COLLEGE OF MEDICICNE AND HEALTH SCIENCES

DEPARTMENT OF PUBLIC HEALTH

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE ON CONDOM USE FOR PREVENTION OF HIV/AIDS AMONG WORABE UNIVERSITY STUDENTS, WORABE TOWN, SOUTH-CENTRAL ETHIOPIA

BY:

NATNAEL BIRHANU AND

REDIET AMANUEL

ADVISOR: Mr. Abdu Omar

Mr. Addisu T

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Confirmation and Approval

The research paper entitled “Assessment of Knowledge, Attitude and Practice on Condom Use for Prevention of HIV/AIDS among Worabe University Students, Worabe Town, South-Central Ethiopia” by Natnael Birhanu and Rediet Amanuel is approved for the Bachelor Degree of Science in Public Health.

Board of Examiners

	Name	Signature	Date
Advisor	_____	_____	_____
Examiners	_____	_____	_____
	_____	_____	_____

SUMMARY

Background: Globally, about 37.9 million people were living with HIV at the end of 2018 with 2.1 million people newly diagnosed. In Ethiopia, where an estimated 613,000 people were living with HIV, 62 percent were females. Out of this, youths like university students are at higher risks. Proper condom use is one of the effective methods to control the pandemic. However, there is lack of current evidence on students' knowledge, attitude and practice on proper condom use for prevention of HIV/AIDS.

Objectives: To assess knowledge, attitude and practice on proper condom use for prevention of HIV/AIDS among Worabe University students October, 2021 G.C.

Methods: A cross-sectional study was conducted to assess knowledge, attitude and practice on condom use for prevention of HIV/AIDS among Worabe University 2014 E.C second and third year regular under graduate students. A total of 296 sample students from 885 were selected using the stratified random sampling technique. Structured questionnaires were used to collect demographic data of students and their perception of condom use to reduce the risk of HIV/AIDS infection and to assess perceived susceptibility to HIV/AIDS. The data was analyzed with SPSS software v.20. The data was presented with frequency, percentage, tables and graphs.

Results: A total of 291 students were participated with a response rate of 98.3%. The majority of them were aged 18-24 years; 193(66.3%) were males. More than half of the study participants (75.25%) were not ever made sex. Among the respondents who ever made sex, the reason for their first sexual intercourse was love (54.55%), followed by peer pressure (28.03%). All of the respondents (100%) had adequate knowledge about HIV/AIDS transmission and prevention. They knew HIV/AIDS cannot be transmitted through coughing (97.3%), wearing clothes with HIV/AIDS patients (97.9%), through hand shaking (92.8%), and through bite from mosquitoes (98.6%). Most of the respondents (90.9%) knew AIDS could not be cured even if it is diagnosed early. Most of the respondents had good attitude towards condom use. Majority of them (61.2%) felt comfortable to buy condom and (75.7%) enjoyed when using it. Most of the respondents (65.3%) feel confident to purchase and carry condoms. They were found to have positive attitude towards condom. Among the respondents who have ever made sex, most of them (59.84%) used condoms, while 40.16% did not use condom during sexual intercourse. Among the respondents who have ever used condom, 41.77% of them were using condom always, 56.96% were using it

most of the times, and 1.26% of them were using it sometimes. The respondents who did not use condom mentioned some reasons. About 24.52% said it reduces sexual pleasure, 13.20% said partner trust, 28.30% said unavailability of the condom, and 33.96% said that they haven't ever thought about it.

Conclusion: The students' had adequate knowledge about HIV/AIDS transmission and prevention. Their attitude towards condom use was also good. Majority of them felt comfortable and confident to buy condom and enjoyed when using it. However, some of the students were not using condom during sexual intercourse. Unavailability of the condom, negligence/inattention, feeling that it reduces sexual pleasure, partner trust, social effects especially on female students and absence of RH services in the campus were barriers for condom use. Hence, health education programs and programs for reducing premarital sex shall be strengthened.

ACRONYMS

AIDS – Acquired Immune Deficiency Syndrome

HIV – Human Immune Virus

STD – Sexually Transmitted Disease

WHO – World Health Organization

MOH – Ministry of Health

STIs – Sexually Transmitted Infections

HBM – Health Belief Model

VCT – Voluntary Counseling and Test

EDHS – Ethiopian Demographic Health Survey

RH- reproductive health

SNNPR – Southern Nations, Nationalities and Peoples Region

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CHAPTER ONE: INTRODUCTION

1.1. BACKGROUND OF THE STUDY

The burden of Human Immune Virus /Acquired Immune Deficiency Syndrome (HIV/AIDS) epidemics is still a worldwide public health problem. Globally, about 37.9 million people were living with HIV at the end of 2018 with 2.1 million people newly diagnosed. Above all HIV/AIDS is one of the greatest public health problems in the sub-Saharan African countries. The sub-Saharan region is the most affected place in the world with 25.6 million people living with HIV (1).

HIV was first notified in Ethiopia in 1986 in a hospital set up following detailed diagnostic procedures in which the serum of the patients was taken in 1984. Since then, the problem wide spread in the country and put the country as among largely affected sub-Saharan African countries. In 2017, there were an estimated 613,000 people living with HIV, of whom 62 percent female, in Ethiopia (2). The numbers of peoples living with HIV are increasing more along with the improvement of medical HIV care and others despite of long intervention are provided to avert the progression and spread of diseases (3).

