.2 Youths

This is the time of life when a person is young, especially before the child becomes an adult (Oxford Advanced Learner's Dictionary, 2010:1730). In this study, sexually active people from the ages of 14 years to 19 years old will be required to respond to questions in a structured, self-administered questionnaire that will evaluate their knowledge and attitudes towards condom use.

1.10.3 Condom

A condom is a device, usually made of latex, which is used during sexual intercourse to reduce the risk of pregnancy and/or STDs/STIs) such as gonorrhoea, syphilis and HIV (Oxford Advanced Learner's Dictionary, 2010). This study defines a condom as a protective rubber barrier which is used during sexual intercourse to prevent and minimize STIs.

1.11 Outline of the Study

Chapter 1: Discusses the introduction, background and rationale, problem statement, purpose, objectives, research design and methodology, ethical considerations, significance of the

© University of Venda

University of Venda
Creating Future Leaders

study, assumptions underlying the study, and definitions of concepts.

Chapter 2: Discusses literature reviewed on attitudes towards condom use.

Chapter 3: Describes the research design and methodology, including the population and sample, research setting, data collection and instrument for data collection, reliability and validity as well as ethical considerations.

Chapter 4: Deals with data analysis and interpretation of the respondents' attitudes towards condom use through a structured questionnaire.

Chapter 5: Presents the discussion, limitations and recommendations to improve the attitudes of youths towards condom use at Botlokwa of Limpopo Province.

1.12 Conclusion

This chapter briefly provided the introduction, background and rationale, problem statement, purpose, objectives, research design and methodology, ethical consideration, significance of the study, assumptions underlying the study, definitions of concepts, as well as the outline of the study. The next chapter will deal with literature review.

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The literature reviewed in this study focused on research that had already been conducted on condom use internationally, nationally and locally. The literature indicates that the range of factors affecting condom use are situational, interpersonal and structural, including knowledge about AIDS, behavioural intention, perceived susceptibility, perceived barriers, self-efficacy, and demographic (Mwaba & Naidoo, 2005:652). This chapter addresses issues such as religious attitudes, behavioural constructs, peer pressure, emotional reaction towards condom use, attitudes based on alcohol use, attitudes about fertility, parental influence, attitudes related to purchasing of condoms and perceived risks of condom use.

2.2 Definition and Purpose of a Literature Review

A literature review is defined as a process which involves reading, understanding and formulating conclusions about theory and published studies on a particular topic. It is done to acquire knowledge for use in a practice or to provide a basis of conducting a study (Burns & Grove, 2003:55). The purpose of a literature review is to familiarize the researcher with practical and theoretical issues relating to the problem and helps the researcher to lay a foundation for the study. Literature review indicates what is

© University of Venda

University of Venda
Creating Future Leaders

known about an area of inquiry and suggests ways of conducting a study on the topic of interest (Polit & Beck, 2004:221).

2.3 Factors Affecting Condom Use

The practice of wiping, douching or inserting substances into the vagina is reportedly common in sub-Saharan Africa. Intercourse following such vaginal treatment is referred to as 'dry sex'. The most common reasons offered by women for these practices include the enhancement of sexual experience through sensations of vaginal dryness, tightness or warming; cleansing of the vagina before or after intercourse; treatment or prevention of STI; restoration and tightening of the vagina after delivery; or the satisfaction of a partner (De Walque, 2007:564). Although the evidence in the literature is inconclusive, it has been suggested that 'dry sex' may increase the risk of HIV infection among women through the sloughing of the vaginal wall during sex, or possible inflammation, ulceration or epithelial damage caused by the insertion of substances in the vagina (Saleh-Onoya, Reddy, Ruiter, Sifunda, Wingood & Van Den Borne, 2009:43).

A study carried out in Ekpoma, Nigeria, showed that the majority of the participants were aware of condom efficiency and its benefits to prevent STIs and pregnancy, but only few used a condom while having sex (Agweda, Dibua & Eromonsele, 2010:169). Adolescents who have sex with more than one partner often prefer to use a condom during sexual intercourse because it is the only method that protects them from STIs and HIV/AIDS. One of the unfortunate consequences of the increase in sexual activity is the rate of unwanted pregnancies and the contraction of STIs (Alarape, Olapegba & Chovwen, 2008:237). Young girls and women are regularly and repeatedly denied

© University of Venda

University of Venda
Creating Future Leaders

information and access to condoms. Often they do not have the power to negotiate the use of condoms. In many social contexts, men are resistant to use condoms. This needs to be recognized in designing condom promotion programmes. Female condoms can provide women more control in protecting themselves. However, women will remain highly vulnerable to HIV exposure, until men and women share equal decision-making powers in their interpersonal relationships. Condoms have also encouraged safer sexual behaviour more generally. An analysis of the AIDS epidemic in Uganda has confirmed that increased condom use, in conjunction with delay in age of first sexual intercourse, decreases the number of sexual infections and unintended teenage pregnancies (Mumtaz, Slaymaker & Salway, 2005:117).

The ABC (Abstain, Be Faithful, Use a Condom) tenet has now been incorporated in most prevention campaigns all around the world. This campaign seems to have paid off: 80.8% of the respondents of the Lagos Market Survey who had ever heard of HIV/AIDS mentioned at least one of the ABC principles as a possible method to prevent HIV infection. In the Okambilimbilim Survey, a household survey conducted in the same year in Windhoek, Namibia, this is even higher: 90.6% (AIID-CPCD, 2009:45). Despite this knowledge, people still engage in unprotected sex, even in countries with high HIV prevalence rates, where unprotected sex entails high risks.

Likewise, many studies have shown low levels of condom use, irrespective of infection risks (De Walque, 2007:564). For example, among respondents in the Lagos Market Survey who indicated to have had more than one sexual partner, 34.7% did not use a condom the last time they had sexual intercourse. In the Okambilimbilim Survey in Windhoek, this was only a little lower with 33.9% in 2008. The small size of the difference is striking, as the prevalence rate is much higher among the Namibian

© University of Venda

University of Venda
Creating Future Leaders

respondents—12.0% of the Namibian respondents were HIV-positive compared to 1.4% in the Lagos Market Survey. The result has been confirmed by the more systematic analysis of (Lagarde, Caraël, Glynn, Kanhonou, Abeg, Kahindo, Musonda, Auvert & Buvé 2001:236). They assessed condom use in four different cities in sub-Saharan Africa, and did not find any significantly higher condom use among populations with higher HIV prevalence rates. Weller and Davis (2002:76) find a similar result among factory workers with a high prevalence rate in Ethiopia where condom use is low, even though knowledge on condoms was widely spread.

Opio (2008:85) even showed an increase in some sexual behaviours in Uganda over the period 1989-2005: although abstinence increased among 15-24 year old adolescents from 23% in 1989 to 42% in 2005, males (aged 15-49) were found to report more multiple sexual partnerships and sex with non-spousal partners over the period 2001-2005 (25-29%, and 28-37%, respectively) while among male adolescents condom use with non-spousal partners declined from 65% to 55%. This risky sexual behaviour is remarkable given the prevention knowledge and reduced risk of HIV contraction when condoms are used consistently.

There are several reasons why college students are at risk for becoming HIV-positive. Research has shown that college students experience significant peer pressure that impairs their judgments. Alcohol and drug use on college campuses play a role in making students more susceptible to HIV/AIDS. As stated by the Centers for Disease Control and Prevention (CDC; http://www.cdc.gov), college students may not use condoms correctly or simply may not use any condoms while under the influence of alcohol and drugs (CDC, 2009). Studies show even though college students are

© University of Venda

University of Venda
Creating Future Leaders

knowledgeable about HIV/AIDS, in many cases, the knowledge does not result in safer sex practices (Lance, 2001:64).

Research has also shown that a significant percentage of college students do not have a positive attitude towards using a condom: their attitudes ranged between 'neutral to negative' because of discomfort and inconvenience. Also, college students have reported not wanting to discuss condom use with a sexual partner and being embarrassed while purchasing condoms (Winfield & Whaley, 2002:346).

2.4 The Influence of Religion on Condom Use

Condoms and other modes of contraception, along with abortion, are condemned by the Roman Catholic Church, some conservative Protestants, and many Hindus for moral reasons relating to their beliefs regarding the purpose of sexual faculty. Religious approval is often based on the belief that the choice of contraceptive use lies with individual conscience, or is not significantly different from natural family planning to warrant condemnation, while other religious authorities view contraception from the angle of stewardship of the earth, viewing overpopulation abatement as part of good stewardship and contraception (including limiting sexual activity) as serving this purpose. Religious leaders have been criticized for being complacent (Santos, Koller & Wilcox, 2008:95).

During a study at Botswana a clergyman stated that he would not allow his children to use condoms because it is against his religion, thus meaning that they won't use condoms (Marandu & Chamme, 2004:501). According to the Catholic Church—founded in Jerusalem and considered the oldest religious original branch of Christianity—both husband and wife are urged to remain faithful towards each other

© University of Venda

University of Venda
Creating Future Leaders

throughout their life time and avoid extra relationships at all cost. It is also necessary among Catholics not to engage in sexual activities before marriage as a sign of respect towards their religion. But since the olden days, the church position on condom use and other contraceptives as a form of family planning was not accepted. Only the natural family planning of abstinence is acceptable (Santos, Koller & Wilcox, 2008:95).

Hinduism is one of the oldest major religions in the world, and the third largest after Christianity and Islam, has an estimated one billion followers. In Hinduism, marriage is a sacred relationship that extends beyond life on earth, this means that the relationship continues through seven or more lives during which the couples progress spiritually. This marital bond is considered as a relationship of soul. Hinduism, as in other religions, does not totally approve condom use. However, with the high rate of HIV/AIDS that is reported, the use of condoms has been intensely promoted to prevent infections (Santos, Koller & Wilcox, 2008:96).

Buddhism, the world's fourth largest religion with an estimated 350 million followers, spans more than just as a religion, but the total existence. Buddhism focuses on the teachings of Gautama Buddha on spiritual enlightenment. Like in other religions, Buddhism believes in sanctity of life, marriage and family only in the concept of marriage not being a religious obligation, but rather a social construct aimed at promoting the well-being of humans as well as their happiness. There are no specific regulations concerning marriage, however, the religion emphasizes fidelity and loyalty as crucial in keeping a happy marriage. Another advice for a married person is to refrain from sexual misconduct and extramarital affairs. The use of condoms is based

© University of Venda

University of Venda
Creating Future Leaders

on the moral ground of individuals. They have also accepted that condoms prevent infections (Noden, Gomes & Ferreira, 2010:285).

Islam follows strictly the teachings of Allah based on the holy book, the Quran. They put more emphasis on self-discipline in all aspects of life, including sexuality and marriage. Married couples should remain faithful, unmarried people should remain chaste according to Islamic teachings. But since HIV/AIDS has become so widespread these days they have accepted the use of condoms notably in preventing transmission of diseases. The religion has also started on programmes of condom distribution education. Earlier the Muslim religious teachers had condemned condom use and they were involved in banning the advertisements of condoms. However, not all Muslim have accepted the use of condoms, but acknowledge that they should be used in family planning and prevention of infections (Noden, Gomes & Ferreira, 2010:285).

A major social obstacle is prevailing church attitudes towards condoms. Christianity is a major force in Kiribati society, with virtually everyone being an active church member, and 54 percent of the population belonging to the Catholic Church (National Statistics Office & Macro :2002), which strongly opposes the use of modern contraception including condoms. The other churches also tend to prefer to promote abstinence rather than contraception, and, as it becomes increasingly obvious that their opposition to family planning is causing Catholic congregations to increase more rapidly than other denominations, reluctance to promote any form of family limitation is also becoming evident among Protestant leaders (Santos, Koller & Wilcox, 2008:96).

© University of Venda

University of Venda
Creating Future Leaders

Although Catholic countries in Europe now have some of the lowest fertility rates in the world, the Kiribati people still tend to be reluctant to go against the dictates of local church leaders. Churches are an intrinsic part of Pacific village life, and clerics tend to reflect and reinforce the most conservative cultural values, including that children represent an investment in the future security of the family and the community. Since church values are consistent with traditional values, it is not difficult for the majority of Pacific people to accept church opposition to family planning. The author's fieldwork on several Catholic islands and in South Tarawa found that a few Catholic women are using contraception, including condoms, in spite of church opposition, but they are likely to remain a very small minority unless there is considerable change in community and church attitudes towards family limitation (Santos, Koller & Wilcox, 2008:95).

2.5 The Influence of Parental Communication on Condom Use

Communication with the parents about sexuality is an important factor for the native boys with respect to sex and condom use. The influence that norms among peers exert on individual behaviour is moderated by parental communication. Parents who communicate effectively about sexuality and safe sex behaviour can decrease their adolescent child's risk taking behaviour (Hendricks, Philips & Avonts, 2008:168). When young people feel unconnected to home, family, and school, they may become involved in activities that put their health at risk. However when parents affirm the value of their children, young people more often develop positive, healthy attitudes about themselves. Although most adults want youth to know abstinence, contraception and how to prevent HIV and other STIs, parents often have difficulty communicating about sex.

© University of Venda

Nevertheless, positive communication between parents and children greatly helps young people to establish individual values and to make healthy decisions. Lack of communication also affects behaviours and attitudes. Young people who reported feeling lack of parental warmth, love or caring were also more likely to report emotional distress, lower self-esteem, school problems, drug use and sexual risk behaviours (Hutchinson, 2002:238). Some studies have challenged popular beliefs that parents have no influence over the sexual behaviours of their adolescent children. It was found that parents' sexual values and sexual communication with their children exert significant influences on adolescents' attitudes towards sexuality, their initiation and participation in sexual activity and their use of contraceptives, including condoms. Although mothers have consistently been found to be primary sexual communicators with children, particularly daughters, fathers may play important role through the discussion of socio-sexual issues with daughters. Fathers may be able to provide daughters with unique perspectives, enhance their overall understanding of men, and provide opportunities to role play communication strategies with men (Hutchinson, 2002:238).

A study conducted in South Korea revealed that condom self-efficacy completely mediated the prediction of intensions to use condoms by the quality of the mother-son relationship. However condom self-efficacy did not mediate the relationship between the quality of the father-son relationship and the intension to use condoms. Only an indirect effect between the quality of the father-son relationship and the intension to use condoms existed (Cha, Kim & Doswell, 2007:277). It is hoped that recommendations of this study will promote communication between parents and their children about sexual practices.

© University of Venda

University of Venda
Creating Future Leaders

Broad parent support for school-based comprehensive sexuality education has been widely demonstrated (Bleakley, Hennessy & Fishbein, 2006:453). Comprehensive sexuality education represents a variety of approaches and configurations of content, but virtually all include some type of instruction on condom use and effectiveness. Schools implementing comprehensive sexuality education may offer condom availability programmes as well. For the purposes of this study, condom education and availability (CEA) is an operationalized concept that includes teaching and demonstration of condom use as part of a school-based comprehensive sexuality education curriculum, together with a condom availability programme implemented within the school. Several earlier studies provided evidence that CEA programmes increased condom use among teens, but did not encourage sexual intercourse at an earlier age (Blake et al, 2003:433). With the dissemination of this promising research came calls for expanded CEA programmes, but research on condom availability programmes has since waned (Epstein, 2006:65).

Recently, however, several studies have been conducted on parent support for CEA in schools (Eisenberg, Bernat, Bearinger & Resnick, 2009:416). A variety of demographic, socio-demographic and psychological factors appeared to have potential relevance to the understanding between the two (Eisenberg et al., 2009:71). Gender differences have been found in support for comprehensive sexuality education, however, with mothers being more supportive than fathers (Bleakley, Hennessy & Fishbein, 2006:76). With regard to parent age, Ito , Gizlice, Owen-O'Dowd, Foust, Leone and Miller, (2006:36) found that younger parent age was associated with support for instruction on condom use and support for promotion of condom use on television or by the government. In addition, younger parent age was also associated

© University of Venda

University of Venda
Creating Future Leaders

with greater belief in condom effectiveness. Generational differences in beliefs and attitudes toward condoms might be at the root of these associations.

2.6 Attitudes of Youths Towards Condoms

Positive attitudes towards condom use are prevalent among young adults in Croatia. The majority of respondents (75%) disagreed with negative stereotype about condom use and in even proportions agreed with positive statements (85%). For four out of seven items, a significant gender difference was found. On three of these, woman expressed more positive attitudes than men. However in response to a statement that a condom is an efficient method of pregnancy prevention, higher proportions of women than men expressed doubt (International Family Planning Perspective, 2007:2). Owuor (2009:16) argued that men with shorter or larger dimensions of penis are more likely to have negative attitude towards condom use because the condom does not feel and fit good enough. The propaganda for the use of the condom remains as one of the main methods for prevention of HIV, yet psychological obstacles are still prevalent and they hinder condom use (Arunansu, Bal, Senyal, Roy & Payel, 2008:241).

In a study conducted in Finland, adolescents felt that using condoms was fairly easy. Boys and sexually experienced respondents regarded using condoms to be easier than girls and inexperienced respondents. Sexually inexperienced girls and boys responded in a fairly similar manner to the statement that condoms make sex less enjoyable. On the other hand sexually experienced girls 50% reported more often than sexually experienced boys 40% that using condoms does not make sex less enjoyable (Potsonen & Kontula, 1991:211).

© University of Venda

University of Venda
Creating Future Leaders

The attitudes related to purchasing condoms changed between the study years only among girls, the attitudes of boys remained unchanged. The greatest differences were found between sexually experienced and sexually inexperienced adolescents—at both research periods the differences between the two groups were statistically significant among both girls and boys. Purchasing condoms appeared to be relatively difficult for sexually inexperienced adolescents, at both research periods 40% of adolescents considered that purchasing condoms was embarrassing. Only 20% of sexually inexperienced and 40% of sexually experienced adolescent considered that purchasing condoms was not embarrassing. Carrying a condom was regarded to be easier than buying them. Most of the respondents did not feel embarrassed about carrying a condom. Half of the sexually inexperienced and 80% of experienced boys disagreed that it was embarrassing (Potsonen & Kontula, 1991:211).

It is shown that for sub-Saharan Africa, negative attitudes towards condom use are often based on cultural factors, such as the desire for children and female sexual compliance as ways to achieve economic status. It was found that among Ugandan students that only a minority of participants saw the condom as an effective preventive method against HIV/AIDS—most saw it as unsafe or an encouragement to promiscuity. Condoms had been used by 35% of men and 24% of women, but were currently always used by only 9% of men and 11% of women. The condom was approved of by only one quarter of respondents (Pool, Hart, Green, Harrison, Nyazi & Whitworty, 2000:197). Kenyan university students appear to have a negative attitude toward condoms in general and do not see them as a viable tool in fighting AIDS. A surveyed of condom use among Ethiopian college students and the reasons given for not using condoms included: unavailability (44.3%), partner trust (43%), shortage of

© University of Venda

University of Venda
Creating Future Leaders

condoms (8%), and partner's disagreement (5.1%) (Akinrinola, Signgh, Hussain & Oestraicher, 2009:60).

In South Africa, aversion to condom use is the dominant theme, although explanations for this vary. Cultural beliefs are also a barrier to condom use in South Africa, where many people consider it essential that the sperm of the men actually enter the woman. All in a sample of 100 urban black mothers questioned in Durban stated that they had never experienced sexual intercourse where their partner had used a condom. The highest incidence of condom use was in a sample of gold miners, where 32.6% had used it at least once (Ochieng, Kakai & Abok, 2011:35).

According to psychologists, double standards still persist when it comes to sex. The view that men are less able to control their sexuality than women continues to exist, and their promiscuity still seems to win respect from other men. This means that men are encouraged to take chances that can increase their risk of contracting STI's and of contributing to the high numbers of unplanned pregnancies. With the emergence of HIV/AIDS, men have had to take a more active role in STI prevention. Despite this, nearly half of all pregnancies are unplanned, suggesting that condom use should be a higher priority for men. Condoms are one of the most effective methods of contraception, and can also prevent STI's. Condoms are the third most popular method of contraception (Mellisa & Scheider, 2010:35).

About 5.4 million men use the condom as their sole method to prevent pregnancy and 3.6 million sexual partners used the condom with other methods. However, the condom is still viewed in a number of negative ways: "There's the old chestnut about condoms messing up personal pleasure, 'sex with gloves on'. Sure, condoms can

© University of Venda

University of Venda
Creating Future Leaders

reduce sensitivity, but on the other hand, they can increase staying power, and if your partner is relaxed because you're using protection, condoms might increase pleasure" (Meekers & Klein, 2002:81)

Research shows that young unmarried men are more reluctant than women to suggest the use of condoms. For men, the reluctance has to do with the idea of reduced sexual pleasure, but also the tendency to view condoms primarily as contraception rather than a means of infection control. Many young men still see contraception as a female responsibility and are more embarrassed by their use. These days, getting hold of condoms is easy, but in the heat of the moment, men are often more reluctant to put the brakes on and apply a condom or even suggest using one. Despite wanting sex, a lot of men are shy about putting condoms on in front of a sex partner (Kennard, 2006:16). Although evidence shows an increased use of condoms over the past decade, negative attitudes towards condom use reign mainly due to factors such as fertility desires and sexual conformity of women as a way to accomplish their economic status. Furthermore, barriers to condom use incline towards cultural definition of good sex and perceptions of sex from a procreation standpoint. In addition, research shows that rejection of condom use is due to several reasons, including assertions that it reduces sex enjoyment, uncomfortable to use, they come off inside a woman and that they pedal promiscuity. Other barriers such as doubt in the efficacy of condoms, myths, physical side-effects and others have also been reported (Meekers & Klein, 2002:89). On the other hand, marital status greatly affects condom use. In non-marital relationships, condom use is high and chunkily intended for preventing STIs, especially HIV/AIDS.

© University of Venda

University of Venda
Creating Future Leaders

In contrast, condom use and marital intimacy are incompatible, since bringing the two together may be thought of as confessing infidelity. Evidence shows that other than preventing a pregnancy, condom use within marriage suggests lack of trust between partners and consequently betrays the intimacy that is necessary within a marital relationship. Married women will most likely use condoms if they know or suspect that their partners are infected with HIV or other STIs. Condom use among unmarried women may be affected by the type of partner. Condom use is less likely in relationships in which sugar daddies or large amounts of material assistance are involved. Also, condom use tends to be higher in the beginning of a relationship, but drops in subsequent contacts as the relationship extends, even if the HIV status among the partners may be unknown (Exavery, Kanté, Jackson, Noronha Sikustahili, Tani, Mushi, Baynes, Ramsey, Hingora & Phillips, 2012:20).

2.7 Sexual Practices of Youths

A behavioural construct of having many sexual partners increases the risk of STIs. People with multiple sex partners who don't use condoms consistently are at potential risk of contracting STIs, including HIV. Identified group of norms (normative beliefs) serve as the distinctive predictor of their subjects' intentions to practice the target behaviours (safer sex intentions and the utility of reasoned action and planned behaviour models in an HIV-preventive context (Hall, Hogben, Carlton, Liddon & Koumans, 2008:46). Edem and Harvey, cited in Pletzer (2000:46) found among Nigerian University students that condom benefit beliefs, condom barrier beliefs, cues to action, knowledge, and male gender were significant predictors of past condom use. Perceived barriers to condom use, perceived benefits use, and male gender were significant predictors of intentions to use condoms. Such findings have important

© University of Venda

University of Venda
Creating Future Leaders

implications for the design of interventions to increase condom use among University students and young adults.

People's choice and mostly of adolescents regarding whether to use condoms is influenced by various factors, for example, young adults often decide not to seek contraception because they don't want their parents to be aware that they are sexually active, and many fear ridicule and hostile attitudes from service providers. Some information suggests that people engage in unprotected sex with little or no regard for STIs and unwanted pregnancies. It was discovered that of an urban sample, 41% have had unprotected sexual intercourse, in addition to that their adolescents have had sex within the past 12 months only 8% had used condoms during sexual intercourse (Alarape, Olapegba & Chovwen, 2008:237). Risky sexual behaviour in spite of preventive knowledge is less surprising if people are unaware of their risk of contracting HIV when having unprotected sex.