Strategies for primary prevention of HIV infection and other STDs are similar. Peoples who have many sexual partners have an increased risk of acquiring the virus from one of the partners. As rate of HIV infection in general population rise, the same patterns of sexual risk results in more new infection simply because the chance of encountering an infected partner become higher (4).

The safest form of prevention of sexually transmitted HIV is abstinence. However, in most instances, such practices are either realistic or desirable. The next most effective preventive sexual transmission of HIV peoples are encouraged to adopt is safer sexual behavior which includes having fewer partners and condom use. Correct and consistent use of condom reduces the risks of HIV transmission by almost 100%. So, condom promotion has received considerable attention in the fight against HIV/AIDS pandemic (5).

Adolescents attitudes toward condoms, perceived effectiveness of condom for family planning and STI prevention and the perceived advantage or disadvantage of condom use are important determinants of condom use adolescent who have positive attitude toward condom use are more likely to use them, while those who have negative attitude or perception are less likely to use.

Risk perception is another factor affecting condom use. Increased awareness of the severity of the AIDS epidemics leads to condom use. Adolescent who considers themselves at high risk for HIV infection are also more likely to adopt protective behavior. However, condom use is also dependent on the community context and condom availability (6).

1.2. STATEMENTS OF THE PROBLEM

AIDS is one of the major health problems devastating peoples in the world. It spreads worldwide ignoring national boundaries and affects individuals. One of the most important consequences of STI is risk of HIV infection. In fact it has been established that the presence of STI whether ulcerative or not, increased by two to five times. The most common route of transmission of HIV is heterosexual mode in adults. However, the intervention given was not linked in behavioral change which is the route of prevention and control of diseases (7).

According to different studies in Ethiopia, the majority of the high risk groups for HIV infection are also adolescents who have recently become sexually active, specially 15 to 20 ages. This is difficult age groups to influence because of peer pressure as well as the sense of individual that accompanies them (1).

The 2019 EDHS included a series of questions that addressed respondent's knowledge about HIV/AIDS. This awareness of mode of HIV transmission and behaviors can prevent the spread of HIV. In Ethiopia universal HIV/AIDS awareness where 97% of women and 99% of men have heard of HIV, 56% of women and 82% of men age 15-49 years know that consistent use of condoms is means of preventing the spread of HIV (8).

As study done in South Africa displays that 54.4% of those sexually active in the 6 months preceding study had not use condom during the most recent intercourse. Additionally as study done in United Kingdom in Wales also shows from 76% of the study participants who were sexually active 42% of them had causal partners and 16.5% of the sexually active HIV patients reported unprotected high risk sex with HIV negative or unknown status (9, 10).

As study done in KwaZulu-Natal, South Africa States shows that 30% of those sexually active HIV patients were practicing unprotected sex and 39.2% of those sexually active HIV patients made sex events with partners perceived to be negative of HIV or HIV status unknown (11).

As study done in rural Uganda shows that 82% of condom use was observed and also study at Aliwal North Hospital of Uganda shows that there was 70% of condom use among the patients (12).

Any one engaging in sex with multiple partners is at risk of contracting HIV. Several studies have found that the practice of multiple partners' sex is wide spread. One of the study of urban population found that 22% of adult's males and 8% of women engaged in sex with multiple partners. Another study conducted in senior high school in Addis Ababa found that 53% of male's students and 24% of female's students were sexually active. Since they generally have more than one partner, young people have a high risk of becoming infected with HIV (13). Condom should be used consistently among university students, who often engage sex with causal partners, but previous researches show low utilization, so the reason behind this and its association with some variables should be addressed by further investigation.

Based on all these, this study will try to answer the following research questions:

- What attitude do Worabe University students have towards condom use?
- What is the level of condom utilization of Worabe University students?
- What are the factors affecting the utilization of condom among Worabe university students?

1.3. OBJECTIVES OF THE STUDY

1.3.1. GENERAL OBJECTIVE

The major objective of the study is to assess the knowledge, attitude and practice on condom use and its associated factors for the prevention of HIV/AIDS among Worabe University students October, 2021G.C.

1.3.2. SPECIFIC OBJECTIVES

The specific objectives of the study are:

- To assess level of condom utilization among Worabe University students October, 2021G.C.
- To assess the knowledge on condom use to prevent HIV/AIDS among Worabe University students October, 2021G.C.

- To assess the attitude towards condom use among Worabe University students October, 2021G.C.
- To identify factors hindering the utilization of condom among Worabe University students October, 2021G.C.

1.4. SIGNIFICANCE OF THE STUDY

The identification of the level of condom use is the basic one in creating and developing effective HIV preventive educational strategies. This study measures the level of awareness of AIDS, condom use, behavioral and psychological factors that influence condom use among Worabe University students.

Therefore, the findings of the study will be important to the following bodies:

- Give insights to university students to look into their action, their attitude and what role they have to play in order to prevent HIV/AIDS.
- It can also give insights to government bodies, NGOs and policy makers by providing up to date information about the university student's knowledge on HIV/AIDS, the level of university student's condom utilization, their attitude towards condom use, the reason for failure of condom use and factors affecting the utilization of condom
- It can also serve as a preliminary idea for any interested researchers who want to conduct further studies in the area.

1.5. LIMITATIONS OF THE STUDY

The limitation of the study could be the researchers' little knowledge and lack of experience in the area of research. Because of this, the researchers faced problems in handling it in a more attractive way than this. It would have been more complete, if there had been more knowledge and experience in the field of research.