If people are not aware of the level of risk that their activities involve, knowledge on preventive measures as such will not reduce the risks taken. The degree of riskiness of unprotected sex is not often addressed in HIV prevention campaigns. And neither are evaluations on the relation between risk perception and preventive behaviour widely incorporated in the empirical research on condom use. Among the exceptions, Meekers and Klein (2002:89) found that risk perception is positively related to condom use among young people in urban Cameroon, but their results are only significant when looking at males with a casual partner.

The study by Prata, Morris, Mazive, Vahidnia and Stehr (2006:192) also looked at the perception of the individual on his/her chances of getting HIV. However, in their

© University of Venda

University of Venda
Creating Future Leaders

analysis on condom use, they only include a dummy variable for 'correct perception' of the risk by the individual, and not the level of perception of the risk as such. They found weak evidence for a positive relationship between correct risk perception and condom use. But it is the actual perception of the risks by the individual that matters in their decision making, not whether that perception is known by us to be correct or incorrect.

In a probit model for last time condom use, controlling for socio-economic characteristics, it was shown that the perceived level of risk has large predictive power, but for male condom use only. An explanation for the irrelevance of risk perception and HIV prevention knowledge among females could be a lack of bargaining power of married females or a general tendency not to use a condom during sexual intercourse with the spouse when married. Although the lack of females' bargaining power in sexual practices has frequently been addressed in the literature (Dunke et al., 2008:42), the results contradict Mahraj and Cleland (2005:47), who concluded that it was the women's risk perception which influenced condom use.

Because of the growing need for commercial sex, lack of condom use in commercial sexual experiences is becoming a major public health concern. Unprotected commercial sex is one of the major mechanisms for HIV/ AIDS and other STIs. A study on sub-Saharan African countries suggests that HIV/AIDS-related morbidity was significantly higher among female sex workers who did not use condoms, in contrast to their condom-using peers (Morisson et al., 2003:63). Other studies on Asian countries and other areas where HIV infection rates have risen rapidly indicated similar results. Therefore, it is reasonable to assume that a high prevalence of

© University of Venda

University of Venda
Creating Future Leaders

unprotected commercial sex among an increasing number of involuntary bachelors is likely to accelerate.

Young Black South Africans' health beliefs, relationship characteristics and condom use have been shaped by the country's long history of institutionalized racially discriminatory policies. Some of the most dramatic and far-reaching population policies were enacted under the Apartheid system, in place from 1948 until 1994. During Apartheid, South Africans were officially assigned to population groups: black/African, coloured, Indian/Asian, or white, and the same labels were used because these categories still index groups' relative rankings within the social structure (Kaufman, Carol, Stavros & Stavrou, 2002:87).

All life chances were determined on the basis of membership in one of these groups, with the majority black population afforded the fewest educational and occupational opportunities, the minority white population controlling most resources and political power, and the Indian/Asian and coloured populations falling between these extremes (Kaufman & Stavrou, 2002:56). Black South Africans were also constrained residentially into segregated, under-resourced geographical areas, and some were even forcibly relocated to marginalized "homeland" areas formally outside the Republic of South Africa in the 1960s and 1970s (MacPhail, Cathrine & Campbell, 2001:451). This social and political history has influenced condom use and shapes the romantic and other sexual relationships of black young people. Racial residential restrictions and the system of migrant labour that emerged still shape potential sexual networks among youth (Burgard, 2004:67). Population policy under Apartheid strongly encouraged contraceptive use among black women in response to fears about the "swamping" of the relatively small white population, which may have led to higher

© University of Venda

University of Venda
Creating Future Leaders

condom use. However, injectable contraceptives were strongly promoted by the South African family planning system for black women at least in part because they were easier to administer and supply to the disadvantaged and in some cases remote and rural areas to which blacks were restricted (Burgard, 2004:76).

While injectable methods can be more easily hidden from partners and can limit unintended pregnancies, they do not protect women from HIV/AIDS or other STIs, and their use may displace the use of condoms, which can prevent both pregnancy and STIs. Some past studies in South Africa have shown a positive association between perceived risk and condom use, other studies have not shown positive association, and at least one found a reverse association, with young women who perceive high risk being less likely to use condoms consistently (Pettifor, 2004:91). Importantly, prior studies have used cross-sectional data, limiting the power to establish temporal ordering of perceptions of risk and health behaviours. While evidence for a link with condom use is mixed, it is clear that perceived susceptibility to HIV infection is very low among South African young people (Eaton, Flisher & Aarø, 2003:234), despite awareness of high levels of HIV/AIDS. Barriers to condom use could include knowledge barriers or perceptions that using condoms is inappropriate or unacceptable.

Past studies have shown relatively high levels of knowledge about what condoms are, that they are available, and that they can prevent transmission of HIV and unwanted pregnancies (Eaton, Flisher & Aarø, 2003:32). However, simply knowing that condoms are available and effective is not enough. Young people who do not know how to use condoms effectively face a practical barrier to condom use. Another potential barrier is the belief that condoms are inappropriate for committed or love

© University of Venda

University of Venda
Creating Future Leaders

relationships (Tavory & Swidler, 2009:76), a common perception in South Africa (Varga, 2000:62). Belief that condom use signals mistrust of one's partner has been linked to low condom use efficacy in a recent study of South African young people.

Other studies have shown the importance of the link between condom use and perceptions of infidelity: concerns about HIV exposure are overridden by the fear of sexual violence from a partner if a woman insists on condom use because it suggests that she has other partners (Hoffman, O'sullivan, Harrison, Dolezal & Monroe-wise 2006:45). Young people who believe that condom use signals mistrust of one's partner will face a barrier to condom use, perhaps especially young women, if they fear intimate partner violence. Individual perceptions about susceptibility and barriers to health practices are expected to influence health behaviour regardless of social context, according to the Health Belief Model (Glanz, Rimer & Viswanath, 2008:52).

As others have noted, however, identities central to a particular societal context could strongly shape these perceptions and limit individual agency. Gender inequality is a major structural factor that could strongly differentiate women's sense of barriers to condom use relative to men's perceptions. Gender shapes most aspects of relationships and sexual behaviour in South Africa—the patriarchal social structure in many black communities disenfranchises women (Wojcicki & Malala, 2001:32). For example, while many men subscribe to norms about manliness and virility by pursuing multiple sexual relationships, women generally are expected to be dutiful to one man, and those who are not are viewed as promiscuous and less desirable (Eaton, Flisher & Aarø, 2003:37). Given this double standard and the real threat of intimate partner violence mentioned above, many women do not insist on condom use as a way of demonstrating their fidelity. Such gendered norms could strongly differentiate men's

© University of Venda

University of Venda
Creating Future Leaders

and women's perceptions of barriers to condom use, and gender could moderate the actions taken by young men and women even if they hold the same perceptions. Individual's health beliefs could affect condom use by influencing the romantic and other sexual relationships that young people form, within which condom use is negotiated.

Researchers have not ignored the relationship context in South Africa, but have focused primarily on particularly "risky" relationships including concurrent partnerships and significant age and power disparities between partners (Luke 2005:113; Leclerc-Madlala, 2008:54). Concurrent relationships have been a focus because even more than multiple serial relationships, they can dramatically amplify the spread of HIV. While South African men and women tend to have fewer partners overall than do heterosexual people in many Western countries or in middle-income countries like Thailand and Brazil, they are more likely to have concurrent partnerships that can overlap for months to years (Halperin & Epstein, 2004:321). While mixed, the limited evidence available suggests that despite the risks, condom use is not higher, and may be lower, among those engaged in concurrent partnerships (Kelly, 2003:54).

Age discordance between partners is relatively common among South African men and women. Age discordance likely affects the power distribution within the relationship and, consequently, decisions regarding sex and the use of contraception. Young people involved with an older partner, especially young women, are less likely to report using contraception and less likely to use contraception consistently (Kusunoki & Upchurch, 2008:56). Power disparities in age-discordant relationships are most pronounced in so-called "sugar daddy" relationships, in which young women

© University of Venda

University of Venda
Creating Future Leaders

become involved with substantially older men in exchange of money or gifts for sexual favours (Luke, 2005:81). "Sugar daddy" relationships are associated with lower condom use, possibly because younger female partners perceive limited agency or do not want to jeopardize the economic exchange aspect of the relationship, or because older male partners perceive lower risk of disease transmission from a younger female partner (Leclerc-Madlala, 2008:34). While sugar daddy relationships are associated with high risk sexual practices, recent studies have noted that the actual number of such relationships is lower than commonly supposed (Luke, 2005:92).

Other aspects that characterize all partnerships like relationship duration and frequency of sex are also influential for condom use (Harrison, Cleland & Frohlich, 2008:72). Condom use becomes less consistent with increased relationship duration and is frequently entirely stopped after some period of time (Mahraj & Cleland, 2005:38), and individuals in relationships involving more frequent sex are less likely to use condoms. More committed relationships may rely on other non-barrier contraceptive methods because concern turns to prevention of pregnancy instead of disease (Eaton, Flisher & Aarø, 2003:94). In addition, the suggestion to use condoms in the context of long-term relationships could be perceived to signal infidelity, as discussed above. This provides a more comprehensive view of the way that multiple relationship characteristics influence condom use, as well as how they may contribute to an association between individual perceptions and condom use.

2.8 Misconceptions Regarding Condom Use

In a study conducted in Kenya, it was showed that more than half of the students reported early onset of sexual activity with majority indicating that they initiated sexual intercourse between the ages of 11-15 years. Misconceptions about condoms

© University of Venda

University of Venda
Creating Future Leaders

also existed and showed that more male than females students believed that condoms reduce sexual pleasure, and it reflected that condom use among adolescents was low (Ochieng, Kakai & Abok, 2011:35). It was revealed that in Botswana some people do not use condoms because they believe that because HIV is small it can pass through the condom pores and others say that it can cause cancer. These beliefs would lead to apathy; thus with or without condoms one is not safe (Marandu & Chamme, 2004:699). Furthermore, it was found that there was a belief that a condom usually breaks or slips off into a female vagina. And they also viewed that condoms reduces the sexual pleasure (Ochieng, Kakai & Abok, 2011:32).

In a study conducted among Zimbabwean women, participants indicated that condoms frequently burst when used in conjunction with drying agents or "because the vagina was so tight", and condoms may block the effect of some love agents such as love drops (a commercial agent imported from South Africa) or "mutundo wegudo" (a traditional powder believed to have been made from baboon's urine which when rubbed on incisions on the body is believed to magically cause a man to remain faithful to one woman (Reddy, Onoya, Sifunda, Lang, Larringord, Borne & Ruiter, 2009:3). According to Schweiz (2009:19), people believe that the definition of sex is to ejaculate into a woman or to receive sperm. The importance of the notion flesh to flesh in improving intimacy was emphasized. Trust to partners (using condoms may imply that one's partner was a carrier or that one's own sexual behaviour was sordid and risky), thus influences condom use. Sunmola (2005:457) found that men and women reported that condoms hindered their sexual satisfaction, caused health problems for them and reduce their sexual interest. However, the relevant information about the means of how they protect themselves and prevention from contracting

© University of Venda

University of Venda
Creating Future Leaders

infections and diseases as well preventing unwanted pregnancies was lacking among sexual active groups.

HIV stigma is considered one of the greatest barriers in preventing further infections. Stigma reduces the provision and demand for the necessary healthcare, increases inconsequent medicine intake, reduces the support for PLWHA and hinders HIV testing (UNAIDS, 2008). Moreover, stigma reduces safe sexual relations. High stigma levels may discourage raising HIV issues when deciding to have sexual intercourse, reducing condom use among HIV-negative individuals who want to prevent HIV contraction and among HIV-positive individuals who want to prohibit HIV transmission. People who feel more confident to raise the issue of condom use during sexual intercourse are indeed more likely to use condoms (Meekers & Klein, 2002:68). Removing stigma is therefore often seen as an integral component of HIV prevention campaigns (Reidpath & Chan, 2005:73).

2.9 Beliefs and Condom Use

A study conducted in Botswana regarding beliefs leading to non-use of condoms engendered beliefs with emotional reaction or misconception and they hindered condom use. Condoms reduce sexual sensation, stopping to put on a condom spoils the mood, and it is difficult to insist on use with an unwilling partner. The first cultural value which leads to non-use of condoms is alcohol drinking which also emerged as the main factor leading to non-use of condoms—61% of respondents indicated that it is hard to use condoms when drunk (Mbaki & Chammes, 2004:500). In Botswana, the fertility and social status of individuals are closely tied to their reproductive capability. Because of the high value that society attaches to children, young men and women

© University of Venda

University of Venda
Creating Future Leaders

may feel pressured to have children. In this case, condoms do not feature because the objectives did not permit their use (Mbaki & Chammes, 2004:500).

Sex education for adolescents is needed because traditionally sexual feelings are not often discussed at school or in the homes. This may contribute to sexual discomfort and the tendency of many adolescents in reporting that sexual activity just happened. The acceptance and discussion of sexual feelings would make such feelings more manageable. Sexual comfort is necessary for safer sex behaviour. That is, the acknowledgement that they might have sexual encounter, talking to a partner and bringing condom (Alarape, Olapegba & Chovwen, 2008:237).

The association between the intention to use condoms with a new sexual partner and a perceived taboo on discussing sex, beliefs about sex education on gender and power was assessed among Dutch Antillens. The results showed that condom use intentions were primarily determined by perceived subjective norms, the perceived taboo on discussing sex, attitudes, gender, age and educational background. It was concluded that, in predicting condom use intensions, factors specific to the culture of a population contributed significantly to the determinants drawn from general social cognition models (Kocken, Van Dorst & Schaalma, 2005:230). Condom use is one of the elements in ABC-strategy: Abstinence, Be-faithful and Condom Use. As the ABC-strategy was implemented, it came clear that it had little regard with local cultures. Despite having much knowledge on HIV/AIDS, people have unprotected sex with partners.

Some cultural norms affecting condom use are definitional of sex. In some cultures, sex is defined as to ejaculate in a woman or to receive the man's sperm. The other

© University of Venda

University of Venda
Creating Future Leaders

factor influencing non-use of condoms is the notion of flesh-to-flesh whereby people believe that it promotes intimacy between the lovers. Trust to partners also influence condom use because using condom imply that one's partner was a carrier or that one's sexual behaviour was sordid and risky. The other influence which contributes to non-use of condoms is the culture of the need of having children because when you get married the family expect you to have children (Schweiz; 2009:41).

Condoms are a highly effective way to reduce the risk pregnancy, HIV and other STIs (Holmes, Levine, & Weaver, 2004). Nevertheless, several studies have shown significant differences in belief in condom effectiveness associated with political ideology and age, with politically conservative and older parents having a decreased belief in condom effectiveness (Eisenberg et al., 2009:45). To date very few studies have examined parent beliefs in teen condom-use responsibility (i.e., beliefs about whether teens who use condoms during sex are being responsible). Neither have the potential associations between condom beliefs been studied.

Adolescents are 25% of the US population, but account for 50% of new STIs. African American men of ages 15 to 19 years have significantly higher rates of HIV, Chlamydia, and gonorrhoea compared with young white men (CDC, 2009). African American adolescents face unique structural and environmental factors that contribute to health inequities, such as high rates of incarceration, poverty and violence (Adimora & Schoenbach, 2005). These environmental stressors, common in low-income urban areas, may lead to hopelessness or negative expectations for the future (Bolland, 2003:96). When operating from a hopeless perspective, individuals may replace long-term goals, such as graduating from high school or staying healthy, with short-term gains. In this environment, the immediate benefits of risky behaviour such as

© University of Venda

University of Venda
Creating Future Leaders

unprotected sex or sex with many partners become more attractive (Bolland, 2003:324).

2.10 Conceptual Framework: The Health Belief Model

The health belief model (HBM) is a psychological model that attempts to explain and predict health behaviours and this is done by focusing on the attitudes and beliefs of individuals. The model was developed in response to the failure of a free tuberculosis (TB) health screening program, since then the health belief model has been adapted to explore a variety of long- and short-term health behaviours, including sexual risk behaviours and the transmission of HIV/AIDS.

In this study, the health belief model was based on the understanding that a person will take a health-related action, and therefore to use condoms if that person:

- feels that a negative health condition (i.e., HIV and STIs) can be avoided by using condoms during sexual intercourse.
- believes that s/he can successfully take a recommended health action so that s/he cannot have STIs and HIV/AIDS, therefore s/he can use condoms comfortably and with confidence (Glanz, Rimer & Viswanath, 2008:52).

The higher rate of STIs in the African–American community, especially among the younger population, reiterates the need for consistent condom use. Winfield and Whaley (2002:143) tested the HBM to examine the variance of condom use among heterosexual African–American college students. The only construct of the HBM that was a significant predictor of condom use among the respondents was perceived barriers. Moreover, the study revealed that the students' knowledge levels were high.

© University of Venda

University of Venda
Creating Future Leaders

However, the knowledge levels did not result in increased condom use. Burns & Dillon (2005:39) examined condom use among African–American college students to locus of control, self-efficacy and future time orientation. The data showed that both self-efficacy and future time orientation were predictors of the African–American college students reporting condom use. Among African–American male college students, Bazargan, Kelly, Stein, Husaini and Bazargan (2000:391) found that 'positive experiences' using condoms and higher levels of knowledge about HIV/AIDS transmission through sexual contact were predictors of condom use. Winfield and Whaley (2003:65) examined condom use among African–American college students who used condoms for both pregnancy and disease prevention versus for only pregnancy prevention. The study showed that students who used condoms for pregnancy prevention only were not usually females, had a perception of being 'less susceptible to HIV/AIDS', reported 'fewer barriers to condom' use and had 'less vaginal sex partners' (Winfield & Whaley 2002:76).

The main constructs of the model are perceived severity of a health threat, perceived susceptibility to a health threat, perceived barriers to performing the recommended response, outcome expectancy of performing the recommended response and cues to action (Strecher & Rosentstock, 1997:65). The main concepts of the HBM examined in the current study include: perceived severity of HIV and STI, perceived susceptibility to HIV STI and perceived benefits or outcome expectancies of using condoms. While the socio-historical context prevailing in South Africa structures choices about condom use, using a condom or insisting that a partner do so is ultimately an expression of agency on the part of an individual. Thus many studies of decision-making about sexual activity have focused on individual characteristics that

© University of Venda

University of Venda
Creating Future Leaders

predict risky behaviour. Public health studies of condom use often have drawn on the HBM, which in its most basic form emphasizes a set of perceptions that are thought to influence health behaviours (Eaton, Flisher & Aarø, 2003:39). These fall under the domains of the perceived seriousness of an outcome, the individual's perception of his/her susceptibility, the perceived benefits of health behaviour, and perceived barriers to that behaviour.

2.11 Conclusion

This chapter reviewed the literature regarding attitudes of youth towards condom use. The focus of the discussion included reasons which influence youths to use condoms, impact of religion on condom use, parental communication, sexual practices and misconceptions on condom use as well as the HBM. The next chapter will deal with research design and methodology

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

Research methodology refers to controlled investigations to obtain, organize and analyze data. Furthermore, it includes the planning, structuring and execution of the research, emphasising the actual research process. It includes the research design, strategies and techniques that are chosen for a specific methodological method (Uys & Basson, 2000:8).

3.2 Purpose of the Study

The purpose of the study was to investigate the attitudes of youths towards condom use in Botlokwa area of Limpopo Province. The objectives of the study were to (1) Explore the attitudes of youths towards condom use and (2) describe the attitudes of youths towards condom use.

3.3 Research Setting

The study was conducted at Botlokwa, one of the five districts of the Limpopo Province in the Republic of South Africa. Botlokwa falls under the Molemole municipality. The study was conducted at a clinic where the researcher is working, there are 8 professional nurses, 1 enrolled and 1 assistant nurse. Figure 3.1 shows a map of Botlokwa village.

© University of Venda

University of Venda
Creating Future Leaders

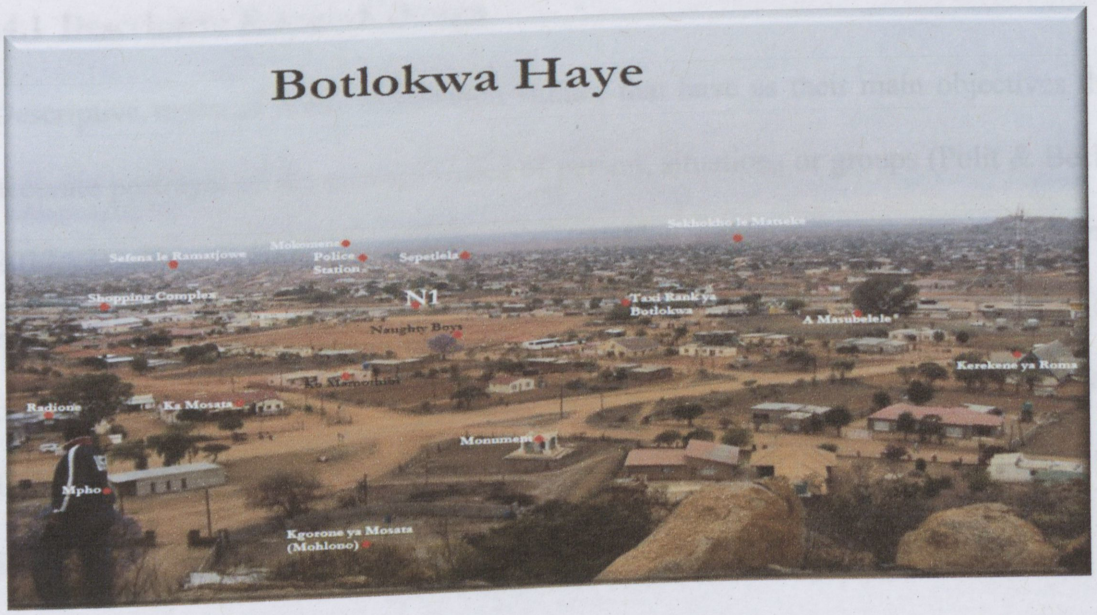


Figure 3.1: Map of Botlokwa village adapted from photos.

3.4 Research Design

A research design is the overall plan for obtaining answers to the questions being studied and handling some of the difficulties encountered during the research process (Polit & Beck, 2004:49). The study followed a quantitative, descriptive design. Quantitative research is concerned with testing hypotheses derived from theory. Burnard and Morrison (1994:51) referred to it as a means used to designate a particular approach to doing research. Quantitative research is a formal, objective, systematic process in which numerical data are utilized to obtain information about the world (Burns & Grove, 2003: 49). Quantitative is associated with objectivity, deductiveness, generalizability and numbers. A descriptive design is used to gain more information about particular characteristics within a particular field of study (Polit & Hungler, 1999:445). The advantage of a quantitative design is that it is an excellent way of finalizing results (Shuttleworth, 2008:76). The attitudes of youth towards condom use was explored and described in this study using a quantitative research design.

© University of Venda

University of Venda
Creating Future Leaders

3.4.1 Descriptive Research Design

Descriptive research refers to research studies that have as their main objectives the accurate portrayal of the characteristics of person, situations or groups (Polit & Beck, 2012:93). This is used to describe the variables rather than to test a predicted relationship between the variables. In this study, a descriptive research was adopted for collection of data regarding attitudes of youths towards condom use at Botlokwa in the Limpopo Province. The design was used to explore and describe the attitudes of youths towards condom use.

3.4.2 Quantitative Research Design

Quantitative research is a formal, objective, systematic process in which numerical data are used to obtain information about the world (Burns & Grove, 2003:26). Brink (2006:13) stated that quantitative research is used to describe variables and determine the relationship between them. Quantitative research focuses on relatively a small number of concepts that are concise and use structured procedures and formal instruments to collect information. The quantitative approach was suitable as this study aimed at exploring and describing the attitudes of teenagers towards condom use at Botlokwa in the Limpopo Province.

3.5 Research Methods

Research methods include the steps, procedures and strategies for gathering and analyzing data in a research investigation (Polit & Beck, 2012:54).

3.5.1 Population and Eligibility Criteria

Research population refers to the entire aggregation of cases in which the researcher is

© University of Venda

University of Venda
Creating Future Leaders

interested in (Polit & Hungler, 2004:277). The target population is the aggregate of cases about which the researcher would like to make generalizations (Polit & Beck 2006:290). The target population for this study were youths, both females and males aged 14 to 19 years from Botlokwa area who were visiting the local clinic where the researcher is working. This age range was adopted as the target population in this study has taken into account definition in other legislature (15-28) such as the national youth development framework (National Youth Commission, 2002). During the first quarter of 2012 there were 802 clients of target population who visited the clinic where the study was conducted, during the second quarter there was 798 of youths and during the third quarter there was a total of 810 of youths who visited the clinic (Ramokgopa Clinic Monthly DHIS Statistics: 2012).

Eligibility criteria specify the characteristics that people in the population must possess in order to be included in the study (Polit & Beck, 2004:290).

To be included in the study the respondents had to be:

- A youth from age of 14 to 19 years.
- Residing within the jurisdiction of the magisterial of Capricorn district of Limpopo Province.
- Willing to participate in the study.
- Prepared to give informed consent and for those who were underage, their parents or guardians had to give consent.

© University of Venda

University of Venda
Creating Future Leaders

3.5.2 Sampling and Sampling Techniques

Sampling is the process by which the study subjects are chosen from the larger population (Brink, 2006:133). It is the process of selecting the portion of the population to represent the entire population (Polit & Hungler, 2004:278). In this study, non-probability sampling was used because the odds of selecting a particular individual were not known and the researcher did not know the population size or members of the population (Gravetter & Forzano, 2003:118).

Non-probability purposive sampling was used to hand-pick the respondents, both males and females aged 14 to 19 years, who were attending the clinic where researcher is working (Strydom, 2002:64). Respondents who had insight about condoms were included. The advantage for using non-probability sampling is that it is faster, far less expensive and helps to control sampling errors. The sample size of youths who responded in this study was calculated by taking 10% of the total youth population who were visiting the clinic (803) which was equal to 80.

3.6 Data Collection

Data collection is the gathering of information needed to address research problems (Polit & Hungler, 2007:475). Data collection is a complex process that requires extensive planning to reduce potential problems and errors (Burns & Grove, 2001:419). It is an important aspect of any type of research study. The researcher had considered both the consistency among the respondents and among data collectors if more data collectors are used. Data were collected by the researcher. In this study, data were collected by means of a self-administered questionnaire consisting of open-ended and closed questions. The data gathering method was a self-report using a structured

© University of Venda

University of Venda
Creating Future Leaders

interview. This study was conducted at Ramokgopa clinic of the Limpopo Province. Respondents were asked to participate in the study without any aim of gain. Informed consent was obtained from the respondents and those who were below the age of 18 years, consent was obtained from their parents. Those underage respondents who participated in the study were accompanied by their parents at the clinic. The tool or questionnaire was structured in English language which is attached as Annexure D.

3.7 Operationalization of the Data Collection

Eighty questionnaires were completed by the respondents at a selected PHC facility. Each respondent in this study filled in the questionnaire after the purpose of the study was explained and they have given written informed consent. The respondents were hand-picked and approached individually by the researcher. Each respondent spent on average 25 minutes to complete the questionnaire. All the respondents returned their questionnaires on the same day of administration. The total number of questionnaires returned was 80 and they were used for analysis of the study. Ten days was spent collecting data.

3.8 Respondents' Responses to the Questionnaires

All the responses that were received by the researcher during data collection were included in the study. Table 3.1 summarizes responses to the questionnaires.

Table 3.1: Respondents responses to the questionnaires (n=80)

Sites Selected	Number of Questionnaires Distributed	Percentage	Number of Questionnaires Returned	Percentage
One PHC facility, Capricorn district	80	100%	80	100%

© University of Venda

University of Venda
Creating Future Leaders

3.9 Validity and Reliability

According to Burns and Grove (2003:335), when selecting an instrument for collection of data, the researcher needs to extensively analyse its reliability and validity. In this study, validity and reliability was maintained as described below.

3.9.1 Validity

Various authors have defined validity as the degree to which an instrument actually measures the abstract construct it purports to measure given the environment to which it is applied (LoBiondo-Wood & Harber, 2002:331; Burns & Groove, 2003:340; Polit & Hungler, 2001: 266). In this study, the researcher developed questions based on the literature on youth condom use. The instrument was presented for critical appraisal to experts in questionnaire development and in the discipline under study. The Department of Public Health was consulted because of their expertise in public health issues. This was done before the instrument was finalized for the main study and thus face validity was ensured (Maree, 2007:35). The questionnaire presented all variables related to condoms, attitudes and youth behaviour. After the construction of the research instrument, it was submitted to the following people for correction and constructive criticism:

- The supervisors of this study at the Department of Advanced Nursing Science at the University of Venda.
- Senior professional nurses at PHC level
- A statistician in the Department of Statistics at the University of Venda.

© University of Venda

University of Venda
Creating Future Leaders

3.9.2 Reliability

Reliability is the extent to which an instrument provokes consistent responses when repeated (LoBiondo-Wood & Harber, 2002:3317). According to Crookes and Davies (2004:97), reliability is referred to as the degree to which the instrument used to collect data will yield consistent results if used repeatedly. The instrument will measure the same results if used over time for the same population by two different researchers. To ensure reliability, the instrument was given to experts in development of questionnaires and also the supervisors to check before pilot-testing the instrument. In this study, the instrument was pre tested by administering the questionnaire to 17 youths before the main study and data so obtained did not form part of the results, but were used to check ambiguity, clarity of terms and to devise necessary adjustments. The researcher developed a questionnaire from existing ones that have been used previously with similar research in consultation with the supervisor and a structured questionnaire was used to obtain information from all the participants to make sure that the same questions were asked.

3.9.3 Development of the Data Collection Instrument

In order to collect the needed data or information in the study, the researcher had to develop a measuring instrument to be given to all the participants, to ensure uniformity and consistency. The questions that were formulated were guided by the objectives as well as the questions of the study. The literature relevant to the study, as well as guidance from other questionnaires used in similar studies also provided valuable insight. Both open-ended and closed questions were included. Taylor, Peplau & Sears (2006:222) listed the following criteria for the development of a questionnaire:

© University of Venda

University of Venda
Creating Future Leaders

- The concept should be relevant to the study objective
- Concepts should be translated into items
- One question per item
- Items should be worked clearly
- The most important items should be placed at the beginning of the questionnaire

Accordingly, the researcher developed a questionnaire in order to obtain the relevant information needed for this study. The instrument addressed issues concerning attitudes of youths towards condom use. When designing the questionnaire the aspects quoted by Taylor et al (2006:222) above were considered as well as the following:

- Avoidance of working bias
- Clarity of the questions
- Ability of the respondents to give accurate information
- Length of the questionnaire
- Amount of time it would demand from a respondent to complete the questionnaire.

The design of the questionnaire took time and effort and was drafted several times in consultation with the statistician and the supervisors of the study at the University of Venda, who critically reviewed and verified the interpretations of the question in the questionnaire before it was finalized and accepted in terms of face and content validity. The questionnaire was also assessed by experts in the research unit before

© University of Venda

University of Venda
Creating Future Leaders

they granted the researcher permission to carry on with the study.

3.9.3.1 Structure of the Questionnaire

The data collection instrument for the study was a questionnaire. Burns and Grove (2003:426) stated that a questionnaire is a printed self-report form designed to elicit information and is developed with specific items to assist with the data collection. It is used to gather information from a large number of participants which can be easily quantified and analysed. A structured questionnaire was developed to elicit responses relevant to achieve the aim of this study, which was to obtain information regarding attitudes of youths towards condom use. The format of a questionnaire is as important as the nature and wording of the questions asked, according to (Babbie & Mouton, 2003:239). A questionnaire that is not properly laid out might be misleading and confusing.

The advantages of using a questionnaire to collect data in this study were that it required less time and energy to administer and that it was cost-efficient (LoBiondo-Wood & Haber, 2002:301). A questionnaire is practical, it states the research problem in very specific and set terms (Frankfort & Nachmias, 1992). Another advantage is that it clearly and precisely specifies both the independent and the dependent variables under investigation and it eliminates or minimizes subjectivity of judgment (Kealey & Protheroe, 1996:146). It also offers the added advantage of collecting a huge amount of information from large number of people within short period of time and it reduces bias (Alexei, 2009:3). A questionnaire in the form of Likert scale was developed. This instrument was divided into sections (Annexure D), namely:

- **Section A:** Demographic Data of the Respondents

© University of Venda

- **Section B:** Knowledge of Condom Use
- **Section C:** Attitudes Concerning Condom Use
- **Section D:** Attitudes Towards Female Condoms
- **Section E:** Sexual Behaviour and the Health Belief Model

Each section thus explored attitudes related to one of the following attitudes towards:

- Susceptibility to STIs and teenage pregnancy
- Seriousness of consequences of unprotected sex
- Effectiveness of condom use in reducing risks of STIs and teenage pregnancy
- Barriers of condom use which were derived from the HBM

Two questionnaires were designed, questionnaire number one was for the youth respondents and questionnaire number two simply the checklist of questionnaire number one to be completed by the researcher and assistant researchers. The questionnaire instructed the participants on how to respond and the questions included both open-ended and closed questions. Open-ended questions allowed participants to choose from a list of possible answers which were listed whereas closed questions permitted participants to provide input to questions in their own words (Fowler, 2008:66). The questionnaire conformed to the Lickert scale type which contained a number of declarative statements with a scale.

Questions comprising variables related to participants' behaviour and socio-environmental factors associated with attitudes of condom use were used to record the observed phenomenon (Campbell, Kontopantelis, Revees, Valderas, Gaehl, Small & Roland, 2010:450). After each statement the researcher ticked either Yes or No from the Likert scale depending on the findings from the questionnaire. Questionnaires were

© University of Venda

University of Venda
Creating Future Leaders

checked and modified with the supervisors to address the essential content of this research study. Questions were carefully designed and clearly expressed. The researcher considered the reaction of the participants when certain questions were directed to them. The researcher considered the costs associated with the method and whether there were existing ways to reduce such costs.

3.9.3.2 Covering Letter

The purpose of the study was to explore and describe the attitudes of youths towards condom use at Botlokwa of Limpopo Province. Confidentiality and anonymity were ensured in that the identity of the youths who participated in the study were not linked with their individual responses (Burns & Grove, 2003:430). The covering letter requesting the participation of youths in the study was included as Annexure C.

3.9.3.3 Pre-Testing the Instrument

Pre-testing is the collection of the data prior to experimental intervention and thus the trial administration of a newly developed instrument to identify flaws or assess time requirements (Polit & Hungler, 1999:267). The pre-testing of the instrument was conducted using 17 youths as participants who did not form part of the main study. The pretesting was conducted using the prepared questionnaire to determine whether the proposed study was feasible and to determine the clarity of questions, effectiveness of the instructions and time required to complete the questionnaire.

The results of this preliminary phase of the study have added significant value to the overall objectives of the research undertaken. Following the pre-test, respondents indicated that the questionnaire was not too long as they managed to complete it in 25

© University of Venda

University of Venda
Creating Future Leaders

minutes time and questions were simple to understand. The pre-testing was conducted at Matoks clinic which has the same service delivery system as Ramokgopa clinic.

3.10 Data Analysis

Data analysis is an activity that permeates all stages of a study and should begin during the design of the study (USGAO, 1992:1). The Statistical Package for Social Sciences (SPSS) 18.0 was used to analyse the data. All returned questionnaires were coded in a computer for easy entry and analysis was performed by a statistician using SPSS 18.0. Incomplete questionnaires were rejected and not included in the data analysis. The researcher avoided altering the variables collected in achieving desired results and data were presented as they were obtained (Bamberger, 2000:25). As quantitative approach was used, descriptive statistics assisted the researcher to investigate and describe the data by means of graphs and tables (Burns & Grove, 2003:409).

3.11 Ethical Considerations

Ethics are moral principles that control or influence person behaviour (Pera & Van Tonder, 2005:4). Permission to conduct the study was obtained from the University of Venda Higher Degrees Committee, The Senate Executive Committee (SENEX) and The University of Venda Research and Ethics Committee. Participants were made aware that their participation was voluntarily and all explanations were done at the level of participants' understanding. Informed consent was obtained from the participants who were also reminded that they could withdraw at any time of the process if they so wished, without penalty or repercussions.

© University of Venda

University of Venda
Creating Future Leaders

3.11.1 Permission to Conduct the Study

Once the approval of the research project was obtained from the Higher Degree Committee of the University of Venda and the Research & Ethics Committee of the Provincial Department of Health as indicated in Annexure B, the researcher sought approval from the PHC management as the researcher was working at one of PHC facility at Botlokwa in the Capricorn district of the Limpopo Province. The researcher also requested to conduct the study in writing to the Limpopo Province Department of Health and permission was granted.

3.11.2 Informed Consent

The respondents were informed that participation in the study was voluntary in an information letter which outlined the purpose of the study. The respondents gave written consent to participate in the study and for those who were below the age of 18, signed consent was provided by the parent or guardian.

3.11.3 Privacy, Confidentiality and Anonymity

Information and responses which were shared by the participants during the study were presented in manner that protects their anonymity and identities. Anonymity and confidentiality were thus assured. Participants were instructed not to write their names on the questionnaire and the questionnaires were not arranged in a sequential manner. The covering letter requesting the participation of youth in the study is included as Annexure C.

© University of Venda

University of Venda
Creating Future Leaders

3.12 Conclusion

The chapter focused on the research methodology that was used for this study and addressed the population, research setting, data collection instrument—the questionnaire, recruitment of the participants, data collection, data analysis as well as ethical issues that were upheld throughout the study. The next chapter will deal with data analysis and interpretation.

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter focuses on the data analysis strategy and discussion of the results. The data collected enabled the researcher to evaluate the respondent's attitudes towards condom use and knowledge of sexuality. The statistical information was derived from a sample of 80 respondents who completed structured questionnaires. Some of the respondents chose not to answer some of the questions within the sections. The percentages were calculated on the number of responses to each item (valid percentage), not on the total number of questionnaires received. A statistician analysed the data using SPSS 18.0. The statistics are presented in as frequencies and percentage.

4.2 Analysis and Discussion of Questionnaire Data

Graphical presentations as well as tables were used to show relevant values. Tables were used because they are an effective way to present data for reference purposes. All tables have been given a meaningful, self-explanatory title. Bar charts were also used to display and compare the numbers, frequencies or other measure for different discrete categories or groups. The graphs were constructed such that the heights or lengths of the different bars are proportional to the size of the category they represent. Pie charts were used as a visual way of displaying how the total data are distributed between different categories. Bar and pie charts were also given specific titles.

© University of Venda

University of Venda
Creating Future Leaders

4.2.1 Section A: Demographic Data of the Respondents

The demographic data requested in the self-administered questionnaire included respondents' age, level of education, gender, marital status, number of children, who they stayed with, ethnic group, religious affiliation, if they resided in Botlokwa village, parents qualifications and if they were employed.

4.2.1.1 Item 1: Age

The respondents' ages of 14 to 19 years were within the newly reproductive age group of youths. The reason for selecting this group of respondents was that youths within the selected age group are faced with many sexual challenges. Table 4.1 and Figure 4.1 show the frequencies of the 14-16 (48.8%; n=39) and 17-19 (51.3%; n=41) year age groups. The results indicated the balance between the selected populations.

Table 4.1: Ages of the respondents *(Item 1)*

Age	Frequency	Percent	Valid Percent
14-16	39	48.8	48.8
17-19	41	51.3	51.3
Total	**80**	**100**	**100**

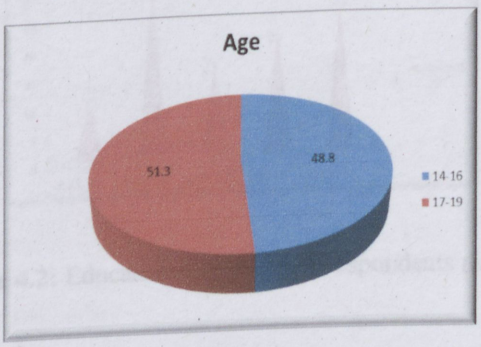


Figure 4.1: Ages of the respondents *(Item 1)*.

© University of Venda

University of Venda
Creating Future Leaders

4.2.1.2 Item 2: Educational Level

The researcher wished to determine the educational level at which respondents had negative and positive attitudes towards condom use. Table 4.2 summarizes the educational level (grades) attained by the respondents, 20% (n=16) with grade 8, grade 25% (n=20) with 9, 10% (n=8) with grade 10, 30% (n=24) with grade 11 and 15% (n=12) with grade 12. Grade 11 learners had a highest percentage of educational qualification compared to other grades as indicated in frequency distribution (Table 4.2) and Figure 4.2.

Table 4.2: Educational level of the respondents *(Item 2)*

Grade	Frequency	Percent	Valid Percent
12	12	15.0	15.0
11	24	30.0	30.0
10	8	10.0	10.0
9	20	25.0	25.0
8	16	20.0	20.0
Total	**80**	**100**	**100**

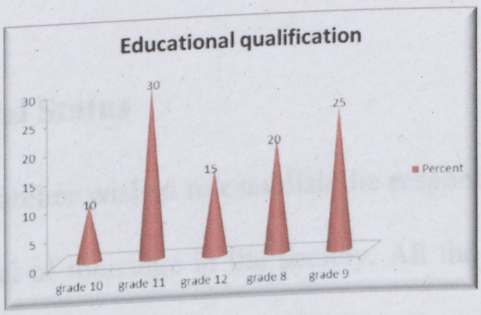


Figure 4.2: Educational level of the respondents *(Item 2)*.

© University of Venda

University of Venda
Creating Future Leaders

4.2.1.3 Item 3: Gender

The researcher wished to determine the gender which had most positive and negative attitudes towards condom use. According to Table 4.3, 48.8% (n=39) of the respondents were males and 51.3% (n=41) females. It indicated that there were slightly more males.

Table 4.3: Gender of the respondents *(Item 3)*

Gender	Frequency	Percent	Valid Percent
Male	39	48.8	48.8
Female	41	51.3	51.3
Total	**80**	**100**	**100**

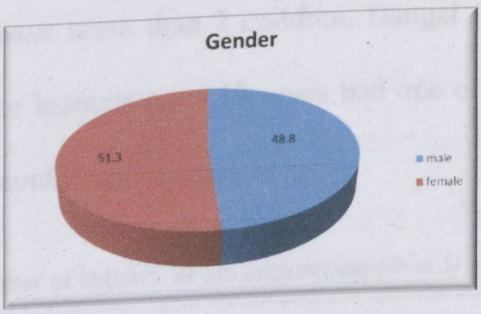


Figure 4.3: Gender of the respondents *(Item 3)*.

4.2.1.4 Item 4: Marital Status

With this item the researcher wished to establish the respondents' marital status as that would indicate the level of marriage in the society. All the respondents 100% (n=80) stated that they were single (Table 4.4). It indicates that respondents had freedom of choice on deciding to have safe.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.4: Marital status of the respondents *(Item 4)*

Marital Status	Frequency	Percent	Valid Percent
Married	0	0	0
Single	80	100.0	100.0
Total	**80**	**100**	**100**

4.2.1.5 Item 5: Number of Children

The researcher wished to determine whether the respondents had children as the number of children can influence the use of contraceptives.

According to Table 4.5 and Figure 4.4, 97.5% (n=78) of the respondents stated that they did not have a child, 1.3% (n=1) stated that they only have one child and 1.3% (n=1) stated that they have more than 2 children. Dangal (2005:206) showed that in Los Angeles, USA some learners aged 13 years had one or more children and this is associated with lack of contraceptive knowledge.

Table 4.5: Number of children of the respondents *(Item 5)*

Number of Children	Frequency	Percent	Valid Percent
None	78	97.5	97.5
One	1	1.3	1.3
2 or more	1	1.3	1.3
Total	**80**	**100**	**100**

© University of Venda

University of Venda
Creating Future Leaders

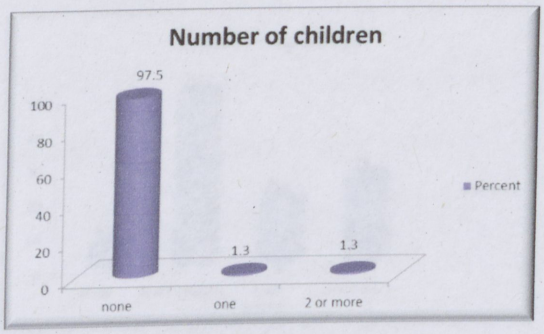


Figure 4.4: Number of children of the respondents *(Item 5)*.

4.2.1.6 Item 6: Family Members

Number of family members and their residence was identified as a key factor in order to confirm that respondents are from the same area or any other areas are also affected the same way as well as the people who the respondents are staying with. The findings indicated that the youth that stayed alone were 6.3% (n=5), with both parents were 50% (n=40), with single parents were 18.8% (n=15) and with guardians were 25% (20). This indicated that the most of the youths were staying with both parents as it strengthens good parenting. The second large group of the people whom the respondents stayed with were guardians followed by single parents and lastly only few were staying alone.

Table 4.6: Family members of the respondents *(Item 6)*

Family Members	Frequency	Percent	Valid Percent
Alone	5	6.3	6.3
Both parents	40	50.0	50.0
Single parents	15	18.8	18.8
Guardians	20	25.0	25.0
Total	**80**	**100**	**100**

© University of Venda

University of Venda
Creating Future Leaders

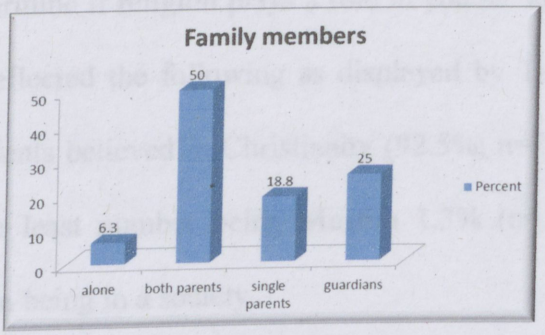


Figure 4.5: Family members of the respondents *(Item 6)*.

4.2.1.7 Item 7: Ethnic Group

The researcher wanted to establish the ethnic group which he is dealing with and according to Table 4.7 and Figure 4.6 the majority of the respondents were Africans (98.8%; n=79) and 1.3% (n=1) were coloured.

Table 4.7: Ethnic group of the respondents *(Item 7)*

Ethnic Group	Frequency	Percent	Valid Percent
African	79	98.8	98.8
Coloured	1	1.3	1.3
Total	**80**	**100**	**100**

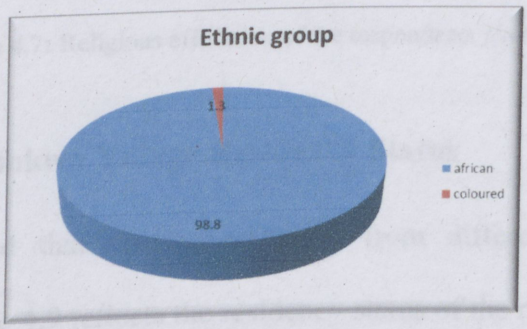


Figure 4.6: Ethnic group of the respondents *(Item 7)*.