CHAPTER TWO: LITERATURE REVIEW

2.1 KNOWLEDGE ON CONDOM USE

As study done on sexual behavior and STD among adolescents, 126 young men in Zambia, Chiawa had shown that 43% had premarital or extra marital sexual partner at the time of interviews and 23% reported having suffered from STD in the past. A vast majority, 96.8% said they felt that condom protected against STD including HIV, 48% reported they used a condom, 42% said they used them sometimes and only 6% used them always (14).

As study done in Harar town on sexual behavior and levels of awareness on reproductive health among youths shows, out of 900 students whose age was 14 to 29 years, majority of the students 159 (17.7%) males and 700 (66.7%) females have remarkable knowledge about family planning methods (15).

In another study in this area, on the survey of knowledge, attitude and practices relating to HIV/AIDS among 9115 males and 49 females, 49.5% of boys and 18.3% of the girls had experienced sexual intercourse. 75.8% of sexually active students, however, did not use condoms and 47% of them had sexual intercourse with causal partner or prostitute 19.6% of sexually experienced had sex with prostitute and 27.3% had done so with causal partners. 88.4% accepted AIDS as a deadly disease and 10.6% knew the acceptable preventive measures and 3.1% did not know or did not agree that condom can prevent the sexual transmission of HIV/AIDS (16).

2.2 ATTITUDE FOR CONDOM USE

As a study done in South Africa, among 265 students on knowledge and attitudes relating condom, no data on gender were available for 72% of students. From the above data 47% had one partner, 21% had two partners, 5% had three partners, 11% had four partners and 16% have five or more partners. 78% of the respondents knew that condom prevents the spread of diseases and 82% agreed that condom prevents the spread of HIV/AIDS (17).

Among the reason cited by the students for low use of condom are: lack of knowledge, unavailability of condom, thinking condom reduces sexual excitement and partner disagreement on usage of condoms (18).

Even though the factors so far identified reasons for not using condom by adolescents in Ethiopia, there are several perceptions identified elsewhere by researchers are important determinants of condom use among adolescents and young adults. This includes perceived susceptibility to AIDS, perceived benefits, perceived barriers of condom use, perceived efficacy to use condom and perceived social support from condom use (19).

2.3 PREVALENCE OF CONDOM UTILIZATION

As study done in South Africa on factors affecting condom use among university students had shown that of hundred samples (40 females and 60 males) almost 29.2% of the sample reported they never used condom, 35.4% used always, 19.8% regularly used and about 8.5% used irregularly in the past.(18)

As study done in Hawassa town indicated, a total of 375 respondents, 190 (50.7%) were males and the rest 185(49.3%) were females. From this more than 90% of the respondents knew about HIV/AIDS. 49% of the respondents were sexually active, but only 27.6% of the respondents used condom during their recent coitus. Reasons for not using condom during sex were lack of adequate knowledge; fear that condom will reduce sexual pleasure and excitement, being careless and pressure from sex partners (20).

Prevention programmers on AIDS spend much time on increasing awareness about mode of transmission of HIV and information on how to avoid infection. But there is a general agreement today that only prevention of HIV transmission is through changing sexual behaviors. A study mentioned on the above, even if adolescents and young people had high knowledge about HIV/AIDS, it was not strong enough to bring about significant change in their behavior. Their behavioral adjustment towards safe sex practice was found to be limited as demonstrated by the information on condom use, numbers of sexual partners and behavioral responses (21).

Research on assessment of determinants of condom use based on different models to identify the real pressure, which is believed to lead adolescents and young adults to use condom consistently are lacking in our context. Therefore, this study will try to examine the level of knowledge, attitude and condom utilization among university students which is very important for developing effective HIV preventive intervention.

CHAPTER THREE: METHODS

3.1. STUDY AREA AND PERIOD

The study was conducted in Worabe University, Worabe town, which is found in south-central Ethiopia. Worabe town is located in the Silte Zone of the Southern Nations, Nationalities and Peoples Region (SNNPR), at 172 km southwest of Addis Ababa and 265 km away from Arba Minch. The study was conducted in 2014 E.C on 2nd and 3rd year regular under graduate students. Currently the University has six colleges and thirteen departments with a total of 2322 enrolled students, from which 885 were 2nd and 3rd year regular students. The University had a total of 885 2nd and 3rd years regular under graduate students in which 575 were males and 310 were females. There is one students' clinic in the university and no reproductive health services available in the clinic.

3.2. STUDY DESIGN

A facility based cross-sectional study was conducted to assessknowledge,attitude and practiceon condom use for prevention of HIV/AIDS among Worabe University 2014 E.C 2nd and 3rd year regular under graduate students.

3.3. POPULATION

3.3.1. SOURCE POPULATION

All 2nd and 3rd year regular under graduate students in Worabe University in the academic year of 2014 E. C., which was, 885 2nd and 3rd year regular students were the source population of the study.

3.3.2. STUDY POPULATION

Those randomly selected 291 2nd and 3rd years regular under graduate students in Worabe University were selected as study population.

3.4. SAMPLE SIZE AND SAMPLING TECHNIQUE

3.4.1. SAMPLE SIZE DETERMINATION

The sample size was determined by the formula of sample size estimation:

$$n_0 = \frac{\left(z\alpha/_2\right)2\ p(1-p)}{d^2}$$

Where n_0 – minimum sample size =384

N-total population number =885

p – Estimate of prevalence rate for the population =0. 5

d – The margin of sampling error tolerated =0.05

$z\propto/_2$- The standard normal value at $2\propto/_2$ confidence interval =1.96

$$n_c = \frac{no}{1 + \frac{no}{N}}$$

nc = corrected sample size=269

For non-respondents 10% were added and the total sample size was296 students.