4.2.1.8 Item 8: Religious Affiliation

Religious beliefs are more likely to influence the behaviour of a human being. This

© University of Venda

University of Venda
Creating Future Leaders

study set out to determine if religion plays a role in youths' attitudes towards condom use. The findings reflected the following as displayed by Table 4.8 and Figure 4.7. Most of the respondents believed in Christianity (92.5%; n=74), followed by African 6.3% (n=5) and the least number being Muslim 1.3% (n=1). Religion guides the behaviour of a human being in a society.

Table 4.8: Religious affiliation of the respondents *(Item 8)*

Religious Affiliation	Frequency	Percent	Valid Percent
Christianity	74	92.5	92.5
Muslim	1	1.3	1.3
African	5	6.3	6.3
Total	**80**	**100**	**100**

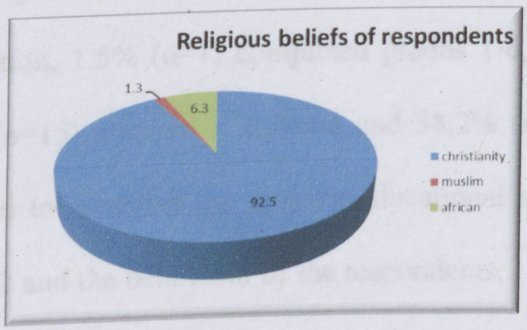


Figure 4.7: Religious affiliation of the respondents *(Item 8)*.

4.2.1.9 Item 9: Botlokwa Village Residency Status

The findings indicated that respondents were from different areas, including Botlokwa village. Table 4.9 reflects the residency status of the respondents, with the highest number 68% (n=51) in Botlokwa village itself and the rest, i.e., 32% (n=24) hailing from other villages next to Botlokwa. These results comply with the aim of the study which wanted to understand the attitudes of youths at Botlokwa village as

© University of Venda

University of Venda
Creating Future Leaders

the chosen population.

Table 4.9: Botlokwa village residency status of the respondents *(Item 9)*

Residency Status	Frequency	Percent	Valid Percent
Yes	51	63.8	68.0
No	24	30.0	32.0
Total	75	93.8	100.0
System (Missing)	5	6.3	-
Total	80	100	100

4.2.1.10 Items 10-12: Highest Qualifications of Parents or Guardians

Table 4.10 summarizes the qualifications of the fathers, mothers and guardians of the respondents. According to the table, 7.4% (n=5) of respondents indicated that their fathers had no education, 1.5% (n=1) completed grades 1-6, 16.2% (n=11) finished grades 7-12, 22.1% (n=15) attained a diploma and 38.2% (n=26) had degrees. The research was designed to establish the father's educational status as a factor which could influence the life and the behaviour of the respondents.

Most of the respondents' fathers had degrees, followed by those who had diplomas and grades 7 to 12. Very few fathers had no education or finished school at the level of grades 1 to 6. By contrast, 7.4% (n=5) of respondents indicated that their mothers had no education, 26.5% (n=18) completed grades 7-12, 27.9% (n=19) had a diploma and 52.9% (n=36) a degree. Most of the mother's had reasonable educational levels. The research planned to establish the mother's educational status as a factor which could influence the life and the behaviour of the respondents.

© University of Venda

University of Venda
Creating Future Leaders

According to Table 4.10, 26.9% (n=14) of the respondents indicated that their guardians had no education, 1.9% (n=1) had grades 1-6, 23.1% (n=12) achieved grades 7-12, 21.2% (n=11) graduated with a diploma and 26.9% (n=14) with a degree. The research wished to identify the guardian's educational status as a factor which could influence the life and the behaviour of the respondents. Most of the guardian's had average qualifications, but at lower levels than those of respondents who had mothers and fathers.

Table 4.10: Highest qualifications of parents or guardians *(Items 10-12)*

FATHER *(Item 10)*			
Highest Qualifications	**Frequency**	**Percent**	**Valid Percent**
No Education	5	6.3	7.4
Grade 1-6	1	1.3	1.5
Grade 7-12	11	13.8	16.2
Diploma	15	18.8	22.1
Degree	36	45.0	52.9
Total	68	85.0	100.0
System (Missing)	12	15.0	-
Total	**80**	**100.0**	-

MOTHER *(Item 11)*			
Highest Qualifications	**Frequency**	**Percent**	**Valid Percent**
No Education	5	6.3	7.4
Grade 7-12	18	22.5	26.5
Diploma	19	23.8	27.9
Degree	26	32.5	38.2
Total	68	85.0	100.0
System (Missing)	12	15.0	-
Total	**80**	**100.0**	-

© University of Venda

University of Venda
Creating Future Leaders

GUARDIAN *(Item 12)*			
Highest Qualifications	**Frequency**	**Percent**	**Valid Percent**
No Education	14	17.5	26.9
Grade 1-6	1	1.3	1.9
Grade 7-12	12	15.0	23.1
Diploma	11	13.8	21.2
Degree	14	17.5	26.9
Total	52	65.0	100.0
System (Missing)	28	35.0	-
Total	**80**	**100.0**	-

4.2.1.11 Items 13-15: Employment Status of Parents or Guardians

According to Table 4.11, 76.3% (n=58) of the respondents' fathers were employed while 23.7% (n=18) were unemployed. According to the respondents the above table 54.1% (n=40) were employed and 45.9% (n=34) were unemployed. About 45.5% (n=25) of the respondents mothers were employed whereas 54.5% (n=30) were unemployed. In the case of the respondents' guardians, 45.5% (n=25) were reported to be employed and 54.5% (n=30) unemployed. It indicated that fathers are more employed than mothers and guardians.

Table 4.11: Employment status of parents or guardians *(Items 13-15)*

FATHER *(Item 13)*			
Employment Status	**Frequency**	**Percent**	**Valid Percent**
Yes	58	72.5	76.3
No	18	22.5	23.7
Total	76	95.0	100.0
System (Missing)	4	5.0	-
Total	**80**	**100.0**	-

MOTHER *(Item 14)*			
Employment Status	**Frequency**	**Percent**	**Valid Percent**
Yes	40	50.0	54.1
No	34	42.5	45.9
Total	74	92.5	100.0

© University of Venda

University of Venda
Creating Future Leaders

System (Missing)	6	7.5	-
Total	80	100.0	-

GUARDIAN *(Item 15)*			
Employment Status	Frequency	Percent	Valid Percent
Yes	25	31.3	45.5
No	30	37.5	54.5
Total	55	68.8	100.0
System (Missing)	25	31.3	-
Total	80	100.0	-

4.2.2 Section B: Knowledge related to Condom Use

4.2.2.1 Item 16: Using a Condom Reduces the Risk of STI Transmission

According to Table 4.12, 87.3% (n=65) of the respondents believed this statement to be true, while 12.7% (n=10) were of the opinion that it was false and 5.1% (n=4) indicated that they did not know.

Table 4.12: Using a condom reduces the risk of STI transmission *(Item 16)*

Response	Frequency	Percent	Valid Percent
True	65	81.3	82.3
False	10	12.5	12.7
Don't Know	4	5.0	5.1
Total	79	98.8	100.0
System (Missing)	1	1.3	-
Total	80	100.0	-

4.2.2.2 Item 17: Latex Condoms Reduce the Risk of STI Transmission

Condoms are important because they remain one of the key public and sexual health system strategies to fight the transmission of STIs. Table 4.13 summarizes the

© University of Venda

University of Venda
Creating Future Leaders

respondents views on this item, i.e., 40.8% (n=31) believed it to be true, 13.2% (n=10) believed it to be false and the majority (46.1%; n=35) indicated that they did not know.

Table 4.13: Latex condoms reduce the risk of STI transmission *(Item 17)*

Response	Frequency	Percent	Valid Percent
True	31	38.8	40.8
False	10	12.5	13.2
Don't Know	35	43.8	46.1
Total	76	95.0	100.0
System (Missing)	4	5.0	-
Total	**80**	**100.0**	-

4.2.2.3 Item 18: Lubricants can Cause Condoms to Break

The findings indicated that 20% (n=15) of the respondents believed it to be true that oil-based lubricants cause condoms to brake, 40% (n=30) believed it to be false and the majority (40%; n=30) pointed out that they did not know (Table 4.14).

Table 4.14: Lubricants can cause condoms to break *(Item 18)*

Response	Frequency	Percent	Valid Percent
True	15	18.8	20.0
False	30	37.5	40.0
Don't Know	30	37.5	40.0
Total	75	93.8	100.0
System (Missing)	5	6.3	-
Total	**80**	**100.0**	-

4.2.2.4 Item 19: Condoms can be Used More than Once

According to Table 4.15, 9.2% (n=7) of the respondents believed it to be true that condoms can be used more than once, while 82.9% (n=63) believed it to be false and

© University of Venda

University of Venda
Creating Future Leaders

7.9% (n=6) did not know. This indicated that most youths knew that condom is used once per intercourse.

Table 4.15: Condoms can be used more than once *(Item 19)*

Response	Frequency	Percent	Valid Percent
True	7	8.8	9.2
False	63	78.8	82.9
Don't Know	6	7.5	7.9
Total	76	95.0	100.0
System	4	5.0	-
Total	80	100.0	-

4.2.3 Section C: Attitudes Concerning Condom Use

4.2.3.1 Items 20 & 21: Affordability and Availability of Condoms

Table 4.16 represents the respondents' knowledge regarding condom affordability—11.3% (n=9) stated that condoms are expensive and 88.8% (n=71) thought that condoms are not expensive. This indicated that most youths thought that condoms are not expensive. Likewise, most of the respondents (93.8%; n=75) stated that condoms are easily available and 6.3% (n=5) believed that condoms are not easily available.

Table 4.16: Affordability and availability of condoms *(Items 20 & 21)*

AFFORDABILITY *(Item 20)*

Response	Frequency	Percent	Valid Percent
Yes	9	11.3	11.3
No	71	88.8	88.8
Total	80	100.0	100.0

AVAILABILITY *(Item 21)*

Response	Frequency	Percent	Valid Percent
Yes	75	93.8	93.8
No	5	6.3	6.3

© University of Venda

University of Venda
Creating Future Leaders

Total	**80**	**100.0**	**100.0**

4.2.3.2 Items 22 & 23: Embarrassment Related to Condom Purchase and Suggesting Condom Use to Partner

Respondents had different attitudes towards buying a condom and the percentages reflects these attitudes, i.e., 15% (n=12) stated that they would be embarrassed buying a condom and 85% (n=68) stated that they would not be embarrassed to buy a condom (Table 4.17). Also reflected in the same table, 7.5% (n=6) of the respondents would be embarrassed suggesting condom use to their partner and 92.5% (n=74) would not be embarrassed. This suggests that most youths would not have problems with communicating to a partner to use a condom.

Table 4.17: Embarrassment related to condom purchase and suggesting condom use to partner *(Items 22 & 23)*

EMBARRASSMENT RELATED TO CONDOM PURCHASE *(Item 22)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	12	15.0	15.0
No	68	85.0	85.0
Total	**80**	**100.0**	**100.0**

EMBARRASSMENT RELATED TO SUGGESTING CONDOM USE TO PARTNER *(Item 23)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	6	7.5	7.5
No	74	92.5	92.5
Total	**80**	**100.0**	**100.0**

4.2.4 Section D: Attitudes Towards Female Condoms

4.2.4.1 Item 24: Female Condoms versus Male Condoms: Prevention of Pregnancy

Table 4.18 shows the respondents' understanding regarding the female condoms: 32.9% (n=25) totally agreed that female condoms give better protection against

© University of Venda

University of Venda
Creating Future Leaders

unwanted pregnancies than male condoms, 11.8% (n=9) partially agreed, 2.6% (n=2) partially disagreed and 52.6% (n=40) stated that they did not know. This indicated that most people do not know which condoms, male or females are most effective.

4.2.4.2 Item 25: Female Condoms versus Male Condoms: Difficulty of Use

According to the findings presented in Table 4.19, 25.3% (n=20) of the respondents believed that female condoms are more difficult to use than male condoms, 13.9% (n=11) partially agreed, 7.6% (n=6) totally disagreed and 53.2% (n=42) did not know, suggesting that most youths do not use female condoms.

Table 4.18: Female condoms versus male condoms: Prevention of pregnancy *(Item 24)*

Response	Frequency	Percent	Valid Percent
Totally Agree	25	31.3	32.9
Partially Agree	9	11.3	11.8
Partially Disagree	2	2.5	2.6
Don't Know	40	50.0	52.6
Total	76	95.0	100.0
System (Missing)	4	5.0	-
Total	**80**	**100.0**	-

Table 4.19: Female condoms versus male condoms: Difficulty of use *(Item 25)*

Response	Frequency	Percent	Valid Percent
Totally Agree	20	25.0	25.3
Partially Agree	11	13.8	13.9
Totally Disagree	6	7.5	7.6
Don't Know	42	52.5	53.2
Total	79	98.8	100.0
System (Missing)	1	1.3	-
Total	**80**	**100.0**	-

© University of Venda

University of Venda
Creating Future Leaders

4.2.4.3 Item 26: Female Condoms versus Male Condoms: Female Orgasm

Table 4.20 reflects that 11.4% (n=9) of the respondents totally agreed that female condoms make female orgasm more difficult to achieve while 10.1% (n=8) partially agreed, 6.3% (n=5) partially disagreed, 7.6% (n=6) totally disagreed, 64.6% (n=51) did not know. It indicated that most respondents don't have knowledge of female condoms with regard to female orgasm.

4.2.4.4 Item 27: Female Condoms versus Male Condoms: Male Orgasm

According to Table 4.21, 17.7% (n=14) of the respondents totally agreed that female condoms make male orgasm more difficult to achieve, 8.9% (n=7) partially agreed, 6.3% (n=5) partially disagreed, 8.9% (n=7) totally disagreed and 58.2% (n=46) stated that they did not know. It indicated that most respondents don't have knowledge of male condoms with regard to male orgasm.

Table 4.20: Female condoms versus male condoms: Female orgasm *(Item 26)*

Response	Frequency	Percent	Valid Percent
Totally Agree	9	11.3	11.4
Partially Agree	8	10.0	10.1
Partially Disagree	5	6.3	6.3
Totally Disagree	6	7.5	7.6
Don't Know	51	63.8	64.6
Total	79	98.8	100.0
System (Missing)	1	1.3	-
Total	80	100.0	-

Table 4.21: Female condoms versus male condoms: Male orgasm *(Item 27)*

Response	Frequency	Percent	Valid Percent
Totally Agree	14	17.5	17.7
Partially Agree	7	8.8	8.9

© University of Venda

University of Venda
Creating Future Leaders

Partially Disagree	5	6.3	6.3
Totally Disagree	7	8.8	8.9
Don't Know	46	57.5	58.2
Total	79	98.8	100.0
System (Missing)	1	1.3	-
Total	**80**	**100.0**	-

4.2.4.5 Item 28: Female Condoms versus Male Condoms: Protection Against STIs, Including HIV

The findings depicted in Table 4.22 revealed the respondents' understanding with regard to female condoms providing better protection against STIs than male condoms, i.e., 70.9% (n=56) totally agreed, 21.5% (n=17) partially agreed and 7.6% (n=6) stated that they did not know. This indicated that most of the youths believed that female condoms give better protection against STIs.

Table 4.22: Female condoms versus male condoms: Protection against STI & HIV *(Item 28)*

Response	Frequency	Percent	Valid Percent
Totally Agree	56	70.0	70.9
Partially Agree	17	21.3	21.5
Don't Know	6	7.5	7.6
Total	79	98.8	100.0
System (Missing)	1	1.3	-
Total	**80**	**100.0**	-

4.2.5 Section E: Sexual Behaviour and the Health Belief Model

4.2.5.1 Item 29: Risk of Contracting STIs

According to Table 4.23, 34.2% (n=26) of the respondents stated that they are at risk of contracting STIs and 65.8% (n=50) stated that they are not at risk of contracting

© University of Venda

University of Venda
Creating Future Leaders

STIs.

Table 4.23: Risk of contracting STIs *(Item 29)*

Response	Frequency	Percent	Valid Percent
Yes	26	32.5	34.2
No	50	62.5	65.8
Total	76	95.0	100.0
System (Missing)	4	5.0	-
Total	**80**	**100.0**	-

4.2.5.2 Item 30: Use of Condom While at Risk of Contracting STIs

Table 4.24 summarizes the respondents' opinions with regard to the use of condom while at risk of contracting STIs. The majority of (96.1%; n=74) stated that if they are at risk of contracting STIs they would use a condoms and only 3.9% (n=3) stated that they would not use a condom, even if at risk of contracting STIs.

Table 4.24: Use of condom while at risk of contracting STIs *(Item 30)*

Response	Frequency	Percent	Valid Percent
Yes	74	92.5	96.1
No	3	3.8	3.9
Total	77	96.3	100.0
System (Missing)	3	3.8	-
Total	**80**	**100.0**	-

4.2.5.3 Item 31: Frequency of Condom Use in Past Three Months

Table 4.25 shows that 60.6% (n=43) of the respondents stated that they used condoms for the past 3 months every time they had sex, 5.6% (n=4) used condoms regularly, 5.6% (n=4) did not use it regularly and 28.2% (n=20) never used condoms in terms of

© University of Venda

University of Venda
Creating Future Leaders

this questionnaire item.

Table 4.25: Frequency of condom use in past three months *(Item 31)*

Response	Frequency	Percent	Valid Percent
Every Time	43	53.8	60.6
Regular	4	5.0	5.6
Irregular	4	5.0	5.6
Never	20	25.0	28.2
Total	71	88.8	100.0
System (Missing)	9	11.3	-
Total	80	100.0	-

4.2.5.4 Item 32: Use of Condom to Prevent Infection During Sexual Intercourse

According to Table 4.26, 89.2% (n=66) of the respondents stated that they would use a condom with a partner to prevent infections and 10.8% (n=8) stated that they would not, implying that most of the youths used condoms to prevent STIs.

Table 4.26: Use of condom to prevent infection during sexual intercourse *(Item 32)*

Response	Frequency	Percent	Valid Percent
Yes	66	82.5	89.2
No	8	10.0	10.8
Total	74	92.5	100.0
System (Missing)	6	7.5	-
Total	80	100.0	-

4.2.5.5 Items 33 & 34: Confidence in Putting on and Carrying a Condom

The findings revealed that even though some respondents experienced difficulty in condom use, most of them (78.2%; n=61) are confident to put on a condom and 21.8%

© University of Venda

University of Venda
Creating Future Leaders

(n=17) are not confident. This indicated that youths are more confident in wearing condoms (Table 4.27). The same table shows that 63.3% (n=50) of the respondents stated that they can carry a condom along and 36.7% (n=29) stated that they can't carry a condom. This indicated that most of the youths can carry condoms everywhere they go.

4.2.5.6 Items 35 & 36: Suggesting Condom Use to a Partner and It's Embarrassing to Put on a Condom

According to Table 4.28, 89.7% (n=70) of the respondents can suggest condom use to their partners and 10.3% (n=8) cannot. This indicated that most of the youths are not afraid to suggest condom use to their partners. Of the respondents, 30.3% (n=23) indicated they would be embarrassed by putting on a condom and 69.7% (n=53) stated that they would not be embarrassed. The above results indicates that most youths do not feel embarrassed to put on a condom.

Table 4.27: Confidence in putting on and carrying a condom *(Items 33 & 34)*

CONFIDENCE IN PUTTING ON A CONDOM *(Item 33)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	61	76.3	78.2
No	17	21.3	21.8
Total	78	97.5	100.0
System (Missing)	2	2.5	-
Total	**80**	**100.0**	-

CONFIDENCE IN CARRYING A CONDOM *(Item 34)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	50	62.5	63.3
No	29	36.3	36.7
Total	79	98.8	100.0

© University of Venda

University of Venda
Creating Future Leaders

confident to persuade a partner to use condoms. This indicated that most of the youths can persuade an unwilling partner to accept using condoms.

Table 4.29: Fear of rejection and confidence in persuading a partner to accept condoms *(Items 37 & 38)*

FEAR OF REJECTION WHILE SUGGESTING CONDOM USE *(Item 37)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	22	27.5	27.8
No	57	71.3	72.2
Total	79	98.8	100.0
System (Missing)	1	1.3	-
Total	**80**	**100.0**	-

CONFIDENCE IN PERSUADING A PARTNER TO ACCEPT CONDOMS *(Item 38)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	67	83.8	84.8
No	12	15.0	15.2
Total	79	98.8	100.0
System (Missing)	1	1.3	-
Total	**80**	**100.0**	-

4.2.5.8 Items 39 & 40: Disposing of a Condom After Sexual Intercourse and Failing to Use a Condom Properly

Table 4.30 shows that 71.4% (n=55) of the respondents are confident to remove and dispose of a condom after use and 28.6% (n=22) are not confident. This indicated that most youths are confident to remove and dispose of a condom after sexual intercourse. Also, 29.1% (n=23) the respondents would feel embarrassed if they did not succeed in using condoms and 70.9% (n=56) would not feel embarrassed if they failed to use a condom. This indicated that the youths will retry using condoms if their attempts to use it failed.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.30: Disposing of a condom after sexual intercourse and failing to use a condom properly *(Items 39 & 40)*

DISPOSING OF A CONDOM AFTER SEXUAL INTERCOURSE *(Item 39)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	55	68.8	71.4
No	22	27.5	28.6
Total	77	96.3	100.0
System (Missing)	3	3.8	-
Total	**80**	**100.0**	-

FAILING TO USE A CONDOM PROPERLY *(Item 40)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	23	28.8	29.1
No	56	70.0	70.9
Total	79	98.8	100.0
System (Missing)	1	1.3	-
Total	**80**	**100.0**	-

4.2.5.9 Items 41 & 42: Diagnosed with STI and Discussing Condom Use with a New Partner

A lesser number of respondents (7.5%; n=6) have been diagnosed with an STI than those never diagnosed (92.5%; n=74) with STIs. The results indicated that most youths were not diagnosed with STIs (Table 4.31). In addition, respondents showed their comfort in negotiating condom use. According to the table, 82.1% (n=64) of the respondents would be comfortable discussing condom use with a new partner and 17.9% (n=14) will not be comfortable discussing condom use with a new partner.

Table 4.31: Diagnosed with STI and discussing condom use with a new partner *(Items 41 & 42)*

DIAGNOSED WITH STI *(Item 41)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	6	7.5	7.5
No	74	92.5	92.5

© University of Venda

University of Venda
Creating Future Leaders

Total	**80**	**100.0**	-

DISCUSSING CONDOM USE WITH A NEW PARTNER *(Item 42)*

Response	Frequency	Percent	Valid Percent
Yes	64	80.0	82.1
No	14	17.5	17.9
Total	78	97.5	100.0
System (Missing)	2	2.5	-
Total	**80**	**100.0**	-

4.2.5.10 Items 43-45: Alcohol and Condom Use, Sexual Intercourse and Age at First Sexual Intercourse

According to Table 4.32, 51.3% (n=39) of the respondents would use condoms even after drinking alcohol and 48.7% (n=37) stated that they would not use a condom after drinking alcohol. This indicated that youths have different yet evenly balanced views on whether they would use a condom after taking alcohol. According to the above table 58.2% (n=46) of the respondents had sex and 41.8% (n=33) never had sex.