3.4.2. SAMPLING TECHNIQUE

Stratified random sampling technique was employed based on their colleges and departments respectively. The students were stratified in to different strata depending on their batches. The study samples were selected by using stratified random sampling technique:

$$n_i = \frac{N_i \times n}{N}, i = 1,2, \ldots and\ k$$

N – Total population

Ni – population size in each stratum

Ni – sample to be drawn from each stratum

n – Total sample size to be drawn from total population

According to the above formula numbers of sample selected were:

Year two students -372 n1 = 124 out of this

28 samples was taken from college of Agriculture and Natural resource

21 from college of Business and Economics

9 from college of Humanities

25 from college of Natural and Computational science

30 from college of Social science and

11 from college of Law

Year three students - 513 n2 = 172 out of this

64 samples was taken from college of Agriculture and Natural resource

28 from college of Business and Economics

61 from college of Natural and Computational science

10 from college of Social science and

9 from college of Law

Total-885, n total=296.

3.5. METHOD OF DATA COLLECTION

Structured questionnaires were used to collect demographic data of students and their knowledge, attitude and practice of condom use to reduce the risk of HIV/AIDS infection. Questionnaires with a Likert scale ranging from 'strongly agree' to 'strongly disagree' were employed to assess perceived attitude on HIV and condom uses.

Data was collected by administering the questionnaires to the respondents. Short briefing or orientation was given to the respondents on the purpose of the study so that the data collected will be as accurate as possible. The data collectors (researchers) checked on each questionnaire for its completeness.

3.6. DATA QUALITY MEASURE

After orienting the respondents, the questionnaire was pre-tested using 5% of the study population to check clarity of the questionnaire. No unclear or vague things were found. Daily

supervisions and checkups with feedbacks was applied during the actual data collection. Maximum care was employed during data entry and thorough data cleaning was applied.

VARIABLES

DEPENDENT VARIABLES

Knowledge and attitude on condom use and condom use

INDEPENDENT VARIABLES

Age, sex, religion, marital status, college and department, year of study, knowledge on aids, attitude towards condom use, social support to condom use, and self-efficacy to condom use

3.7. OPERATIONAL DEFINITION OF TERMS

HIV/AIDS knowledge: - the overall AIDS knowledge. Self-rating closed ended questionnaire will be developed calling 'Yes' or 'No' responses. The score will be computed and the response 75% and above regarded knowledgeable, 50-74% fairly knowledgeable and less than 50% not knowledgeable.

Perceived susceptibility to AIDS: - fear and worry of contracting AIDS. Two or three question will be used calling 'Yes' or 'No' response regarding perceived susceptibility. The higher response means to be higher perceived susceptibility.

Perceived benefit: - benefits to use condom. A Likert-type scale ranging from 'strongly agree' to 'strongly disagree' will be developed for each positive question regarding perceived benefits to use condom. 'Strongly agree' will be taken as the highest score.

Perceived barrier: - obstacles to use condom. A Likert-type scale ranging from 'strongly agree' to 'strongly disagree' will be constructed. The measurement depicts exactly the same as perceived benefit from condom use.

Self-efficacy: - the belief in the ability to implement the necessary behavior. Peer pressure and social influence. How their family, friends and other people in the community view sexual relationship.

Perceived social support and condom use: - encouragement to use condom. A self-response closed ended questionnaire calling a response ranging from 'strongly agree' to 'strongly

disagree' will be employed. The measurement is exactly similar to perceived benefit from condom use.

3.8. DATA ANALYSIS

The data collected from the samples through questionnaire were compiled, analyzed and interpreted, and summarized using tables and graphs. It was calculated using scientific calculator. The data was entered and analyzed in to SPSS software v.20. The data was presented with frequency and percentage.

To assess the factors associated with condom use among students a bivariable and multivariable binary logistic regression model was used. Crude and adjusted odds ratio with 95% CI is reported. Associations with a p-value below 0.05 were used to declare statistical significance.

3.9. ETHICAL CONSIDERATIONS

The permission letter was taken from Wolkite University, public health the department. The objectives and the intentions of the study were explained to the students. Confidentiality was maintained. In addition to this,verbal informed consent was made with the participants of the study.

3.10. DISSEMINATION OF THE RESULT

The result can be disseminated to the Wolkite University. This might be done through publication or mass media. It can also be put in the library to be used as a reference for further study in the area.

CHAPTER FOUR: RESULTS

Socio demographic characteristics

A total of 291 study participants were included with the response rate of 98.3%. The majority, 217 (74.6%) of the respondents were aged 18-24, and the age of the rest 74 (25.4%), were above 24. From the respondents, 98 (33.7%) were females. From the respondents, 110 (37.8%) of them were Orthodox religion followers, 84 (28.9%) were Protestant, 40(13.7%) were Muslim, 30 (10.3%) were Catholic, 27 (9.3%) were other. From the respondents 235 (80.8%) of them were single, and 56 (19.2%) of them were married.

A total of 121 respondents were second year students and 170 of them were third year students. Among the respondents 90 of them were from college of Agriculture and natural resource management, 48 were from college of Business and Economics, 9 were from college of Humanities, 85 were from college of natural and computational science, 39 were from college of Social science, and 20 were from college of Law.

Table 1: Distribution of socio demographic characteristics of second and third year regular under graduate students, Worabe University, South central Ethiopia, October, 2014E.C.

Socio demographic characteristics		No	Percent (%)
Age	18-24	217	74.6
	>24	74	25.4
Sex	Male	193	66.3
	Female	98	33.7
Religion	Orthodox	110	37.8
	Muslim	40	13.7
	Protestant	84	28.9
	Catholic	30	10.3

	Others	27	9.3
Marital status	Single	235	80.8
	Married	56	19.2
Ethnicity	Oromo	96	33
	Amhara	80	27.5
	Tigre	24	8.2
	Gurage	36	12.4
	Silte	26	8.9
	Others	29	10
Academic year of the respondents	Second year	121	41.58
	Third year	170	58.42
College of the students	Agriculture and natural resource management	90	30.92
	Business and Economics	48	16.49
	Humanities	9	3.09
	natural and computational science	85	29.21
	Social science	39	13.40
	Law	20	6.87

Sexual characteristics

Among the respondents most of them (54.6%) were not ever made sex and (45.4%) were made sex with opposite sexual partner (Figure 1).

Among the respondents who were having sex, 5.30% of them were aged 14-17, 56.81% were aged 18-21, and 37.87% were aged above 21years at their first sexual intercourse. (Figure 2)

Figure 1: Distribution of ever made sex among Worabe university students, Worabe town, 2014

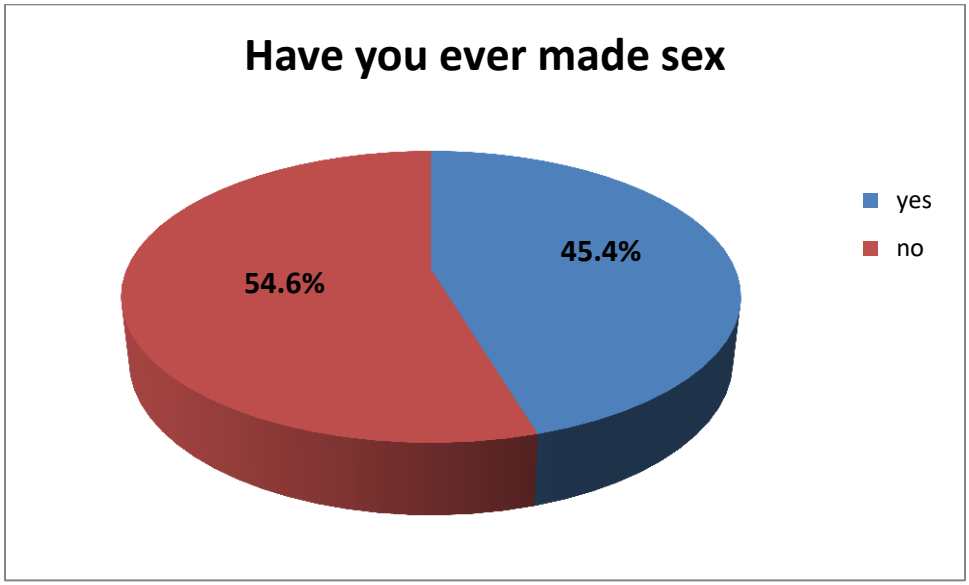
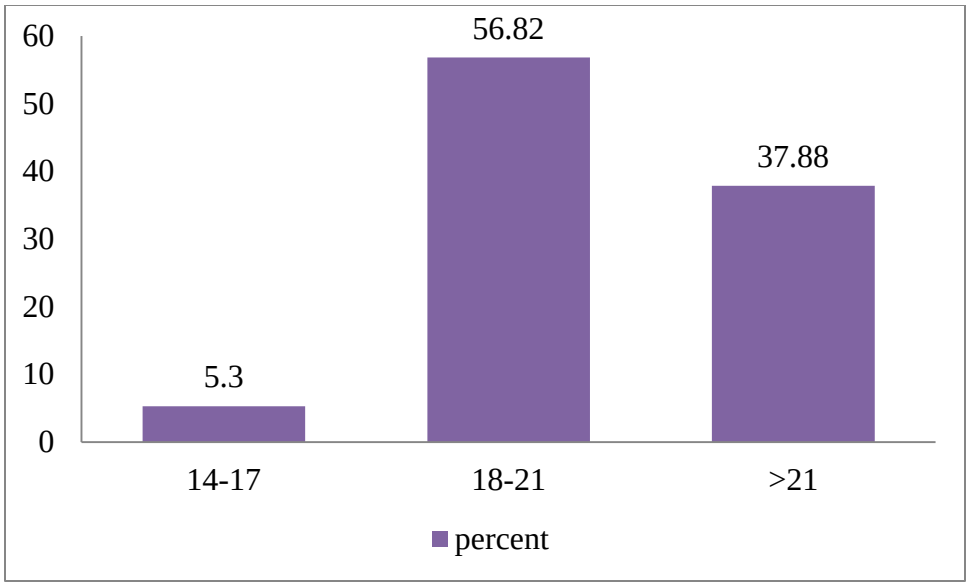
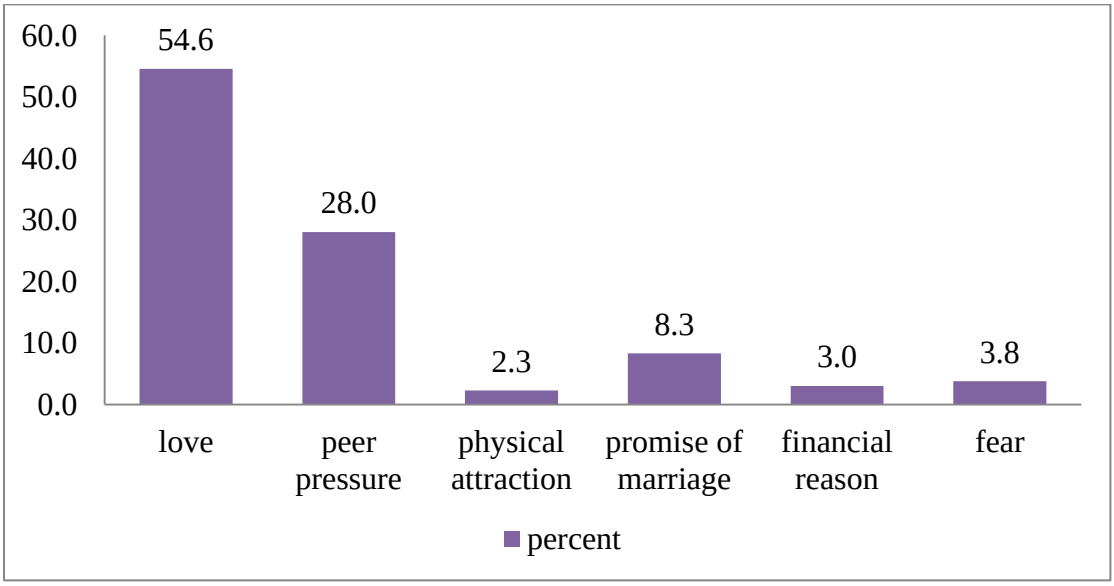