Table 4.32: Alcohol and condom use, sexual intercourse and age at first sexual intercourse *(Items 43-45)*

ALCOHOL AND CONDOM USE *(Item 43)*

Response	Frequency	Percent	Valid Percent
Yes	39	48.8	51.3
No	37	46.3	48.7
Total	76	95.0	100.0
System (Missing)	4	5.0	-
Total	**80**	**100.0**	-

© University of Venda

University of Venda
Creating Future Leaders

SEXUAL INTERCOURSE *(Item 44)*

Response	Frequency	Percent	Valid Percent
Yes	46	57.5	58.2
No	33	41.3	41.8
Total	79	98.8	100.0
System (Missing)	1	1.3	-
Total	**80**	**100.0**	-

AGE AT FIRST SEXUAL INTERCOURSE *(Item 45)*

Response	Frequency	Percent	Valid Percent
Unsure	20	25.1	25.1
Never Had Sex	13	16.3	16.3
Age of 15 Years	10	12.5	12.5
Ages of 12 & 16 Years	6	7.5	7.5
Ages of 13 & 17 Years	5	6.3	6.3
Age of 14 Years	4	5	5
Age of 8 Years	3	3.8	3.8
Ages of 11 & 19 Years	2	2.5	
Ages of 3,7,10 & 18 Years	1	1.3	1.3
Total	80	100	100
Total	**80**	**100.0**	**100**

The above table also suggests that 25.1% (n=20) of the respondents were unsure of the age which they first had sex, followed by 16.3% (n=13) who never had sex, 12.5% (n=10) who had sex at the age of 15 years, 7.5% (n=6) of those who started at the age of 12 and 16, respectively, followed by 6.3% (n=5) of those who started at the age of 13 and 17, followed by 5% (n=4) of those who started at the age of 14 years, followed by 3.8% (n=3) of those who started early at the age of 8 years, followed by 2.5% (n=2) of those who started at the age of 11 and 19 years and they were followed by 1.3% (n=1) of 3, 7, 10, 18 years, respectively.

© University of Venda

University of Venda
Creating Future Leaders

4.2.5.11 Items 46 & 47: Condom Use/Non-Use During Last Sexual Intercourse

The findings indicated that 60.9% (n=42) of the respondents have used condoms during their last sexual intercourse and 39.1% (n=27) did not use condoms. This indicated that most of the respondents used condoms at their last sexual intercourse (Table 4.33).

Table 4.33: Condom use/non-use during last sexual intercourse *(Items 46 & 47)*

CONDOM USE DURING LAST SEXUAL INTERCOURSE *(Item 46)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	42	52.5	60.9
No	27	33.8	39.1
Total	69	86.3	100.0
System (Missing)	11	13.8	-
Total	**80**	**100.0**	-

NON-USE OF CONDOM DURING LAST SEXUAL INTERCOURSE *(Item 47)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Not Available	16	20.0	35.6
Partner Objected	4	5.0	8.9
Don't Like Them	5	6.3	11.1
Was Drunk	6	7.5	13.3
Other	14	17.5	31.1
Total	45	56.3	100.0
System	35	43.8	-
Total	**80**	**100.0**	-

The respondents also stated different reasons for not using condoms during the last sexual intercourse: 35.6% (n=16) indicated that condoms were not available, 8.9% (n=4) answered that their partners objected, 11.1% (n=5) pointed out they did not like condoms, 13.3% (n=6) were drunk and 31.1% (14) denoted other reasons.

© University of Venda

University of Venda
Creating Future Leaders

4.2.5.12 Items 48-50: Partner Has Other Sexual Partners, Regular and Casual Sexual Partners

Table 4.34 shows that 9.3 % (n=7) of the respondents thought that their partners had other sexual partners, 30.7% (n=23) never thought that their partners were cheating and 60% (n=45) were unsure. This indicated that the youths thought that their partners are not faithful to them. In addition, 32.4% (n=24) of the respondents had regular sexual partners in the past 12 months and 67.6% (n=50) had no regular sexual partners. This indicated that youths have sexual partners and they are sexually active. Of the respondents, 28.2% (n=20) indicated they had casual sex partners and 71.8% (n=51) had no casual sex partners. This indicated that only few youths had casual sex partners.

4.2.5.13 Items 51 & 52: Condom Use During Last Sexual Intercourse with Casual Partners and Reason for Using Condoms

According to Table 4.35, 59.3% (n=32) of the respondents used a condom the last time they had sex with their casual partners and 40.7% (n=22) did not use condoms the last time they had sex with the casual partners. This indicated that most of the youths use condoms if they are having sex with the casual partners. Furthermore, 40.6% (n=26) of the respondents indicated that they used condoms to prevent pregnancy, 9.4% (n=6) used condoms to prevent STIs, 29.7% (n=19) used condoms to prevent HIV and 20.3% (n=13) used condoms to prevent pregnancy, STIs and HIV. This indicated that most of the youths use condoms to prevent pregnancy.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.34: Partner has other sexual partners, regular and casual sexual partners *(Items 48-50)*

PARTNER HAS OTHER SEXUAL PARTNERS *(Item 48)*

Response	Frequency	Percent	Valid Percent
Yes	7	8.8	9.3
No	23	28.8	30.7
Maybe	45	56.3	60.0
Total	75	93.8	100.0
System	5	6.3	-
Total	**80**	**100**	-

REGULAR SEXUAL PARTNER *(Item 49)*

Response	Frequency	Percent	Valid Percent
Yes	24	30.0	32.4
No	50	62.5	67.6
Total	74	92.5	100.0
System (Missing)	6	7.5	-
Total	**80**	**100.0**	-

CASUAL SEXUAL PARTNER *(Item 50)*

Response	Frequency	Percent	Valid Percent
Yes	20	25.0	28.2
No	51	63.8	71.8
Total	71	88.8	100.0
System (Missing)	9	11.3	
Total	**80**	**100.0**	-

4.2.5.14 Items 53 & 54: Coerced to Have Sex and Use of Condom in Coerced Sex

Table 4.36 represents the numbers and frequencies of youths who were coerced to have sex. About 6.4% (n=5) of the respondents have been paid to have sex and 93.6% (n=73) have not been paid to have sex. This indicated that only few respondents have

© University of Venda

University of Venda
Creating Future Leaders

been paid to have sex. According to the table, 13.8% (n=11) of the respondents used condoms during paid sex and 64.5% (n=20) did not use a condom during the time they were paid to have sex.

Table 4.35: Condom use during last sexual intercourse with casual partners and reason for using condoms *(Items 51 & 52)*

CONDOM USE DURING LAST SEXUAL INTERCOURSE WITH CASUAL PARTNERS *(Item 51)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	32	40.0	59.3
No	22	27.5	40.7
Total	54	67.5	100.0
System	26	32.5	-
Total	**80**	**100**	-

REASON FOR USING CONDOMS *(Item 52)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Pregnancy	26	32.5	40.6
STI	6	7.5	9.4
HIV	19	23.8	29.7
All of Them	13	16.3	20.3
Total	64	80.0	100.0
System (Missing)	16	20.0	
Total	**80**	**100.0**	-

4.2.5.15 Item 55: Number of Sexual Partners

The findings indicated that 46.7% (n=35) of the respondents have not slept with anyone in the past 12 months, 32% (n=24) had sex with 1 to 2 people, 1.3% (n=1) had sex with 3 to 4 people and 20% (n=15) had sex with more than 5 people. This indicated that most of the respondents were not sexually active for the past 12 months and there were few youths who had sex with more than 5 people in the past 12 months

© University of Venda

University of Venda
Creating Future Leaders

(Table 4.37).

Table 4.36: Coerced to have sex and use of condom in coerced sex *(Items 53 & 54)*

COERCED TO HAVE SEX *(Item 53)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	5	6.3	6.4
No	73	91.3	93.6
Total	78	97.5	100.0
System	2	2.5	-
Total	**80**	**100**	-

USE OF CONDOM IN COERCED SEX *(Item 54)*			
Response	**Frequency**	**Percent**	**Valid Percent**
Yes	11	13.8	35.5
No	20	25.0	64.5
Total	31	38.8	100.0
System	49	61.3	
Total	**80**	**100**	-

Table 4.37: Number of sexual partners *(Item 55)*

Response	**Frequency**	**Percent**	**Valid Percent**
None	35	43.8	46.7
1-2	24	30.0	32.0
3-4	1	1.3	1.3
More than 5	15	18.8	20.0
Total	75	93.8	100.0
System	5	6.3	
Total	**80**	**100**	-

4.2.5.16 Item 56: Mentality on Condom Use

The findings indicated that 53.2% (n=42) had strong mentality on condom use, 25.3%

© University of Venda

University of Venda
Creating Future Leaders

(n=20) had moderate mentality on condom use and 13.9% (n=11) had low mentality towards condom use. Open-ended questions contained in the questionnaire were completed by the respondents and the presentation that follows captures the information provided by the respondents to such questions. In terms of their mentality on condom use, the respondents indicated that condoms are the protective barriers that prevent STIs, pregnancy and other diseases. This indicates that the majority of youths know the advantages of condoms.

4.2.5.17 Item 57: Knowledge of STIs

The findings indicated that 53.2% (n=42) had knowledge of STIs, 25.3% (n=20) had moderate knowledge of STIs and 13.9% (n=11) had low knowledge of STIs. Regarding this item, the respondents expressed different views about STIs, including that they are: diseases that can contracted if a condom is not used during sexual intercourse; dangerous diseases, like HIV which infect people during sexual intercourse. Some respondents indicated that they did not have any knowledge about STIs, while others obtained information from their peers, some even mentioned that STIs kill, some suggested that STIs can delay or prevent pregnancies and even cause HIV. This indicated that the respondents have knowledge about STIs.

4.2.5.18 Item 58: Hindrance to Condom Use

Some respondents cited that being drunk can be a hindrance to condom use. Others indicated lack of knowledge regarding these hindrances; some mentioned that having a small penis or lack of experience hinder condom use. Being HIV-positive was seen as one of the hindrances to condom use. Some respondents mentioned that if you don't fit at the condom it may be difficult for you to sleep with your partner. While other

© University of Venda

University of Venda
Creating Future Leaders

respondents mentioned that being forced to have sex makes it difficult to use a condom. Condoms were also associated with lack of comfort which result in pain. Some mentioned that having multiple partners makes it difficult to use condoms. Other reasons cited by respondents included non-availability of condoms at school, fear of rejection from partners for suggesting condom use, peer pressure, embarrassment to buy or collect condoms from clinics and or being too shy to tell a partner to use condoms.

4.2.5.19 Item 59: Problems Encountered While Using Condoms

Of the respondents, 20% (n=16) indicated that they encountered the problem of condoms breaking, 13.8% (n=11) did not know about problems, 11.3% (n=9) never experienced any problem, 10% (n=8) never had sex, 3.8% (n=3) stated that they did not enjoy sex, 3.8% (n=3) pointed out that the condom gets too full with sperm, 2.5% (n=2) stated that it makes them vomit, it did not fit, it did not make sex good, some did not feel comfortable using it, 1.3% (n=1) stated that it was difficult to take out, if you did not use it properly you get HIV or become pregnant, some stated that it causes females to rash and it hurts females and some stated that condoms have manufacturing faults.

4.2.5.20 Item 60: Promotion of Condom Use

The respondents recommended the following to promote condom use:

- Discuss condoms with friends.
- Encourage the youth to use it always, give packets of condoms to youths.
- Provide free condoms and make condoms more easily available and accessible.
- Partners must agree on the use of condoms.

© University of Venda

University of Venda
Creating Future Leaders

- Put more lubricants in condoms.
- Teach teenagers more about condoms.
- Educate people about the risks of unprotected sex.

4.3 Conclusion

This chapter provided a synthesis of the data obtained from the statistical analysis of the questionnaire responses indicated by the participants of this study. The next chapter will discuss the results in the context of literature cited and previous work done in the field. The next chapter will deal with discussions, limitations and recommendations.

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 5

DISCUSSION, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of the study was to investigate the attitude of youths towards condom use in Botlokwa area of the Limpopo Province. This chapter discusses the findings as well as the limitations of the study and also makes recommendations for strategies to improve condom use by youths as well as ideas further research. Assumptions of the study were correlated with the objectives based on the analysis and interpretation of data, in order to determine relationships among the variables.

5.2 Discussion

5.2.1 Demographics

5.2.1.1 Age, Educational Level and Gender

The respondents' ages were within the newly reproductive age group for youths. About half of HIV infections occur among youths younger than 25 years (Futterman, 2004:101). Therefore, the group included in this study fits very well into this high risk group for HIV infection and hence their ability to use condoms might reduce STI and HIV infections. The respondents had different educational backgrounds, most were still at school at the time of this study. Education has been shown to enhance the likelihood of utilizing sexual protection devices, especially condoms (Sunmola, Adebayo, Olapegba & Alarape, 2006:289). These authors did not specify the educational level for the said likelihood. The respondents' level of education may be

© University of Venda

University of Venda
Creating Future Leaders

associated with condom usage which simply implies that a higher level of education will increase the likelihood of condom usage. Most of the respondents were females and the attitudes towards condom use thus predominantly reflect those of females.

5.2.1.2 Marital Status and Number of Children

With this item the study wished to establish the respondents' marital status as that would indicate the level of relationships in the society. All the respondents stated that they are single. Most new HIV infections in several sub-Saharan countries are estimated to take place in sero-discordant married or cohabiting couples (Dunke, Stephenson, Karita, Clomba, Kayinterekon, Waliks, Greenberg & Allen, 2008:34). In addition, men are more likely to bring HIV infection into a concordant-negative partnership. Getting married does not work as a preventive strategy against HIV and STIs since the percentage of women who are infected is much higher among married females than single ones of the same age (Glynn, Carael, Auvert, Kahindo, Chege, Musonda, Kaona, Buve & Cities, 2001:87).

Therefore, preventive behaviour within the marriage is crucial for the reduction of HIV incidence in the sub-Saharan region. Notwithstanding this, spouses are often reluctant to introduce condoms into their marital relationships (Chimbiri, 2007) and the reported use of this device within marriage is usually very low. So, in this study all the respondents were not in a marriage which trivializes negative attitudes towards condom use. Most new sexual intentions in sub-Saharan countries are estimated to take place in a sero-discordant marriage or between cohabiting couples (Dunke, Stephson, Karita, Clomba, Kayinterekon, Waliks, Greenberg & Allen, 2008:371). Most of the respondents stated that they did not have a child, a few stated that they either had one

© University of Venda

University of Venda
Creating Future Leaders

or more than two children. In 2011, approximately 330,000 teenagers gave birth and in 2008, an estimated 750,000 teenagers became pregnant (Elliott & Larson, 2004:303). Despite the fact that US teen birth rates has been at the lowest levels in the past 70 years, the birth rate for US teenagers remains higher than other developed nations, and marked disparities by race/ethnicity and geographic area persist. It is encouraging to note that the birth rates for US teens between the ages of 15–19 decreased between the years 1991 and 2000. In 1991, the birth rate for teens in this age group was 62.1 per 1,000, but the birth rate decreased to 48.5 per 1,000 by 2000 (Ventura, Matthews, & Hamilton, 2002:32). This shows that at Botlokwa there is a relatively low rate of teenage pregnancy.

5.2.1.3 Family Members, Ethnic Group and Religious Affiliation

The study aimed to determine the attitudes of youths related to condom use as well as the availability of other members in the family where respondents were residing. Most of the respondents stayed with both parents while others stayed with a single parent or guardians. Adults, especially parents, play an important role in promoting the sexual health of adolescents. Bright Futures outlined how paediatricians and other health care providers can support parents in promoting healthy sexual development and sexuality, including the use of condoms to protect against STIs and HIV infections (Pranitha & Cleland, 2005:24). A number of studies have examined the role of parent-adolescent communication about sexual risk and association with increased adolescent use of condoms. Parental communication about sexual risk and condom use are associated with an increase in condom use among adolescents. Timing of the discussion is important as a recent study has shown that the highest rates of condom use at first and last sex, as well as for regular use, were found among adolescent girls who

© University of Venda

University of Venda
Creating Future Leaders

communicated with their mothers about condom use before the onset of sexual activity compared with after initiation thereof (Manlove, Ikramullah & Terry-Humen, 2008:325).

In a large study of African-American and Puerto Rican teens aged 14-17 years, separate face-to-face interviews were conducted with 907 mother-adolescent pairs to examine factors that predicted mother-adolescent discussions about condoms. Those mothers who communicated effectively about condoms had greater knowledge of sexuality and HIV, perceived that they had enough information to discuss condoms, had received information from a health-related sources, were comfortable in discussing condoms and sexuality, and believed that condom use prevents HIV. The implications for paediatricians is that providing parents with accurate information about adolescent sexual behaviour, risks, and the use and effectiveness of condoms can improve communication with their adolescents (Kaplan et al, 2001:201).

Parents who communicate effectively about sexuality and safe sex behaviour can decrease their adolescent child risk-taking behaviour (Hendricks, Philips & Avonts, 2008:168). When young people feel unconnected to home, family and school, they may become involved in activities that put their health at risk. However, when parents affirm the value of their children, young people more often develop positive, healthy attitudes about themselves. Although most adults want youth to know abstinence, contraception and how to prevent HIV and other STIs, parents often have difficulty communicating about sex. Nevertheless, positive communication between parents and children greatly helps young people to establish individual values and to make healthy decisions. Lack of communication also affects behaviours and attitudes. Young people who reported feeling lack of parental warmth, love or caring were also more likely to

© University of Venda

University of Venda
Creating Future Leaders

report emotional distress, lower self-esteem, school problems, drug use and sexual risk behaviours (Hutchinson; 2002:238). However, in this study the number of family members was not linked to the use of condoms, hence it is debatable whether youths staying with both parents tend to use condoms more than those who are staying alone, with a single parent or with guardians.

In terms of ethnicity, the majority of the respondents were Africans and few were coloureds. The religious affiliation was also determined because religion seems to have an influence on the behaviour of individuals. This research study wished to determine the role played by religion in the attitudes of youth towards condom use. Most of the respondents were Christians, and very few Muslim and African. Many religious conservative groups in countries situated between Australia and Thailand have resisted new programmes to provide condoms and education to their population. Conservative Muslim leaders have expressed concern that the availability and marketing of condoms encourages young children to have sex. Conservatives align the campaign with the condoning of sexual activity in general (Vrba, 2012:33). This study did not test the effect of religious affiliation regarding condom use as it was just part of the demographic data collected.

5.2.1.4 Residency Status and Qualification of Parents or Guardians

The study expected to reveal the location of respondents and whether they were from Botlokwa. Approximately half of the total numbers of respondents were from Botlokwa. As far as the educational qualifications of the parents or guardians were concerned, the study revealed that most parents and guardians were either educated at primary, secondary and tertiary levels. Educated parents have information on

© University of Venda

University of Venda
Creating Future Leaders

contraceptives and they are able to talk to their children about condom use (Ventura, Matthews & Hamilton, 2002).

5.2.1.5 Employment Status of Parents or Guardians

According to the respondents' answers to questions that probed the employment status of their parents or guardians, the majority of fathers and mothers were employed whereas more than 50% of guardians were unemployed. The research wanted to establish if employment or economic status influences the attitudes and the behaviour of youths. Amobi and Igwegbe (2007:95) noted that youths whose parents were unemployed and poor, were easily influenced as they lacked assertiveness to negotiate safe sex, especially in situations where the partners are much older men and the key motivation for sex is material gain such as money, clothes, cell phones, food and drinks.

5.2.2 Knowledge and Attitudes of Condom Use

5.2.2.1 Condom Use Reduces the Risk of STI Transmission

The study set out to determine the knowledge of youths with regard to the effectiveness of condoms in lowering the risk of STIs. The majority of respondents indicated that they believed that condoms can reduce the risk of STI transmission. These results are consistent with the study of Manlove, Ikramullah & Terry-Humen (2008:325) which validated that condoms can be highly effective against unintended pregnancies when used consistently and correctly. The method failure of the male condom for unintended pregnancy is estimated to be 2% in 12 months of use (i.e., 2 pregnancies per 100 woman-years with faultless use), although with typical use, the failure rate (accounting for inconsistent and incorrect use) is 18%. The most important

© University of Venda

University of Venda
Creating Future Leaders

non-contraceptive benefit of condom use is the additional protection against acquisition and transmission of STIs, including HIV. Evidence supporting the protection provided by condoms against acquisition of most STIs, including HIV, has increased markedly over the past decade. If placed on the penis before genital contact and used throughout intercourse, condoms should prevent contact with semen, genital lesions, and infectious discharges in both males and females. Condoms greatly reduce the risk of STIs that are transmitted to or from the penile urethra, including gonorrhoea, Chlamydia, trichomoniasis, hepatitis B virus, and HIV. Condoms also provide protection against STIs transmitted via skin-to-skin contact or contact with mucosal surfaces, including genital herpes simplex virus, human papillomavirus, syphilis, and chancroid in those affected areas covered by the condom. The propaganda for the use of condoms remains one of the main methods for prevention of HIV even though psychological obstacles are still prevalent and hinder condom use (Arunansu, et al., 2008:241). This suggests that the majority of youths know that condoms lower the risk of getting STIs.

The study also assessed the knowledge of youths with regard to effectiveness of a latex condom. Half of the total number of respondents believed it to be true while the remainder indicated that it is false or that they did not know. These results are inconsistent with the findings of Holmes, Levine and Weaver (2004:456) which indicated that a condom is both a barrier contraceptive method and a protective device against STIs and HIV. With regard to contraception, condoms are not so effective as non-barrier methods such as sterilization, the Pill, and contraceptive injections, although the estimated effectiveness for preventing pregnancy is 85% when couples made a typical or imperfect use of this type of device (Trussell, Lalla, Doan, Reyes,

© University of Venda

University of Venda
Creating Future Leaders

Pinto, & Gricar 2009:5). Regarding protection, condom use is considered the most effective device against HIV infection through sexual contact, with an estimated risk reduction of more than 80%. Condoms are important because they remain one of the key public and sexual health strategies to fight transmission of STIs, including HIV (WHO, 2007:39).

5.2.2.2 Lubricants can Cause Condoms to Break

The respondents' knowledge regarding effects of oil on a condom was also checked. Very few respondents believed it to be true that oil-based lubricants cause condoms to brake, while an equal number of respondents, 40% respectively, either believed it to be false and indicated that they did not know. The researcher also wanted to test the respondents knowledge if condoms could be used more than once. The majority of the respondents believed it to be false. The findings indicate that only a few respondents did not have sufficient knowledge regarding the use of lubricants in condoms. This can have a negative impact in condom use as well as its effectiveness. A study conducted by JournAIDS (2011) indicated that most condom failures resulted from incorrect use and not because of a faulty condom. Correct and consistent use is critical for preventing unintended pregnancy and the transmission of STIs. Oil-based products can cause latex condoms to break down in as little as 60 seconds (JournAIDS, 2011:1).

5.2.2.3 Affordability and Availability of Condoms

The study wished to understand affordability as well as availability of condoms amongst youths. Most of the respondents thought that condoms were not expensive. Purchasing condoms appeared to be relatively difficult for sexually inexperienced adolescents, and 40% of adolescents in this study indicated that purchasing condoms

© University of Venda

University of Venda
Creating Future Leaders

was embarrassing. A previous study found that 20% of sexually inexperienced and 40% of sexually experienced adolescents considered purchasing condoms not to be embarrassing (Potsonen & Kontula, 1999:211). The researcher also sought to establish if the youths who participated in this study had access to condoms. According to the respondents, condoms were easily available. Condom availability programmes have been evaluated in a variety of settings. In a study of programmes in Massachusetts high schools, adolescents in schools where condoms were available were more likely to receive condom use instruction and less likely to report lifetime or recent sexual intercourse, and adolescents who were sexually active were twice as likely to use condoms at their most recent sexual encounter. Likewise, clinic-based interventions have been shown to be effective in increasing condom use and decreasing STIs. Clinic-based safer sex interventions are endorsed by the CDC. The results are in agreement with the study by Blake, Ledsky, Goodenow, Sawyer, Lohrmann and Windsor (2003:112) which indicated that 4166 adolescents responding to the Youth Risk Behavior Study from Massachusetts, a state that has a large percentage of condom availability programmes, were less likely to report sexual intercourse and that condoms were easily available.