Figure 2: Distribution of age at first sexual contact among second and third year regular undergraduate students, Worabe University, South central Ethiopia, October, 2014



As the result indicates, for most of the respondents the reason for their first sexual intercourse was love (54.55%), peer pressure (28.03%), Physical attraction (2.27%), promise of marriage (8.33%), financial reason (3.03%), and fear was (3.78%).

Figure 3: Distribution of reason for first sexual intercourse among Worabe university students, Worabe town, 2014



Knowledge about HIV/AIDS

In this study, majority of the students (100%) were aware of HIV/AIDS. All of the respondents know that HIV can be transmitted through blood contact and transfusion, and through unprotected sexual intercourse. They have good knowledge of HIV/AIDS.

All of the respondents said HIV/AIDS did not transmit through operation by cleaned instruments. Most of the respondents know that HIV/AIDS cannot be transmitted through coughing (97.3%), wearing clothes with HIV/AIDS patients (97.9%), through hand shaking (92.8%), and through bite from mosquitoes (98.6%).

Most of the respondents (90.9%) responded AIDS could not be cured even if it is diagnosed early. All of the respondents said that the chance of being infected by HIV/AIDS can be reduced by having sex with only one partner. All of the respondents know that, once a person is infected with AIDS he can transmit it to other person through his life; and AIDS can be prevented by using condoms (Table 2).

Table 2: The distribution of assessment of knowledge about HIV/AIDS among second and third year regular undergraduate students, Worabe University, South central Ethiopia, October, 2014

knowledge Items	Yes		No	
	No	%	No	%
knowledge about of transmission of HIV/AIDS				
• Through blood contact and transfusion	291	100	-	-
• Through unprotected sexual intercourse	291	100	-	-
• From operation with cleaned instruments	-	-	291	100

• Through coughing	8	2.70	283	97.30
• By wearing clothes with AIDS patients	6	2.1	285	97.9
• Through shaking hands with AIDS patients	21	7.2	270	92.90
• Through bite from mosquitoes	4	1.40	287	98.60
AIDS could be cured if diagnosed early	27	9.3	264	90.90
The chance of being infected by AIDS can be reduced by having sex with one partner	291	100	-	-
Once infected with AIDS, a person can transmit to other person through their life	291	100	-	-
AIDS prevented by using condom	291	100	-	-

All of the respondents have perceived susceptibility to HIV/AIDS by sexual intercourse and majority of them (89%) believes that sexual contact with hetero sexual partner will expose to HIV/AIDS. 95.5% of the respondents believe that they can get AIDS even if they are only having sex with one partner.

Attitude towards condom use

All of the respondents know that AIDS can cause death and they prefer other terminal illnesses than AIDS. And also all of the respondents believed that AIDS can be significantly reduced by using Condoms, and chance of contracting AIDS can be reduced by having one sexual partner.
Most (61.2%) of the respondents feel comfortable to buy condom and 75.7% of them enjoy when using it.
Majority of the respondents agree that their partner thinks they use condom to prevent HIV/AIDS and they communicate with their partner about the importance of condom use.

Most (65.3%) of the respondents feel confident to purchase and carry condom. This indicate that majority of the respondents have good attitude towards condom use.

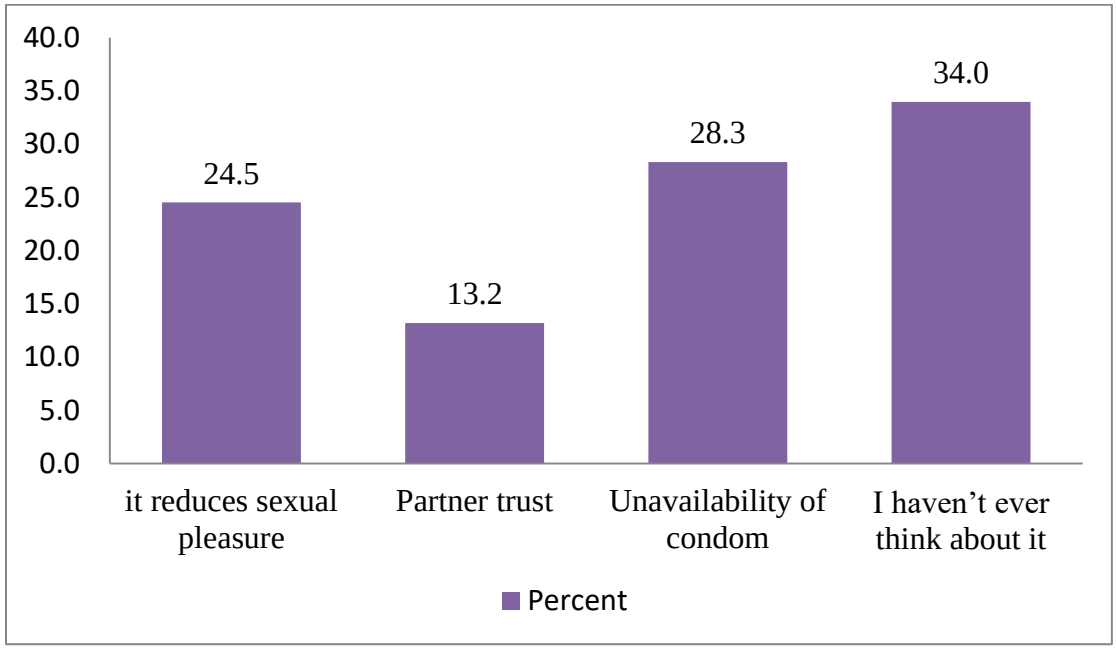
Table 3: Distribution of attitude towards condom use among second and third year regular undergraduate Worabe university students, Worabe town, 2014.

Attitude towards condom use	**Strongly agree**		**Agree**		**Disagree**		**Strongly disagree**	
I feel embarrassment to buy condom	16	5.5%	97	33.3%	160	55%	18	6.2%
I do not enjoy when using condom	22	16.7%	10	7.6%	82	62.1%	18	13.6%
My partner is likely to think that we use condom to prevent HIV/AIDS	29	24.2%	66	55%	18	15%	7	5.8%
My partner is likely to communicate with me about importance of condom use	67	55.8%	35	29.2%	13	10.8%	5	4.2%
I feel confident to purchase condom	83	28.5%	108	37.1%	87	29.9%	13	4.5%
I feel confident to carry condom	83	28.5%	108	37.1%	87	29.9%	13	4.5%

Magnitude of condom use

Among the respondents who have ever made sex, most of them were used condoms (59.84%), and 40.16% of them did not used condom. Among the respondents who have ever used condom, 41.77% of them were using condom always, 56.96% were using it most of the times, and 1.26% of them were using it sometimes. Among the reasons mentioned by the respondents for not to use condoms, about 24.52% were said it reduces sexual pleasure, 13.20% said partner trust, 28.30% said unavailability of the condom, and 33.96% said that I haven't ever think about it.

Figure 4: Distribution of reason for not to use condom among Worabe university second and third year regular students, 2014



120 (41.2%) of the respondents had a sexual partner and 58.8% of them didn't have a sexual partner.

Among the respondents who had a sexual partner, 56.66% had only one sex partner, 35% had two to three sex partners, and 8.33% had four to five sex partners in the past twelve months (Table 4).

Table 4: Distribution of frequency of condom use, reason not use condom and number of sexual partner in the past twelve months among second and third year regular undergraduate students, Worabe University, South central Ethiopia, October, 2014

Condom use		**No**	**%**
Have ever used condoms	Yes	79	59.84
	No	53	40.16
	Total	132	100
frequency of condom use	Always	33	41.77
	Most of times	45	56.96
	Sometimes	1	1.26
Reason not use condom	Reduces sexual pleasure	13	24.52
	Partner trust	7	13.20
	Unavailability of condom	15	28.30
	I haven't ever think about it	18	33.96
Number of sex partner in the past twelve months	Only one	78	59.09
	2-3	43	32.57
	4-5	11	8.33

CHAPTER FIVE: DISCUSSION

The assessment of knowledge on condom use for prevention of HIV/AIDS in the study population (100%) is comparable with the assessment of knowledge on condom use for prevention of HIV/AIDS in Debre Berhan University and Debre Work Secondary and Preparatory School which were (75%) and (65.6%) respectively (22, 23) indicated there was adequate knowledge about HIV/AIDS transmission and prevention, however, these figures were found to be lower than that of the Worabe University's.

The assessment of the attitude towards condom use for prevention of HIV/AIDS in the study population (75.7%) is also comparable with assessment of the attitude towards condom use for prevention of HIV/AIDS in Mizan-Aman Polytechnic College and Debre Work Secondary and Preparatory School which were (53.4%) and (91.9%) respectively (23, 24) indicated there were good attitude towards condom use though it is lower in Mizan-Aman Polytechnic College and much higher in Debre Work Secondary and Preparatory School than that of the Worabe University's.

The assessment of practice on condom use for prevention of HIV/AIDS in the study population (59.84%) when compared with the assessment of practice on condom use for prevention of HIV/AIDS at Debre Berhan University and Debre Work Secondary and Preparatory School (53.4%) and (38.3%) respectively (22, 23) is very high. The difference is also great with that of the Debre Work's Secondary and Preparatory School.