5.2.2.4 Embarrassment Related to Condom Purchase and Proposing Condom Use to Partner

The experiences of youths regarding buying as well as proposing condom use to their partners were identified in this study. The majority reflected that they would not be embarrassed to purchase condoms, but a few indicated that they would have difficulties. These results were not consistent with the study conducted by Mellisa and Scheider (2010:41) which indicated that purchasing condoms appeared to be relatively

© University of Venda

University of Venda
Creating Future Leaders

difficult and embarrassing for sexually inexperienced adolescents. The results indicated that most youths will buy condoms without being ashamed. The study also determined if youths were free to talk about condoms with their partners. Most of the respondents indicated that they would not be embarrassed. To suggest condom use to a spouse is likely to be very costly when the couple lives in a social context in which condoms are considered a barrier against HIV infection and, at the same time, unfaithfulness is socially disapproved of (Muhwava, 2004:67). Such a suggestion would be interpreted as either an admission that one has been unfaithful, or that one believes that the other is disloyal. In any case, the couple would face a serious problem of distrust. The association of condom use exclusively with protection from infection is thus self-defeating, because to propose its use necessitates the breaking of one of the norms of marriage. However, the alternative interpretation of condom use as a contraceptive method may be less problematical, since the acceptance of family planning has dramatically increased in sub-Saharan Africa, especially in Eastern countries. This is in contrast with the study by Muhwava (2004:67) which provided evidence that is coherent with the idea that suggesting condom use to a spouse is perceived as an easier task, at least by men, when condoms are commonly used as a contraceptive method.

5.2.2.5 Attitudes Towards Female Condoms

The study ascertained whether the respondents trusted females condoms more than male condoms. While some respondents totally agreed that female condoms provided better protection against unwanted pregnancies than male condoms, the majority of respondents stated that they did not know. A condom is both a barrier contraceptive method and a protective device against STIs, including HIV. With regard to

© University of Venda

University of Venda
Creating Future Leaders

contraception, condoms are not so effective as non-barrier methods such as sterilization, the Pill and contraceptive injections, although the estimated effectiveness for preventing pregnancy is 85% when a couple made typical use of this type of device (Trusell et. al., 2009:79). The study also aimed to understand if the youths found females condoms enjoyable or not. Most the respondents were unsure about this item as judged by their answers in the questionnaire. This is in contrast with the study conducted by Bauni and Jarabi (2000:77) which indicated that most youths do not use female condoms as they lacked knowledge about it. Sexual qualitative studies have observed that individuals complain about the reduction of sexual pleasure when condoms are involved. This study also revealed that even though some youths found that female's condoms make male orgasm more difficult to achieve, the majority stated that they did not know. These results are incongruous with the study conducted by Golub, Starks and Parsons (2012:626) which established that most respondents had no knowledge about female condoms and that the findings supported previous research that the perception that condoms impede intimacy is a significant predictor of sexual risk.

This study wished to reveal if the youths trusted female's condoms as a measure of protection of STIs. The majority of the respondents totally agreed that female condoms offered protection against STIs. These results are consistent with the study conducted by Kirby (2007:97) which noted that condoms are recognized to reduce unintended pregnancy and decrease the transmission of STIs. Despite proven effectiveness of condoms, the level of adolescent condom use has remained relatively unchanged since 2003 with almost 40% of adolescents currently engaging in unprotected intercourse. Promoting responsible sexual behaviour, which includes condom use, was pinpointed

© University of Venda

University of Venda
Creating Future Leaders

as a leading health indicator. Condoms are a highly effective way to reduce the risk of pregnancy, HIV and other STIs (Holmes, Levine & Weaver, 2004:454).

5.2.3 Sexual Behaviour and the Health Belief Model

5.2.3.1 Risk of Contracting STIs and Condom Use

The study wished to reveal if the youths considered their health to be at risk. Most of the respondents stated that they did not regard themselves as being at risk of contracting STIs. The researcher asked this question in relation to the HBM which professes that if a person is in danger, she/he will take preventative measures to avoid illness. The above results indicate that most of the youths are not at risk of contracting STIs and the reason for that could be that some were not yet sexually active. The results were inconsistent with the study conducted in Nigeria by Sunmola et. al. (2006:288) which concluded that the majority of participants had been treated for various STIs and only 15% of them had used condoms frequently. This study also assessed whether youths would take precautionary measures if they were at a health risk. The majority of the respondents stated that if they were at risk of contracting STIs, they would use a condom. Despite the improvement in HIV prevention knowledge, people still engage in unprotected sex, even in countries with high HIV prevalence rates where unprotected sex entails a high risk (Lammers, Wijnbergen & Willebrands, 2013:284).

Some people engage in unprotected sex with little or no regard for STIs and unwanted pregnancies. It was discovered that of an urban population of adolescents sampled, 41% have had unprotected sexual intercourse within the past 12 months, but only 8% had used condoms during sexual intercourse (Alarape, et al., 2008:237). Condoms had

© University of Venda

University of Venda
Creating Future Leaders

been used by 35% of men and 24% of women, but were currently always used by only 9% of men and 11% of women. The condom was approved by only one quarter of respondents (Pool et al., 2000:197). This indicated that during the past three months most of the youths were using condoms every time they had sex.

5.2.3.2 Frequency of Condom Use to Prevent Infection

The majority of the respondents in this study stated that for the past 3 months they had sex, but a small proportion did not use it regularly, whereas a third of them never used condoms. The results are not consistent with the study conducted by Blake, Ledsky, Goodenow, Sawyer, Lohrmann and Windsor (2003:114) which found that the condom remains the most popularly used contraceptive method among teenagers. An increased proportion of sexually active adolescents reported using a condom at last intercourse, according to 2 CDC's surveys. In the USA, condom use increased from 46.2% in 1991 to 60.2% in 2011. The prevalence of condom use was higher among male than female students and higher among white and African-American than Hispanic students. In the National Survey of Family Growth, condom use at last intercourse increased among females in 1988 and, in 2006–2010 among males. This study explored the attitudes of youths towards condoms. The majority of the respondents stated that they would use a condom with a partner to prevent infection. Most STIs are preventable by correct and consistence condom use. The literature on condom use demonstrates that condoms are often not routinely or consistently used in sexual encounters (Abel & Brunton, 2005:254).

5.2.3.3 Confidence in Putting on and Carrying a Condom

© University of Venda

University of Venda
Creating Future Leaders

With regard to this item in the questionnaire, most of the respondents indicated that they were confident to put on a condom. The ability to carry condoms by youths wherever they go was also addressed. The findings showed that most youths would carry a condom. These results contradicted a previous study conducted by Muhwava (2004:119) which indicated that to suggest condom use to a spouse is likely to be very costly when the couple lives in a social context in which condoms are considered as a barrier against HIV infection and at the same time it was associated with unfaithfulness and socially disapproved.

5.2.3.4 Suggesting and Discussing Condom Use with a Partner

The study wished to understand if the youths can initiate a partner to use condoms. Most of the respondents stated that they could suggest condom to their partners. The results were consistent with the study conducted by Manlove, Ikramullah and Terry-Humen (2008:305) which indicated that changes in attitudes, such as those reflecting higher personal standards for condom use, were found to be a strong predictor of condom use among rural Canadian youths and increased the odds of condom use among sexually experienced males which made it easier for them to suggest condom use. As mentioned in the previous section, to suggest condom use to a spouse is likely to be very costly when the couple lives in a social context in which condoms are considered a barrier against HIV infection and at the same time unfaithful is socially disapproved of (Muhwava, 2004:119).

The study also wished to reveal if the youths were able to convince an unwilling partner to use condoms. Most of the respondents were confident that they could persuade their partners to accept using condoms. The results were relatively discordant

© University of Venda

University of Venda
Creating Future Leaders

with the study conducted by Davis, Hendershot, George, Norris and Heiman (2007:45) which indicated that the association between condom use self-efficiency and condom negotiation intentions would be stronger for intoxicated participants relative to sober participants. People are able to negotiate for safer sex hence, if a woman enters a sexual situation with a weak sense of condom use self-efficiency, alcohol intoxication may enhance this belief by focusing her attention on elements of the situation that confirm her belief that she is ineffective at negotiating for and using condoms. Consequently this woman would report a lower likelihood of negotiating for and using a condom if they were under the influence of alcohol. Most people consider themselves quite capable of using condoms correctly and able to negotiate with their partners to use condom (Baele, Dusseldorp & Maer, 2001:421).

In this study, the ability to frankly discuss sexual matters with partners was also assessed in order to understand if youths were not afraid to discuss sexual matters with new partners. The majority of the respondents indicated that they were comfortable in discussing condom use with new partners. These results were in agreement with the study conducted by Winningham, Corwin, Moore, Ritcher, Sargent and Gore-Felton (2004:809) which indicated that developing good interpersonal communication skills early in life and maintaining them throughout one's adult hood years is very beneficiary, good communication between partners can reduce STIs. And this it makes easy for new partners to discuss their sexual preferences at the commencement of a relationship before they have sexual intercourse's.

© University of Venda

University of Venda
Creating Future Leaders

5.2.3.5 Diagnosis of STI, Sexual Intercourse and Age at First Sexual Intercourse

The study also ascertained if the youths were ever diagnosed with STIs which could influence their attitudes towards condoms. Although some respondents have been diagnosed with STIs, the majority were never diagnosed with STIs. These results are inconsistent with the study conducted by Ali and Dwyer (2011:183) which affirmed that an estimated 10,065 young people aged 13 to 24 years received a positive diagnosis of HIV infection in 2011, accounting for 20% of all new infections in the USA. Among adolescent/young adult males living with and diagnosed with HIV, 77% acquired infection from Male-Sexing-Male, 4% from heterosexual transmission, and 13% were prenatally acquired. Among females, 56% acquired infection by heterosexual transmission and 34% were prenatally acquired. Anonymous HIV screening in locations where youths 12 to 24 years of age congregated in communities surrounding the Adolescent Trials Network for HIV/AIDS interventions found a prevalence of HIV of 15.3% in 611 Male-Sexing-Male tested, 60% of who did not know they were infected. In addition to patients with behaviourally acquired HIV infections, an estimated 9,038 people with prenatally acquired HIV are now in adolescence and young adulthood. In the prospective study of the reproductive health of sexually active adolescent girls prenatally infected with HIV, the cumulative incidence of pregnancy at 19 years of age was 24%, and incidence of STIs was 26%. Rates of STIs remain highest among adolescents and young adults—it is estimated that 15 to 24 year olds acquire nearly half of all new STIs (Martin, Krantz & Gottlieb, 2009:233).

© University of Venda

University of Venda
Creating Future Leaders

The study also examined whether the youths had sexual experiences. More than 50% of the respondents reported that they were sexually active. According to the CDC (2002:19), approximately 3 million incidences of STI transmission among teens and 860,000 teen pregnancies are reported annually. In 2001, statistics indicated that 46% of high school students had engaged in sexual intercourse and 42% of sexually active high school students did not use a condom during their last sexual intercourse. The American Academy of Paediatrics reported that 70% of 12th-grade students stated they have had sexual intercourse, but less than half used condoms.

A sexually active female adolescent has a 90% chance of becoming pregnant within 1 year if she does not use some form of contraception. In addition, it is estimated that 25% of teens will develop an STI before they graduate from high school. According to Mwaba and Naidoo (2005:652), sexual experience increases with age, with 48% of 15-19 year olds, reportedly having had sex compared to 89% of 20-24 year olds. From these results it is evident that most youths were sexually active. The findings of this study imply that most youths were engaging in sexual activities at an early age. This observation corroborates the study conducted by Ochieng et. al. (2011:35) in Kenya which showed that more than half of the respondents reported early onset of sexual activity with the majority of participants indicating that they initiated sexual intercourse between the ages of 11 and 15 years.

5.2.3.6 Alcohol and Condom Use During Last Sexual Intercourse

The research tried to establish if the youths would use condoms while they were under the influence of alcohol. Half of the respondents stated that they would while the other half stated that they would not use a condom after drinking alcohol. Alcohol

© University of Venda

University of Venda
Creating Future Leaders

administration studies consistently report that intoxication reduces individuals' intentions to negotiate for and use condoms (Rehm, Shield, Joharchi, & Shuper, 2012:57). However, because risky sexual behaviour typically results from the confluence of an individual, a situation and a relationship (Cooper, 2010:56), alcohol intoxication may foster different sexual outcomes based on the individuals involved. The results were consistent with the study conducted by Morrison et. al. (2003:234) who found that alcohol increased sexual risk taking in some individuals and as for others it had no effect or even decreased sexual risk behaviour.

The literature on adolescence sexuality identified a number of barriers to safe sex which include abuse of drugs and alcohol (Bauman, Karasz & Hamilton, 2007:266). This study also assessed whether youths practised safe sex. Most of the respondents have used condoms during their last sexual intercourse, but a significant proportion did not use condoms. The WHO estimates that 333 million people contract sexual diseases every year, not including the lethal HIV; 67% of these are adolescents and young adults aged 24 and younger (Kolchinsky, 2006:145). At present, one efficient way of avoiding infection is proper, regular and consistent use of condoms. The study by Davidovitch, Shohat and Dan (2005:97) indicated that the reliability of condom use during last sexual intercourse has been investigated and proven in numerous scientific studies. Over time, there has been a rise in the percentage of teenagers who used condoms during their last sexual encounter. Because of frequent discontinuation or switching of methods among couples, far fewer men turned out to be using any method at a particular time or period than those who have used condoms (Bankole, Singh, Hussain & Oestreicher, 2009:66). This study also explored the attitudes of youth towards condom use. The respondents stated various reasons for not using

© University of Venda

University of Venda
Creating Future Leaders

condoms during their last sexual intercourse, including condoms were not available, partners objected, they did not like condoms and they were drunk. Mashinini and Pelton-Cooper (2012:204) emphasized that the unavailability of condoms made youths not to use condoms during sexual intercourses and also anti-condom discourse primarily falls into one or more categories such as pleasure/sensation, intimacy/connection and condoms are claimed to reduce physical pleasure or it is 'like eating a sweet in a rapper' and thus lead to non-use of condoms during sexual intercourse.

5.2.3.7 Partner Has Other Sexual Partners, Regular/Casual Sexual Partners Reasons for Condom Use at Last Sexual Intercourse

The relationship patterns of the youths and the trust they had in their partners were also identified because these factors can influence them to use condoms. Some respondents thought that their partners had other sexual partners, some never thought that their partners were cheating and most were unsure. Flood (2003:369) accentuated that most respondents were not sure if their partners are faithful or not, and this enhanced condom use among partners as they were afraid of contracting HIV and other STIs. The centrality of a disclosure of trust around heterosexual and even casual sexual relationships frames it as incompatible with condom use. The period in which youths were exposed to sexual relationships for a period of a year was assessed. According to the respondents 32.4% (n=24) had regular sexual partners in the past 12 months and 67.6% (n=50) had no regular sexual partners. The type of partner affects adolescents' decision to use condoms. Adolescents believe that sexual relations with a casual partner pose a greater risk that sex with steady partners, thus condom use is more prevalent in cases of sex with casual partners than with steady partners. Dilorio,

© University of Venda

Dudney, Lehr and Soet (2000:658) indicated that in a period of a year, youths will be having more than two partners and most of them will not be having regular partners.

This study also checked if youths have ever had sex with casual partners. The majority of the respondents used a condom the last time they had sex with their casual partners, but a substantial number of respondents did not use a condom during the last sexual intercourse with their casual partners. Cicconi, Castagna and Quiriw (2013:16) asserted that having an occasional HIV-unknown status of sexual partners is a strong predictor of protected sexual intercourse, this means people will use condoms consistently. Also, this study set out to assess the understanding of youths with regard to the different infections or conditions that can be prevented through condom use. Many respondents indicated that they used condoms to prevent pregnancy, other used condoms to prevent STIs, including HIV. Bankole, Singh, Hussain and Oestreicher (2009:60) indicated that a condom is the only known method that provides simultaneous protection against unplanned pregnancy and some STIs, including HIV, among sexually active people. Using data from the Demographic and Health Surveys from 18 sub-Saharan African countries, their study examined condom use and reasons for using the method at last intercourse among sexually active young men aged 15-29. Most young men were aware of the condom (73%-98%), but its use at last intercourse was quite variable, ranging from 6% in Madagascar to 74% in Namibia. In 10 countries, more young men reportedly used condoms for preventing STIs alone than they did for preventing pregnancy alone. In 6 countries, at least one third of the users used the method for both purposes. In this study, respondents had a similar understanding regarding condom use as participants in the studies cited above because the majority indicated that condoms can prevent pregnancy and STIs, including HIV.

© University of Venda

5.2.3.8 Use of Condom in Coerced Sex

The study also checked if youths have ever been paid or coerced to engage in sexual acts. Very few respondents have been paid to have sex. These results are inconsistent with the study conducted by Bauman, Karasz and Hamilton (2007:22) which indicated that teens were asked during the card sort about physical force and coercion, and many (14 out of 26) acknowledged that it could be a barrier to condom use, theoretically; however, none admitted to having experienced it. Both boys and girls said that girls were more physically vulnerable to physical violence and that could make it harder for them to insist on condom use.

Pletzer (2000:46), in a study carried out at South Africans universities, showed that 8% of sexually active women reported that they been coerced into having sex, while 2% indicated that they had sex in exchange for some kind of support from someone. With regard to coercion to take part in sexual acts the findings indicated that 13.8% (n=11) used condoms during the coerced and paid sex and 64.5% (n=20) did not use a condom during such acts. Lichtenstein (2005:129) indicated that some behaviours associated with coerced sex are direct risk factors which contribute to non-use of condoms and also in having sex in return of money or any gain. The results showed that those who were paid to have sex did not use condoms and this increases their risk of having STIs, including HIV as well as pregnancy.

5.2.3.9 Mentality on Condom Use, Knowledge of STIs and Hindrance to Condom Use

The researcher wished to understand the youths' attitudes towards condom use. The respondents indicated that condoms are the protective barriers in that condoms prevent

© University of Venda

University of Venda
Creating Future Leaders

STIs, pregnancy and offer protection from other diseases. This indicates that the majority of youths know the advantages of condoms. Data regarding contraceptive effectiveness of female condoms suggest estimated rates of pregnancy during the first 12 months of perfect use and typical use were 5% and 21%; these pregnancy rates are slightly higher than those associated with use of the male condoms, although laboratory and clinical data suggesting that the female condom might be as effective as the male condom in preventing STIs are much more limited (Santelli & Melnikas, 2010:371).

Youths also displayed different knowledge patterns related to STIs and condom use, including that STIs are diseases that can be contracted when a condom is not used during sex, and that dangerous diseases like HIV infection during sexual intercourse. Some respondents indicated that they did not have any knowledge about STIs while others got information from their friends. Some respondents mentioned that STIs kill affected individuals while some even believed that STIs can prevent pregnancy and cause HIV. This indicated that the respondents had some knowledge about STIs. Venture and Amilton (2011:249) indicated that youths have knowledge on STIs and how dangerous they are; they also corroborated that engaging in unprotected intercourse places youth at risk of pregnancy and STIs.

Factors responsible for discouraging youth to use condom were also presented by the respondents. The respondents had different views on factors which hinder condom use such as being drunk, partner's excitement, a small penis or lack of experience. Being HIV-positive makes one not to use a condom was also cited as one of the factors leading to failure to use condoms. Some of the reasons given include failure of condom to accommodate the penis which makes it difficult for a person to sleep or

© University of Venda

University of Venda
Creating Future Leaders

have sex with a partner. Forcing someone to have sex makes it difficult to use a condom; others mentioned that it is sometimes not comfortable to use condoms, because it causes pain. Having multiple partners was also mentioned as one of the reasons leading to failure to use condoms. Some mentioned non-availability of condoms at school, and fear of rejection by partners for suggesting a condom and peer pressure as hindrances to condom use. Other respondents reflected that they were embarrassed to buy or collect condoms from clinics and reluctant to tell a partner to use condoms and some perceived condoms as not being a safe preventive device.

Several qualitative studies have observed that individuals complained about the reduction in sexual pleasure if condoms are involved (Bauni & Jarabi, 2000:54). Moreover, fears about the possible side-effects and health risks believed to be caused by condom use are quite extensive (Tavory & Swidler, 2009:241). Nonetheless, the promotion of condom use as a basically efficient contraceptive method should be more helpful for increasing the acceptability of this practice in formal relations. Some teens reported that despite their good intentions, they sometimes did not use a condom. One recurring reason for not using a condom among those with intention to use one was loss or inability to control sexual encounters (Bauman et al., 2007:255).

5.2.3.10 Problems Encountered While Using Condoms and Promotion of Condom Use

Problems encountered with condom use by the respondents in this study included condom breaking, not enjoying sex, condom get full of sperm, condoms make them vomit, not feeling comfortable using condoms, getting STIs and pregnancy when using it, that it is difficult to take it out, if not used properly can cause HIV or pregnancy, condoms cause rashes in females and hurt females and some condoms have defects.

© University of Venda

University of Venda
Creating Future Leaders

Marandu & Chamme (2004:501) indicated that religious leaders have been criticized for being complacent during a study in Botswana where a clergy man stated that he would not allow his children to use condoms because it is against his religion. Moreover, fears about the possible side-effects and health risks believed to be caused by condom use are quite extensive, thus making some of the youths not to use condoms during sexual intercourse (Tavory & Swidler, 2009:93).

This study also requested respondents to suggest mechanisms for promoting condom use amongst the youth. The respondents recommended the following as efforts that could promote condom use by youths.

- Discuss condoms with friends.
- Encourage the youth to use it always, issue packets of condoms to youth.
- Give people free condoms.
- Make condoms more or easily available and accessible, even at schools.
- Partners must agree on the use of condom.
- Put more oil in condom.
- Teach teenagers more about condoms.
- Tell people about the risks of unprotected sex.

It has been shown in a study conducted by Kaplan et. al. (2001:107) that teenagers whose mothers who communicated effectively about condoms had greater knowledge of sexuality and HIV, perceived that they had enough information to discuss condoms, had received information from a health-related source, were comfortable in discussing condoms and sexuality, and that contributed to the rise in use of condoms by these youths.

© University of Venda

University of Venda
Creating Future Leaders

5.3 Limitations of the Study

During the course of the study, certain limitations were identified, of which the most significant were:

- The study was limited to the attitudes of youths towards condom use at Botlokwa in the Limpopo Province—therefore the findings cannot be generalized to the entire country. It cannot be assumed that the respondents who participated in the study had the same knowledge and attitudes regarding condom use as those who did not participate.

- Youths who attended other health facilities, outside the selected clinic, but within Capricorn district were not included in the study.

- Under-reporting might have occurred as a result of the sensitive nature of some of the questions on sexuality.

- Respondents might have misinterpreted some of the questions as delving into their private lives and this could have affected their responses.

5.4 Recommendations

Based on the findings of this study, the researcher conceptualized the following recommendations for the practice and for further research in: Ministry of education and vocal training, community, health services management, the country and for further research.

5.4.1 Ministry of Education and Vocational Training

© University of Venda

University of Venda
Creating Future Leaders

- Youths should receive reproductive health education which covers sexual intercourse, contraception and pregnancy before they reach the age of 12 years.
- Teachers should be trained to guide learners at schools using proper counselling skills.

5.4.2 Community

- Parents or guardians need to be equipped with knowledge and skills regarding reproductive health issues, so that they can communicate properly with their children.
- Community centres should be used to provide information to youths regarding reproductive health issues and this can be done in form of drama and workshops.
- Educating youths regarding condom usage as displayed in Figure 5.1.

5.4.3 Health Services Management

- Reproductive health services should be accessible 24/7 and user-friendly with youth friendly services and must be affordable for the youths.
- Health care workers should create supportive environments and programmes to prevent the non-use of condoms by youths.