The reason for lower practice on condom use for prevention of HIV/AIDS in the study population were negligence/inattention (33.96%), unavailability of the condom (28.30%) and reduction of sexual pleasure (24.52%). This is also comparable with the reason for lower practice on condom use for prevention of HIV/AIDS at Debre Berhan University where permanent relation (38.9%), disliking using condoms (15.34%) and reduction of sexual pleasure (14%) (22). The reasons for lower practice on condom use at Worabe University were negligence, unavailability of the condom and reduction of sexual pleasure while permanent relation, disliking and reduction of sexual pleasure were major reasons at Debre Berhan University.

CHAPTER SIX: CONCLUSION AND RECOMMENDATION

6.1 CONCLUSION

This study showed that all of the students had adequate knowledge about HIV/AIDS transmission and prevention. They also reported to have multiple sexual partners and involved in premarital sexual intercourses. However, the actual level of condom utilization among them is far low. Most of the students had good attitude towards condom use. Majority of them felt comfortable and confident to buy condom and enjoyed when using it. They were found to have positive attitude towards condom. There were also some who did not use condom. Major identified barriers for condom use that were mentioned by those who did not use condom were, negligence/ inattention, unavailability of the condom, feeling that it reduces sexual pleasure, partner trust, social effects especially on female students and absence of RH services.

6.2 RECOMMENDATION

It is better for the university to add a Reproductive Health services at the students clinic to clear any misunderstandings about condom use and to make condoms available for the students who need it. And also the university has to work on enabling female students to use condom despite the social influence which is identified as one factor that inhibits the students from using condom freely.

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ANNEX 1

QUESTIONNAIRES

WOLKITE UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF PUBLIC HEALTH (HO)

Questionnaires for research work on assessment of condom use for prevention of HIV/AIDS among Worabe University regular under graduate students.

Instruction: There is no need to write your name and ID number on the questionnaire. Read carefully and answer the questions according to direction provide. Put a tick mark (√) where necessary.

General Information

Part I 1. Age _____

2. Sex Male ☐ Female ☐

3. Religion Orthodox ☐ Muslim ☐ Protestant ☐

Catholic ☐ Other, specify _____

4. Marital Status single ☐ married ☐

5. Ethnicity Oromo ☐ Amhara ☐ Tigre ☐

Gurage ☐ Silte ☐

Other, Specify _____

6. Academic Year _____

7. College _____. Department _____

Part II Sexual activities and condom use

1. Have you ever made sex?

   Yes ☐ No ☐

2. If your answer for question number one is 'Yes', indicate your age of first sexual contact?

   _____

3. If your answer for question number one is 'Yes', reason for first intercourse?

   Love ☐

   Peer pressure ☐

   Physical attraction ☐

   Promise of marriage ☐

   Financial (money) reason ☐

   Fear ☐

   Others, specify _____

4. If 'Yes' for question number one did you use condoms? Yes ☐ No ☐

5. If your answer for question number four is 'Yes', how frequently you use it?

   Always ☐

   Most of the times ☐

   Sometimes ☐

6. If your answer for question number four is 'No', what reason do you have?

   Lack of adequate knowledge ☐

   It reduces sexual pleasure ☐

   Partner trust ☐

   Unavailability of condom ☐

   I haven't think ever abut it ☐

   Others, specify _____

7. Do you have a sexual partner? Yes ☐ No ☐

8. If you answer is "Yes" for question number seven number of your sex partner in the past twelve months

   Only one ☐

   2 - 3 ☐

   4 – 5 ☐

> 6 ☐

Part III Question to assess the knowledge about AIDS. Put a tick mark (√) in the space provided.

	Yes	**No**
1. Do you know HIV/AIDS?		
2. If 'Yes' for question number 1, people get it: • Through blood contact and transfusion?		
• Through unprotected sexual intercourse?		
• From operation with cleaned instrument?		
• Through coughing?		
• By wearing clothes with AIDS patients?		
• Through shaking hands with AIDS patients?		
• Through bite from mosquitoes?		
3. AIDS could be cured if diagnosed early?		
4. The chance of being infected by AIDS can be reduced by having sex with only one partner?		
5. Once infected with AIDS virus a person can transmit to the other person through his life		
6. Is AIDS prevented by using condom?		

Part IV Question to assess perceived susceptibility to HIV/AIDS

1. Do you afraid that you might contact AIDS by sexual contact?
   Yes ☐ No ☐
2. Do you belief that you can be exposed to HIV infection if your sex partner heterosexual?
   Yes ☐ No ☐
3. Do you belief that you can get AIDS even if you are only having sex with one partner?
   Yes ☐ No ☐

Part V. Attitude towards condom use. Put a tick mark (√) in the space provided.

	Strongly agree	**Agree**	**Disagree**	**Strongly disagree**
1. To assess perceived severity of AIDS • AIDS causes death				
• I would rather have any other terminal illness than AIDS				
2. To assess perceived benefits from condom use • I believed that AIDS can be significantly reduced by using Condom				
• I feel that chance of contracting AIDS reduced by having one sexual partner				
3. To assess perceived barriers to condom use • I feel embarrassment to buy condom				
• I do not enjoy when using condom				
4. To assess perceived social support • My partner is likely to think that we use condom to prevent HIV/AIDS				
• My partner is likely to communicate with me about importance of condom use				

5. Assess to self-efficacy to use condom • I feel confident to purchase condom				
• I feel confident to carry condom				

DECLARATION

We, the undersigned, declare that this research is our own work and that all sources of materials used for the research have been duly acknowledged.

Name	Sign	Date
1. Natnael Birhanu	_____	_____
2. Rediet Amanuel	_____	_____