5.4.4 The Country

© University of Venda

University of Venda
Creating Future Leaders

- The government, NGOs and private sectors should continue to improve the economy of the country to sustain the PHC efforts of the Ministry of Health.
- The media should be actively involved in providing information on prevention of STIs as well as HIV/AIDS to communities.
- Partnerships with other countries should be developed in order to generate new knowledge and develop systematic guidelines and policies with regard to youths and reproductive health issues.

5.4.5 Further Research

Further research could be conducted on the following topics:

- Knowledge and attitudes of parents with regard to sexual education of their children.
- Knowledge and attitudes of youths towards contraceptives.
- Factors contributing to high teenage pregnancy.

5.5 Assumptions

Assumption 1:

- Lack of knowledge regarding use of condoms per intercourse which result in condoms breaking or leaking.
- This was found to be the case at Botlokwa as many respondents had very little knowledge on the number of times which condoms must be used per session.

Assumption 2:

- Lack of knowledge regarding the use of female

© University of Venda

University of Venda
Creating Future Leaders

condoms which leads to non-use thereof.

- This was proved by the majority of the respondents as they indicated that they 'don't know' of the effectiveness of female condoms and if they were more difficult to use than male condoms.

Assumption 3:

- Non-availability of condoms makes youths not to use condoms during sexual intercourse.
- This was proved as the majority respondents indicated that they did not use condoms during their last sexual intercourse as condoms were unavailable.

Assumption 4:

- Forced or coerced sex leads to non-use of condoms.
- This was proved by those respondents who were paid to have sex and majority of them did not use condoms.

5.6 Final conclusions

Non-use of condoms is a major problem in South Africa as it causes a surge in STIs, which include HIV/AIDS. Youths are in constant danger due to their exposure to STIs as they engage in unprotected sex. The study found that lack of knowledge on the effectiveness of females condoms led to non-use of such condoms. Several other factors have been delineated about the non-use of condoms among adolescents and these have been discussed in the context of pertinent literature cited.

© University of Venda

University of Venda
Creating Future Leaders

REFERENCES

Abel, G. & Brunton, C. 2005. Young people's use of condoms and their perceived vulnerability to sexually transmitted infections. *Australian and New Zealand Journal of Public Health* 29(3):254-260.

Adimora, A.A. & Schoenbach, V.J. 2005. Social context, sexual networks, and racial disparities in rates of sexually transmitted infections. *Journal of Infectious Diseases* 191(Suppl. 1):S115-S122.

Agweda, T., Dibua, H. & Eromosele, A. 2010. Attitudes of youth towards the use of condom in heterosexual intercourse in Ekpoma Nigeria. *Journal of Social Sciences* 24(3):169-176.

AIID-CPCD: Lammers, J., Lange, J., Van Spijk, J., Van der Gaag, J., de Wit, F., Rooijakkers, J., Velenyi, E. & Van der Vlught, G. 2009. Impact evaluation of HIF-supported health insurance projects in Nigeria: Preliminary results from the baseline survey in Lagos.

Akinrinola Bankole, Susheela Singh, Rubina Hussain, Gabrielle Oestreicher. 2009. Condom Use for Preventing STI/HIV and Unintended Pregnancy Among Young Men in Sub-Saharan Africa American Journal of Men's Health, 2009 60-78 © 2009, Sage Publications.

Alarape, A.L, Olapegba P.O & Chovwen, C.O. 2008. Condom Use Among Students: The Influence of Condom Self-Efficacy, Social Norms and Affective Attitude Towards Condom. Kamla-Raj 2008 J. Soc. Sci., 17(3): 237-241.

Alexei, M. 2009.The advantages of employing quantitative and qualitative methods. *Bulletin of Russian Journal of Communication Association* 67(1):1-9, Institute of Management, Business and Law Publishing.

Ali, M. & Dwyer, D. 2011. Estimating peer effects in sexual behaviour among adolescents. *Journal of Adolescence* 34:183–190.

Amobi, I & Igwegbe, A. 2007. Unintended pregnancy among unmarried adolescents and young women in Anambra state, South East Nigeria. Department of Obstetrics and Gynaecology, Nnamdi Azikiwe University, Nnewi, Nigeria.

Arunansu, P.; Bal, T. ; Senal, R. ; Roy, A. & Payel. 2008. Development of a scale for attitude towards condom use for migrant workers in India. Indian journal of medical sciences. 62(2):55-61.

Auvert,B & Buve, A. 2001. Ecological and individual level analysis of risk factors for HIV infection in four urban populations in sub-Saharan Africa with different levels of HIV infection. 4:s15-30.

© University of Venda

University of Venda
Creating Future Leaders

Babbie, E & Mouton, J. 2003. The practice of social research. Belmont: Wadsworth.

Baele, J., Dusseldorp, E. & Maer, S. 2001. Condom use self-efficacy effect of intended and actual condom use in adolescents. *Journal of Health* 28:421-431.

Bamberger, M. 2000. Integrating qualitative and quantitative research. London: Butterworth Heinemann.

Bankole, A., Singh, S., Hussain, R. & Oestreicher, G. 2009.Condom use for preventing STI/HIV and unintended pregnancy among young man in sub-Saharan Africa. Sage Publications.

Bauman, L.J., Karasz, A. & Hamilton, A. 2007. Understanding failure of condom use intention among adolescents completing an intensive preventive intervention. *Journal of Adolescent Research* 22:248-274.

Bauni, E.K. & Jarabi, B.O. 2000. Family planning and sexual behaviour in the era of HIV/AIDS: The case of Naturu District, Kenya. *Studies in Family Planning* 31(1):69-80.

Bazargan, M., Kelly, E.M., Stein, J.A., Husaini, B.A., & Bazargan, S.H. 2000. Correlates of HIV risk-taking behaviours among African-American college students: The effect of HIV knowledge, motivation, and behavioural skills. *Journal of the National Medical Association* 92(8):391–404.

Blake, S.M., Ledsky, R., Goodenow, C., Sawyer, R., Lohrmann, D. & Windsor, R. 2003. Condom availability programs in Massachusetts high schools: Relationships with condom use and sexual behavior. *American Journal of Public Health* 93(6):955–962.

Bleakley, A., Hennessy, M., & Fishbein, M. 2006. Public opinion on sex education in US schools. *Archives of Paediatrics & Adolescent Medicine*, 160, 1151-1156.

Bolland, J. 2003. Hopelessness and risk behaviour among adolescents living in high-poverty inner-city neighbourhoods. *Journal of Adolescence* 26:145-158.

Brink, H.I. 2006. Fundamentals of research methodology for health care professionals, 2nd edition. Cape Town: Juta.

Burgard, S. 2004. Factors associated with contraceptive use in late- and post-apartheid South Africa. *Studies in Family Planning* 35:91-104.

Burnard, P. & Morrison, P. 1994. Nursing research in action: developing basic skills. Macmillan Education Ltd. London.

© University of Venda

University of Venda
Creating Future Leaders

Burns, M.J. & Dillon, F.R. 2005. AIDS health locus of control, self-efficacy for safer sexual practices, and future time orientation as predictors of condom use in African-American college students. *Journal of Black Psychology* 31(2):172–88.

Burns, N. & Grove, S.K. 2001. Understanding nursing research 2nd edition . Philadelphia: Lippincott.

Burns, N. & Grove, S.K. 2003. Understanding nursing research 3rd edition . Philadelphia: Lippincott.

Campbell, M., Kontopantelis, E., Revees, D., Valderas, J.M., Gaehl, E., Small, N. & Roland, M.O. 2010. Effects of pay for performance on the quality of primary care in England. *England Journal of Medicine* 361(4):368-378.

Cayley, W.E. & Davis-Beaty, K. 2007. Condom effectiveness in reducing heterosexual HIV transmission. In: Weller, Susan C. Effectiveness of condoms in reducing heterosexual transmission of HIV (Review). John Wiley & Sons, Ltd. doi:10.1002/14651858.CD003255.

Centres for Disease Control. 2009. MMWR surveillance summaries: Sexual and reproductive health of persons aged 10-24 years, United States, 2002-2007. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5806a1.htm.

Cha, E.S., Kim, K.H, Doswel, W.M, 2007. The influence of parents on condom use. *Nursing Health Science* 9(4):277.

Chimbiri, A.M. 2007. The condom is an 'intruder' in marriage: Evidence from Rural Malawi. *Social Science & Medicine* 64: 1102-1115.

Cicconi, P., Castagna, A. & Quiriw, T. 2013. Inconsistent condom use among HIV-positive women in the "treatment as prevention era"; data from the Italian DIDI study.

Cooper, M.L. 2010. Toward a person x situation model of sexual risk-taking behaviours: Illuminating the conditional effects of traits across sexual situations and relationship contexts. *Journal of Personality and Social Psychology* 98:319–341. http://dx.doi.org/10.1037/a0017785.

Cort, M.A. & Modeste, N.N. 2006. Attitudes toward condom use among high school and university students in Zimbabwe. *International Quarterly of Community Health Education* 26(1):61-72.

Crookes, A & Davies, S. 2004. Research into practice: essential skills for reading and applying research in nursing and health care. St Louis Sydney: *Bailliere Tindall*.

© University of Venda

University of Venda
Creating Future Leaders

Dangal, G 2005. An update on teenage pregnancy. Internet Journal of Gynaecology and Obstetrics, 5(1): 205-207.

Davidovitch, N., Shohat, T. & Dan, M. 2005. STDs—An update. *Harefuah* 144,:272-278.

Davis, K.C, Hendershot, C.S., George, W.H., Norris, J. & Heiman, J.R. 2007. Alcohol's effects on sexual decision making: An integration of alcohol myopia and individual differences. *Journal of Studies on Alcohol and Drugs* 68:843–851.

De Walque, D. (2007), "How does the Impact of an HIV/AIDS Information Campaign Vary with Educational Attainment? Evidence from Rural Uganda", *Journal of Development Economics* 84(2):686-714.

Dilorio, C., Dudney, W., Lehr, S. & Soet, J. 2000. Correlates of sex communication among college students.

Drum Magazine. Limpopo schools hit with high rate of teenage pregnancy. 2011. June 13.

Dunke, K.L., Stephson, R., Karita, E., Clomba, E., Kayinterekon, C., Waliks, C., Greenberg, L. & Allen. 2008. New heterosexually transmitted HIV in married or cohabiting couples in Zambia and Rwanda". *Analysis of Survey and Clinical Data* 371.

Eaton, L, Flisher, A.J. & Aarø, L.E. 2003. Unsafe sexual behaviour in south African youth. *Social Science and Medicine* 56(1):149-165.

Eisenberg, M. E., Bernat, D. H., Bearinger, L. H., & Resnick, M.D. 2009. Condom provision and education in Minnesota public schools: A telephone survey of parents. *Journal of School Health*, 79, 416-424. doi:10.1111/j.1746-1561.2009.00429.x

Elliott, B., & Larson, T. (2004). Adolescents in mid-sized and rural communities: Foregone care, perceived barriers, and risk factors. *Journal of Adolescent Health* 35:303–309.

Epstein, S. 2006. The new attack on sexuality research: Morality and the politics of knowledge production. Sexuality Research & Social Policy, 3, 1-12. doi:10.1525/srsp.2006.3.1.01

Exavery, A., Kanté, A.M., Jackson, E., Noronha, J., Sikustahili, G., Tani, K., Mushi, H.P., Baynes, C., Ramsey, K. & Hingora, A. 2012. Role of condom negotiation on condom use among women of reproductive age in three districts in Tanzania. *BMC Public Health* 12(1):1097.

Flood, M. 2003. Lust, trust and latex: Why young heterosexual men do not use condoms. Culture. *Health & Sexuality* 5:353-369.

© University of Venda

University of Venda
Creating Future Leaders

Fowler, F. 2008. Survey research methods. London: Sage Publishers.

Frankfort, C. & Nachmias, D. 1992. Research methods in the social sciences, 4th ed., New York: St. Martin's Press.

Futterman, D. 2004. HIV in adolescents and young adults: half of all new infections in the United States. *Topics in HIV Medicine* 13(3):101-105.

Glanz, K., Rimer, B.K. & Viswanath, K. 2008. Health behavior and health education: Theory, research, and practice, John Wiley & Sons.

Glynn, J.R., Caraël, M., Auvert, B., Kahindo, M., Chege, J., Musonda, R., Kaona, F., Buvé, A. & Cities, S.G.O.T.H.O.H.E.I.A. 2001. Why do young women have a much higher prevalence of HIV than young men? A study in Kisumu, Kenya and Ndola, Zambia. *AIDS* 15:S51-S60.

Golub, S.A., Starks, T.J., Payton, G. & Parsons, J.T. 2012. The critical role of intimacy in the sexual risk behaviours of gay and bisexual men. *AIDS and Behavior* 16:626-632.

Gravetter, F.J & Forzano, L.B 2003. Research methods for behavioural sciences. Belmont: Wadworth Thomson learning.

Hall, T., Hogben, M., Carlton, A.L., Liddon, N. & Koumans, E.H. 2008. Attitudes toward using condoms and condom use: Difference between sexually abused and non-abused African American female adolescents. *Behavioural Medicine* 34:45-54.

Halperin, D.T. & Epstein, H. 2004. Concurrent sexual partnerships help to explain Africa's high HIV prevalence: Implications for prevention. *The Lancet* 364:4-6.

Harrison, A. 2008. Hidden love: Sexual ideologies and relationship ideals among rural south African adolescents in the context of HIV/AIDS. *Culture, Health & Sexuality* 10:175-189.

Harrison, A., Cleland, J. & Frohlich, J. 2008. Young people's sexual partnerships in Kwazulu-natal, south Africa: Patterns, contextual influences, and HIV risk. *Studies in Family Planning* 39:295-308.

Hendricks, K., Philips, H. & Avonts, D. 2008. Correlates of safe sex behaviour among low-educated adolescents of different ethnic origin in Antwerp, Belgium. *European Journal of Contraception and Reproductive Healthcare* 13:164-172.

© University of Venda

University of Venda
Creating Future Leaders

Hendriksen, E.S., Pettifor, A., Lee, S.-J., Coates, T.J. & Rees, H.V. 2007. Predictors of condom use among young adults in South Africa: The reproductive health and HIV research unit national youth survey. *American Journal of Public Health* 97:1241-1248.

Hoffman, S., O'sullivan, L.F., Harrison, A., Dolezal, C. & Monroe-Wise, A. 2006. HIV risk behaviours and the context of sexual coercion in young adults' sexual interactions: Results from a diary study in rural South Africa. *Sexually Transmitted Diseases* 33:52-58.

Holmes, K.K., Levine, R. & Weaver, M. 2004. Effectiveness of condoms in preventing sexually transmitted infections. *Bulletin of The World Health Organization* 82:454-461.

Hutchinson, M.K. 2002. The influence of sexual risk communication between parents and daughters on sexual risk behaviours. *Family Relations* 51:238-247.

International Family Planning Perspective, 2007. "Integrating Services", Network 23(3).

Ito, K. E., Gizlice, Z., Owen-O'Dowd, J., Foust, E., Leone, P. A., & Miller, W. C. (2006). Parent opinion of sexuality education in a state with mandated abstinence education: Does policy match parental preference? Journal of Adolescent Health, 39, 634 641. doi:10.1016/j.jadohealth.2006.04.022.

Jenkins, R.A., Manopaiboon, C., Samuel, A.P., Jeeyapant, S., Carey, J.W., Kilmarx, P.H., Uthaivoravit, W. & Griensven, F.V. 2002. Condom use among vocational school students in Chiang Raí, Thailand. *AIDS Education and Prevention* 14:228-245.

JournAIDS. 2011. www.journaids.org. HIV & AIDS media project.

Kaplan, D.W., Feinstein, R.A., Fisher, M.M., Klein, J.D., Olmedo, L.F., Rome, E.S., Yancy, W.S., Adams Hillard, P.J., Sacks, D., Pearson, G., Frankowski, B.L. & Piazza Hurley, T. 2001. Condom use by adolescents. *Paediatrics* 107:1463-9.

Kaufman, Carol E, and Stavros E. Stavrou. 2002. "'Bus fare, please': The economics of sex and gifts among adolescents in urban South Africa." New York, NY [USA]: *Population Council, Policy Research Division Working Paper no.* 166.

Kealey, D.J., & Protheroe, D.R. 1996. The effectiveness of cross-cultural training for expatriates: An assessment of the literature on the issue. *International Journal of Intercultural Relations,* 20(2), 141-165.

Kelly, M.J. 2003. Challenging the Challenger: Understanding and Expanding the Response of Universities in Africa to HIV/AIDS. Washington, D.C., *Association for the Development of Education in Africa, Working Group on Higher Education.*

© University of Venda

University of Venda
Creating Future Leaders

Kennard E.A 2006. Native endowment and mental health and illness: a cross cultural perspective. J.174-6632. (84) 906-910.

Kirby, D. 2007. Emerging answers 2007: Research findings on programs to teen pregnancy and sexually transmitted disease. Washington, DC: National campaign to prevent teen and unplanned pregnancy.

Kocken, P. L., Van Dorst, A. G., & Schaalma, H. 2005. The relevance of cultural factors in predicting condom-use intentions among immigrants from the Netherlands Antilles. *Health Education Research, 21, 230-238.*

Kolchinsky, L. 2006. Sexual diseases. Presented at the course "AIDS 2006", Haifa University. Retrieved March 3, 2007, from http://leah.haifa.ac.il/~leon/AIDS/2006.

Kusunoki, Y. & Upchurch, D. 2008. " A socio behavioural model of Acupuncture use, Patterns, and Satisfaction among women in the US, 2002." *Women's health Issues,* 18:62-71.

Lagarde, E., Caraël, M., Glynn, J.R., Kanhonou, L., Abega, S.-C., Kahindo, M., Musonda, R., Auvert, B., Buvé, A. 2001. Educational level is associated with condom use within non-spousal partnerships in four cities of sub-Saharan Africa. *AIDS* 15:1399-1408.

Lammers J, Wijnbergen J.G, Willebrands. 2013. *HIV/AIDS Research and palliative care* 2013.

Lance, L.M. 2001. HIV/AIDS perceptions and knowledge heterosexual college students within the context of sexual activity: Suggestions for the future. *College Student Journal* 35(3):401–409.

Leclerc-Madlala, S. (2008). Transactional sex and the pursuit of modernity. *Social Dynamics* 29(2), pp. 1–24.

Lichtenstein, B. (2005). Domestic violence, sexual ownership, and HIV risk in women in the American deep south. Social Science & Medicine, 60, 701-714.

LoBiondo-Wood, G. & Haber, J. 2002. Nursing research: Methods, critical appraisal, and utilization, 4th ed., St. Louis: Mosby.

Luke. 2005. "Exchange and Condom Use in Informal Sexual Relationships in Urban Kenya." Economic Development and Cultural Change 54:319–48.

Mackay, M. & Scheider. 2010. Factors influencing condom use among students in high school in Nova Scotia. *The Canadian Journal of Human Sexuality* 31(2):35-41.

© University of Venda

University of Venda
Creating Future Leaders

Mahraj, P. & Cleland, J. 2005. Risk perception and condom use among married or cohabiting couples in Kwazulu-natal, south Africa. *International Family Planning Perspectives* 31(1):24-29.

Manlove, J., Ikramullah, E. & Terry-Humen, E. 2008. Condom use and consistency among male adolescents in the United States. *Journal of Adolescent Health* 43:325-333.

Marandu, E.E. & Chamme, M.A. 2004. Attitudes towards condom use for prevention of HIV infection in Botswana. *Social Behavior & Personality* 32(5):491-510.

Maree, k. 2007. First steps in research. 2nd edition. Pretoria: Van Schaick Publishers.

Martin, E.T., Krantz, E., Gottlieb, S.L., Magaret, A.S., Langenberg, A., Stanberry, L., Kamb, M. & Wald, A. 2009. A pooled analysis of the effect of condoms in preventing HSV-2 acquisition. *Archives of Internal Medicine* 169:1233-1240.

Mashinini, D.P. & Pelton-Cooper, M. 2012. HIV risk in a group of educated urban black African women in South Africa: Private accounts of gendered power dynamics. *Feminism & Psychology* 22:204-219.

Mbaki, A. & Chammes, A. 2004. Attitudes towards condom use for prevention of HIV infection in Botswana. *Social Behavior and Personality* 32(5): 491-510.

MacPhail, Catherine and Catherine Campbell. 2001. "'I Think Condoms Are Good but, I Hate Those Things': Condom Use among Adolescents and Young People in Southern African Township." Social Science and Medicine 52:1613–27.

Meekers, D. & Klein, M. 2002. Determinants of condom use among young people in urban cameroon. *Studies in Family Planning* 33:335-346.

Mellisa , Mackay & Scheider. 2010 .Factors influencing condom use among students in high school in nova Scotia. *The Canadian journal of human sexuality*, 31(2) :35-41.

Morrison, D., Mary, M., Gillmore, R., Hoppe, M.J., Gaylord, J., Leigh, B.C. & Rainey, D. 2003. Adolescent drinking and sex: Findings from a daily diary study. *Perspectives on Sexual and Reproductive Health* 35:162-168.

Muhwava, W. 2004. Condom use within marriage and consensual unions in the era of HIV/AIDS in Zimbabwe.

© University of Venda

University of Venda
Creating Future Leaders

Mumtaz, Z., Slaymaker, E. & Salway, S. 2005. Condom use in uganda and zimbabwe: Exploring the influence of gendered access to resources and couple-level dynamics. *A focus on gender: collected papers using DHS data Calverton: ORC Macro* 117-46.

Mwaba, K. & Naidoo, P. 2005. Sexual practices, attitudes toward premarital sex and condom use among a sample of South African university students. *Social Behavior and Personality* 33:651-656.

National Institute of Health, Department of Health and Human Services (2001-07-20). "Workshop Summary: Scientific Evidence on Condom Effectiveness for STD (STD) Prevention" (PDF). Hyatt Dulles Airport, Herndon, Virginia. pp. 13–15. Retrieved 2010-09-22.

National Statistics Office and Macro. Malawi demographic and health survey 2002. Maryland (United States): National Statistics Office and ORC Macro; 2005.

National Youth Commission Act 1996 (No. 19 0f 1996) – G 17130.

Noden, B.H., Gomes, A. & Ferreira, A. 2010. Influence of religious affiliation and education on HIV knowledge and HIV-related sexual behaviours among unmarried youth in rural central Mozambique. *AIDS Care* 22:1285-1294.

Nostlinger, C., Niderost, S., Gredig, D., Platteau, T., Gordillo, V., Roulin, C., Rickenbach, M., Dias, S.F. & Rojas, D. 2010. Condom use with steady partners among heterosexual people living with HIV in Europe: Testing the information-motivation-behavioural skills model. *AIDS Patient Care and STDs* 24:771-80.

Ochieng, M.A., Kakai, R. & Abok, K. 2011. Knowledge, attitude and practice of condom use among secondary school students in Kisumu district, Nyanza Province. *Asian Journal of Medical Sciences* 3:32-36.

Opio A. 2008. Trends in HIV-related behaviours and knowledge in Uganda, 1989–2005: evidence of a shift toward more risk-taking behaviours. Acquired Immune Deficiency Syndrome. 2008;49(3):320–326.

Owur, J. 2009. Penile size affects attitudes towards condom use. England: NAM Publications.

Oxford Advanced Learner's Dictionary. 2010. Clarendeson Press: Cape Town.

Pera, S.A & Van Tonder, S. 2005. Ethics in health care. 2nd edition. Pretoria: Juta.

Pettifor , A.E , 2004. Young people's sexual health in South Africa: sexual power and HIV risk. 8(9): 553-563.

© University of Venda

University of Venda
Creating Future Leaders

Pletzer, K. 2000. Factors affecting condom use among South African university students. *East African Medical Journal* 77(1):45-56.

Polit, D.F & Beck, M. (2003).Nursing research: Principles and methods, 5th ed., Lippincott Company: Philadelphia.

Polit, D.F & Beck, M. (2004).Nursing research: Principles and methods, 6th ed., Lippincott Company: Philadelphia.

Polit, D.F & Beck, M. (2004).Nursing research: Principles and methods, 7th ed., Lippincott Company: Philadelphia.

Polit, D.F & Beck, M. (2006).Nursing research: Principles and methods, 8th ed., Lippincott Company: Philadelphia.

Polit, D.F & Hungler, B.P 1999. *Nursing research: principles and methods*. 6th edition. Philadelphia: Lippin cott.

Polit, D.F & Hungler, B.P 2001. Nursing Research: Principles and Methods. 4th ed. Lippincott: Philadelphia.

Polit, D.F & Hungler, B.P 2003. Nursing Research: Principles and Methods. 5th ed. Lippincott: Philadelphia.

Polit, D.F & Hungler, B.P 2004. Nursing Research: Principles and Methods. 7th ed. Lippincott: Philadelphia.

Polit, D.F & Hungler, B.P 2007. Nursing Research: Principles and Methods. 9th ed. Lippincott: Philadelphia.

Pool, R., Hart G, Green, G., Harrison S., Nyazi S., & Whitworth, J., 2000. Culture Health & Sexuality, 2(2) . 197-211.

Pötsönen, R. & Kontula, O. 1999. How are attitudes towards condoms related to gender and sexual experiences among adolescents in Finland? *Health Promotion International* 14:211-220.

Pranitha, M. & Cleland, J. (2005). "Risk Perception and Condom Use among Married or Cohabiting Couples in KwaZulu-Natal, South Africa", International Family Planning Perspectives, 31(1), 24-29.

Prata, N., Morris, L., Mazive, E., Vahidnia, F. & Stehr, M. 2006. Relationship between HIV risk perception and condom use: Evidence from a population-based survey in Mozambique. *International Family Planning Perspectives* 32(4):192-200.

Ramokgopa Clinic *monthly DHIS stats*:2012.

© University of Venda

University of Venda
Creating Future Leaders

Reddy, S. Onoya, D. , Sifunda, S. Lang, Larringord, Borne, B & Ruiter 2009. Condom use promotion among Isixhosa speaking women living with HIV in Western Cape. South Africa. *AIDS care journal*,21(7), july: 817-825.

Rehm, J., Shield, K.D., Joharchi, N. & Shuper, P.A. 2012. Alcohol consumption and the intention to engage in unprotected sex: Systematic review and meta-analysis of experimental studies. *Addiction* 107:51-59.

Reidpath, D.D & Chan K.Y. 2005. A method for the quantitative analysis of the layering of the HIV related stigma. AIDS CARE. 17(4):425-32.

Republic of Kiribati. 2004. Kiribati Population Policy, unpublished cabinet paper, Office of the President. Sjoberg, G. (1960) The Pre-Industrial City. New York: Free Press.

Saleh-Onoya, D., Reddy, P.S., Ruiter, R.A., Sifunda, S., Wingood, G. & Van Den Borne, B. 2009. Condom use promotion among Isixhosa speaking women living with HIV in the western cape province, south Africa: A pilot study. *AIDS Care* 21:817-825.

Santelli, J.S. & Melnikas, A.J. 2010. Teen fertility in transition: Recent and historic trends in the United States. *Annual Review of Public Health* 31:371-383.

Santos, E.C., Koller, S. & Wilcox, B. 2008. Condom use, contraceptives methods and religiosity among youths of low socio-economic level. *Spanish Journal of Psychology* 11(1):94-102.

Schweiz, H. 2009. HIV/AIDS prevention: Discussion on existing knowledge and next steps. *Bulletin von Medicus* 113:34-38.

Shuttleworth, M. 2008.Quantitative Research Design.http://www.experiment-resources.com/quantitative-research-design.html#ixzz1cHvhpPYJ.

Stretcher , J, & Rosenstock, I. 1997 . Social learning theory and the Health Belief Model. Health education behaviour 2(4): 328-335.

Strydom, H. 2002. Sampling and sampling methods. In: A.S. De Vos, H. Strydom, C.B. Fouche & C.L.S. Delport, Research at grassroots 2nd ed., Hatfield: Van Schaik.

Sunmola, A.M. 2005. Evaluating the sexual behaviour, barriers to condom use and its actual use by university in Nigeria. *AIDS Care* 17(4):457-465.

© University of Venda

University of Venda
Creating Future Leaders

Sunmola, A.M., Adebayo, D., Olapegba, M. & Alarape, A. 2006. The experience of condom use and other sexual risk practices among male brewery employees who recently migrated in Nigeria. *Health Education Journal* 65:288-301.

Tavory, I., & A. Swidler. 2009. "Condom Semiotics: Meaning and Condom use in rural Malawi", American Sociological Review 74(2): 171-189.

Taylor, T.E, Peplau, D & Sears, B. 2006. Contraception for adolescents: part two. Journal of Paediatric Healthcare, 18(5):222-230.

Trussell, J., Lalla, A.M., Doan, Q.V., Reyes, E., Pinto, L. & Gricar, J. 2009. Cost effectiveness of contraceptives in the United States. *Contraception* 79:5-14.

UNAIDS, 2008. AIDS Epidemic Update. Geneva: UNAIDS.

UNAIDS. 2012a. HIV/AIDS in Africa. From http // www.unads.org (Retrieved on May 04,2012).

UNAIDS. 2012b. AIDS Epidemic update. Geneva: UNAIDS

USGAO. 1992. ERIC clearing house on Rural Education and Small Schools Charleston WV. Washington, DC:U.S Government Printing Office.

Uys, H.H.M. & Basson, A.A. 2000. Research methodology in nursing, 2nd ed., Cape Town: Kagiso Tertiary.

Varga. 2000. "Sexual Decision-Making and Negotiation in the Midst of AIDS: Youth in KwaZulu-Natal, South Africa." *Health Transition Review* 7(supp. 3):45–67.

Ventura, S.J., Matthews, T.J. & Hamilton, B.E. 2002. Teenage births in the United States: State trends, 1991–2000, an update. National Vital Statistics Reports, 50(9), 1–4. Retrieved October 13, 2002, from http://www.cdc.gov/nchs/data/nvsr/ nvsr50/nvsr50p09.pdf.

Venture, S. & Amilton, B. 2011. US teenage birth rate resumes declines NACHS data brief US Department of Health and Human Services, National Centre for Health Statistics.

Vrba, S. 2012. Indonesian Religious Groups Slam Condom Campaign: 2012;45(5).

Weller, S. & Davis, K. 2002. Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Systematic Reviews* Issue 1. Art. No. CD003255. DOI: 10.1002/14651858.CD003255.

© University of Venda

University of Venda
Creating Future Leaders

Winfield, E.B. & Whaley, A.L. 2002. A comprehensive test of the health belief model in the prediction of condom use among African American college students. *Journal of Black Psychology* 28:330-346.

Winningham, A., Corwin, S., Moore, C., Richter, D., Sargent, R. & Gore-Felton, C. 2004. The changing age of HIV: Sexual risk among older African American women living in rural communities. *Preventive Medicine* 39:809-814.

Wojcicki, J. & Malala, J. 2001. Condom use, power and HIV/AIDS risk: sex workers bargain for survival in Hillbrow/ Joubert Park/ Berea, Johannesburg. *Social Science and Medicine* 53, pp. 99–121.

World Health Organization. 2007. Millennium Development Goal 5: Maternal mortality in 2005: Estimated by WHO, UNICEF, UNFPA and The World Bank. World Health Organization.

UNIVEN LIBRARY
Library Item : 20141224

© University of Venda

University of Venda
Creating Future Leaders

ANNEXURE A

Letters Requesting Permission to Conduct the Study

1. The Head of Department, Department of Health Limpopo Province, Polokwane.
2. The PHC Manager, Molemole Sub-District

P.O. Box 232
Makonde
0984

The Head of Department
Department of Health Limpopo Province
Polokwane
0700

Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby apply to be granted permission to conduct a research study at Ramokgopa clinic. I am a student at University of Venda currently studying a Masters Degree in Nursing. The study is required for me to complete my studies. The title of the topic is "**Attitudes of Youth 14 to 19 Years Towards Condom Use at Botlokwa in Limpopo Province**".

The benefits being that the results thereof will bring the amicable solutions in preventing sexually transmitted infections and teenage pregnancies in the area.

Hoping for your positive response.

Yours Sincerely

P.I. Mudau

© University of Venda

University of Venda
Creating Future Leaders

P.O. Box 232
Makonde
0984

Molemole PHC Manager
Department of Health Limpopo Province
Polokwane
0700

Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby apply to be granted permission to conduct a research study at Ramokgopa clinic. I am a student at University of Venda currently studying a Masters Degree in Nursing. The study is required for me to complete my studies. The title of the topic is "**Attitudes of Youth 14 to 19 Years Towards Condom Use at Botlokwa in Limpopo Province**".

The benefits being that the results thereof will bring the amicable solutions in preventing sexually transmitted infections and teenage pregnancies in the area.

Hoping for your positive response.

Yours Sincerely

P.I. Mudau

© University of Venda

ANNEXURE B

Clearance from the University of Venda Research and Ethics Committee to Conduct the Study

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Mr PI Mudau

Student No: 11561093

PROJECT TITLE: Attitude of youth condom use at Botlokwa in Limpopo Province

PROJECT NO: SHS/13/PDC/03/1018

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr LH Nemathaga	University of Venda	Supervisor
Prof PR Risenga	University of South Africa	Co-supervisor
Mr PI Mudau	University of Venda	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: November 2013
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Prof. G.E. Ekosse

University of Venda
PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8504/8464/8013 FAX (015) 962 4439
"A quality driven financially sustainable, rural-based Comprehensive University"

© University of Venda

University of Venda
Creating Future Leaders

Approval letter from Limpopo department of health to conduct the Study

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Ref:4/2/2

Enquiries: Latif Shamila

Mudau Pl
University of Venda
Private Bag X5050
Thohoyandou
0950

Greetings,

Re: Attitude of youth condom use at Botlokwa in Limpopo Province

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
   - Further arrangement should be made with the targeted institutions.
   - In the course of your study there should be no action that disrupts the services.
   - After completion of the study, a copy should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.

Head of Department

Date 03/03/2014

18 College Street, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

The heartland of Southern Africa - *development is about people*

© University of Venda

University of Venda
Creating Future Leaders

ANNEXURE C

Information Letter and Consent Form

INFORMATION LETTER FOR PARTICIPANTS

Research Topic: Attitudes of youths 14 to 19 years towards condom use at Botlokwa, Limpopo Province.

Researcher: P.I. Mudau

1. I am hereby inviting you to participate in the abovementioned research.
2. The purpose of the study is to investigate the attitudes of youths towards condom use in Botlokwa area of Limpopo Province. Findings may be utilized to develop strategies to enhance condom use.
3. There are no risks or discomfort to you while participating in this study.
4. A questionnaire will be provided to you to respond to the questions. It will take you 25 to 30 minutes to answer the questions.
5. You are assured that confidentiality and anonymity will be maintained. Your name will not appear on the questionnaire, so data will not be linked with your name.
6. All data will be stored in a secure place and no one except the researcher will have access to the data.
7. No reimbursements will be made by the researcher for participation in this study.
8. Your participation in this study is totally voluntary and you have the right to withdraw at any time without repercussions or penalty.
9. The original copy of this agreement will be given to you.
10. If you any queries about the study or participation, feel free to ask the researcher at 073 7905 752 (mobile phone) or 015 526 2022 (work).

© University of Venda

University of Venda
Creating Future Leaders

CONSENT TO TAKE PART IN THE RESEARCH STUDY

I, ... on this .....day of .....2014, hereby consent to:

1. Take part in research conducted by Mudau P.I. on attitudes of youths towards condom use.
2. I also understand that I am free to terminate my involvement in this research at any time.
3. Confidentiality will be maintained by the researcher and that the identity will not be linked to any information.
4. No reimbursement will be made by the researcher.
5. I confirm that I was not forced or coerced to participate in this study.

Participant: ..... Date: .....

Researcher: ..... Date: .....

Witness: ..... Date: .....

© University of Venda

University of Venda
Creating Future Leaders

ANNEXURE D

Questionnaire

Attitudes of Youths Towards Condom Use at Botlokwa in Limpopo Province

Answer each question by making a tick in the appropriate box or write down your response in the space provided.

Number of Questionnaires 1

Section A: Demographic Data of the Respondents

1. Age
   - 14-16 ☐
   - 17-19 ☐
   - ☐
2. In which level of school are you in? ☐
3. Gender
   - Male ☐
   - Female ☐
4. Marital Status
   - Single ☐
   - Married ☐
   - Divorced ☐
   - Widow/Widower ☐
5. Number of Children
   - None ☐
   - One ☐
   - Two or more ☐
6. Who do you stay with?
   - Alone ☐
   - Both parents ☐
   - Single parents ☐

© University of Venda

University of Venda
Creating Future Leaders

Guardians ☐

Spouse ☐

7. What is your ethnic group?

African ☐

Coloured ☐

White ☐

Indian ☐

8. What is your religion?

Christian ☐

Muslim ☐

African ☐

9. Do you live in this village?

Yes ☐

No ☐

10. What is your father's highest qualification?

No education ☐

Grade 1-6 ☐

Grade 7-12 ☐

Diploma ☐

Degree ☐

11. What is your mother's highest qualification?

No education ☐

Grade 1-6 ☐

Grade 7-12 ☐

Diploma ☐

Degree ☐

© University of Venda

12. What is your guardian's highest qualification?

- No education ☐
- Grade 1-6 ☐
- Grade 7-12 ☐
- Diploma ☐
- Degree ☐

13. Is your father employed?

- Yes ☐
- No ☐

14. Is your mother employed?

- Yes ☐
- No ☐

15. Is your guardian employed?

- Yes ☐
- No ☐

Section B: Knowledge of Condom Use

16. Using a condom can lower risk of getting STI.

- True ☐
- False ☐
- Don't know ☐

17. Latex condoms can reduce the risk of STI transmission.

- True ☐
- False ☐
- Don't know ☐

18. Oil or oil-based lubricants can cause condoms to break.

- True ☐
- False ☐
- Don't know ☐

© University of Venda

University of Venda
Creating Future Leaders

19. Condoms can be used more than once.

- True ☐
- False ☐
- Don't know ☐

Section C: Attitudes Concerning Condom Use

20. Do you think condoms are expensive?

- Yes ☐
- No ☐

21. Do you think condoms are easily available?

- Yes ☐
- No ☐

22. Would you be embarrassed by buying a condom?

- Yes ☐
- No ☐

23. Would you be embarrassed by suggesting condom use to your partner?

- Yes ☐
- No ☐

Section D: Attitudes Towards Female Condoms

24. Do you think that it gives better protection against unwanted pregnancies than male condoms?

- Totally agree ☐
- Partially agree ☐
- Partially disagree ☐
- Totally disagree ☐
- Don't know ☐

25. Do you think that they are more difficult to use than male condoms?

- Totally agree ☐
- Partially agree ☐
- Partially disagree ☐
- Totally disagree ☐
- Don't know ☐

© University of Venda

University of Venda
Creating Future Leaders

26. Do you think they make female orgasm more difficult to achieve?

- Totally agree ☐
- Partially agree ☐
- Partially disagree ☐
- Totally disagree ☐
- Don't know ☐

27. Do you think they make male orgasm more difficult to achieve?

- Totally agree ☐
- Partially agree ☐
- Partially disagree ☐
- Totally disagree ☐
- Don't know ☐

28. Do you think that they give a better protection against STIs, including HIV?

- Totally agree ☐
- Partially agree ☐
- Partially disagree ☐
- Totally disagree ☐
- Don't know ☐

Section E: Sexual Behaviour and the Health Belief Model

29. Do you think you are at risk of contracting STIs?

- Yes ☐
- No ☐

30. If you think that you are at risk of contracting STIs, would you use a condom?

- Yes ☐
- No ☐

31. Condom use when having sexual intercourse in the past three months?

- Every time ☐
- Regular ☐
- Irregular ☐

© University of Venda

University of Venda
Creating Future Leaders

Never ☐

32. If you decided to have sexual intercourse with partner, would you use a condom to prevent infection?
Yes ☐
No ☐

33. Are you confident to put on a condom?
Yes ☐
No ☐

34. Do you carry a condom with you?
Yes ☐
No ☐

35. Can you suggest to use a condom with your partner?
Yes ☐
No ☐

36. Do you feel embarrassed to put on a condom?
Yes ☐
No ☐

37. Are you afraid of rejection when suggesting condom use?
Yes ☐
No ☐

38. Are you confident to persuade a partner to accept using condoms?
Yes ☐
No ☐

39. Are you confident to remove and dispose of a condom after sexual intercourse?
Yes ☐
No ☐

40. If you tried using a condom and you did not succeed, would you feel embarrassed to try and use it again?
Yes ☐
No ☐

41. Were you ever diagnosed with an STI?
Yes ☐
No ☐

© University of Venda

42. Are you comfortable discussing condom use with a new partner before sexual intercourse?
- Yes ☐
- No ☐

43. Would you use a condom after drinking alcohol?
- Yes ☐
- No ☐

44. Have you ever had sexual intercourse?
- Yes ☐
- No ☐

45. How old were you when you had your first sexual intercourse?
- Yes ☐
- No ☐

46. Did you use a condom during your last sexual intercourse?
- Yes ☐
- No ☐

47. Why did you not use a condom the last time you sex?
- Not available ☐
- Partner objected ☐
- Don't like them ☐
- Was drunk ☐
- Other ☐

48. Do you think your partner had other sexual partners besides you in the last twelve months?
- Yes ☐
- No ☐
- Maybe ☐

49. In the past months twelve months have you had any regular sexual partner?
- Yes ☐
- No ☐

50. Do you have a casual sex partner?
- Yes ☐
- No ☐

© University of Venda

University of Venda
Creating Future Leaders

51. Did you use a condom the last time you had sex with the casual partner?

Yes ☐
No ☐

52. The last time you used a condom, did you want to prevent?

Pregnancy ☐
STI ☐
HIV ☐

53. Have you ever been paid to have sex?

Yes ☐
No ☐

54. If yes, did you use a condom?

Yes ☐
No ☐

55. In the last twelve months how many people have you had sex with?

None ☐
1-2 ☐
3-4 ☐
More than 5 ☐

56. What do you think of condom use?

.....
.....
.....
.....
.....
.....

57. What do you know about STIs?

.....
.....
.....
.....
.....
.....

© University of Venda

University of Venda
Creating Future Leaders

58. What are the things which make it difficult to use a condom?

.....
.....
.....
.....
.....
.....

59. What kind of problems do you encounter while using a condom?

.....
.....
.....
.....
.....
.....

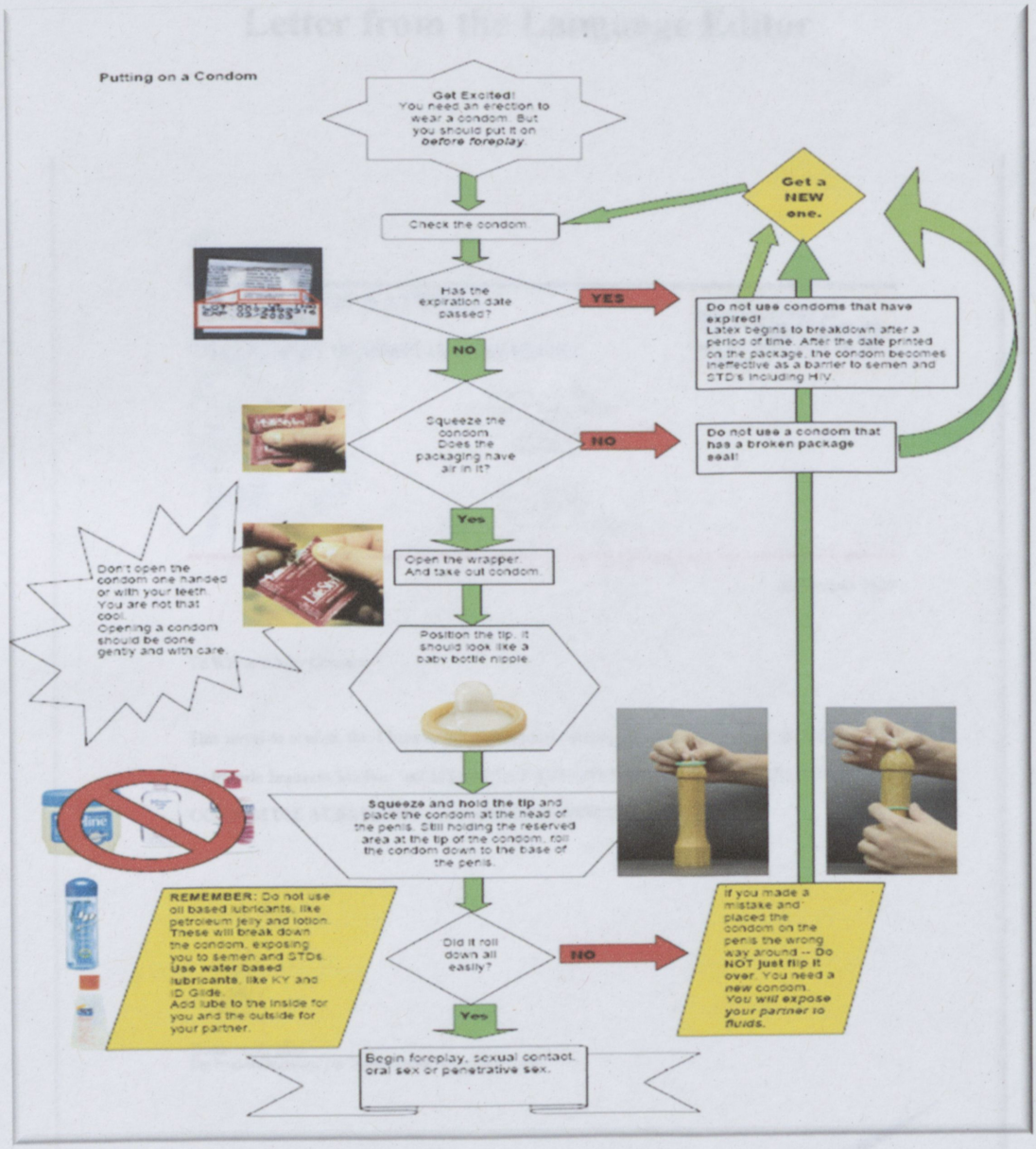
60. What do you think can be done to promote condom use?

.....
.....
.....
.....
.....
.....

© University of Venda

University of Venda
Creating Future Leaders

ANNEXURE E



E. Guide to condom use

Retracted from Lammers , Wijnbergen , Willebrands: 2013.

© University of Venda

University of Venda
Creating Future Leaders

ANNEXURE VI

Letter from the Language Editor

FACULTY OF NATURAL SCIENCES
DEPARTMENT OF MEDICAL BIOSCIENCES

the faculty of Science

Donavon C. Hiss
University of the Western Cape
Private Bag X17
Bellville 7535
South Africa

Tel: 021 959 2334
Cell: 0722001086
Fax: 021 959 1563
E-mail: dhiss@uwc.ac.za or hiss@gmx.us

28 February 2014

To Whom it May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the MCur thesis by **Pfarelo Innocent Mudau**: "**ATTITUDES OF YOUTHS FROM 14 TO 19 YEARS TOWARDS CONDOM USE AT BOTLOKWA, LIMPOPO PROVINCE**".

Sincerely Yours

Donavon C. Hiss
Dip. Freelance Journalism, Dip. Creative Writing, MSc (Medicine), PhD

UNIVERSITY of the WESTERN CAPE
A place of quality, a place to grow, from hope to action through knowledge

© University of Venda