UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

KNOWLEDGE, ATTITUDE AND PRACTICE OF CONDOM USE AMONG OUT OF SCHOOL ADOLESCENT GIRLS AND YOUNG WOMEN AGED 15- 24: A CASE STUDY OF MAJENGO SLUMS, NAIROBI COUNTY

BY

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DECLARATION

I hereby declare that this research project is my original work and has not been presented for an award of a Degree to any other University.

Signature …… Date…….

Wamaitha Joan Esther

C50/83184/2015

This research project has been submitted for examination with my approval as University supervisor.

Signature……. Date……

Mr. Allan Korongo

DEDICATION

I dedicate this Research to my family my Mother Winfred Njogu and Sister Annjudy Wambui for their continuous support and prayers.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
HBM	Health Belief Model
GOK	Government of Kenya
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic Health Survey
NACC	National AIDS Control Council
NASCOP	National AIDS and STD Control Program
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation

ABSTRACT

Condoms offer protection against sexually transmitted infections and pregnancy and play a crucial role in slowing the spread of HIV infections. For condoms to be effective, they have to be consistently and continuously used. Despite the various promotion methods, condom use remains relatively low among adolescents especially girls. This study purposed to assess knowledge, attitude and practice of condom use among out of school girls and young women aged 15-24 in Majengo Slum, Nairobi County.

A descriptive survey was adopted and cluster sampling together with random sampling was used to obtain the required sample size for quantitative data (100respondents). Purposive sampling was used to determine respondents for qualitative data (20respondnets). Data analysis was done using SPSS version 21.

The findings of this study showed that majority of the adolescent girls and young women had correct and good knowledge of condoms. Most of them were able to correctly identify the steps used for correct use of condoms. In relation to attitudes towards the use of condoms, most of the respondents had a negative attitude as they believed that it reduces pleasure during sex. The level of condom use was low. A limited number of the respondents were consistently using condoms as most of them would use condoms on varying occasions. Some of the girls were engaging in risky sexual practices as they were involved in sex with partners of unknown status, having unprotected sex in exchange for money as well as under the influence of drugs and alcohol.

This study therefore concludes that knowledge of condoms does not always result into use as the findings showed that majority of the girls despite having high knowledge of condoms; the level of use was low and irregular.

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

CHAPTER ONE: INTRODUCTION

1.1 Background of Study

Condom exists as a popular barrier in providing protection from sexually transmitted infections (STIs). As a method of preventing pregnancy, it acts as a barrier that stops sperms from entry to the female genitalia (Jain et al., 2009). The Manufacture of condoms can be tracked down from a long time ago in the fifteenth century where it was used to address the Syphilis pandemic in Europe. Materials such as animal gut and leather were used to develop the texture of condoms however, the quality was improved in the eighteenth century through technological development. Due to its elasticity and strength, rubber was developed establishing the work of the male condom in safeguarding against infections that are sexually transmitted and contraception within the same period in the same country (Lewis, 2000).

The World Health Organization (WHO) terms adolescence as a time of growth and development from childhood to adulthood during which sex roles and relationships with the other person are defined by young people (Kabiru CW, Orpinas P, 2008). While self-restraint from sex is a desired method of preventing one from getting HIV and other infections transmitted sexually among the teenagers, it is not practical for most of them, thus condoms have to be repeatedly and rightly used.

There is great efficiency when condoms are used as they are known to minimize HIV transmission, unplanned child births as well as other diseases acquired through sexual relations (Gardner, et. al., 1999; World Bank, 1997; Trussell, 1999; Cates 2001). Condoms if appropriately and unfailingly used are said to render almost 94% decrease in threat of spreading HIV (Holmes, et. al. 2004). Condoms require to be repeatedly used so as to derive maximum benefit therefore, a lasting dedication is required and a dispensation channel that is reliable and able to reach even the poorest groups (World Bank, 1997). Several studies reveal that condom uptake is minimal amongst youth in Sub-Saharan Africa despite condoms being well-thought-out to be in the first line of defense in the prevention of transmission of HIV (Beksinska, Smit & Mantell, 2012; Chialepeh &Susuman 2015; Maticka-Tyndale & Tenkorang, 2010; Njoroge et al, 2010; Oppong, Osafo, & Doku, 2016).

Worldwide, those living with HIV/AIDS is said to be around 2.1 million of young adults aged 10 and 19 having 1.4 million residing in African countries in the East and South (UNICEF, 2015). According to Richard Hunt (2008), Infection levels of HIV are most felt amongst the young people of 15-24years with those living with HIV amongst women accounting for other ten men in Africa.

Curbing the transmission of HIV infection amongst young people of 15-24years is important in decreasing the new cases of HIV. This is due to the fact that young adults make a significant portion of the populace and the first sexual encounter usually takes place in this age group whereby condoms could be used to prevent the occurrence of HIV. A great number of children who are not in school are found in Sub-Saharan Africa with 26% being the age of those in primary in comparison to boys, girls are frequently out of school (UNESCO, 2009).

There are nations with a high incidence of HIV with Kenya being among one of the four in Africa which reported close to 1.5 million HIV survivors at the close of 2015. Kenyan females tend be more vulnerable to HIV infections likened to men with women being at 7.0percent prevalence and 4.7percent for men as per 2015 HIV estimate national prevalence report (2017).This is because their influence on sexual matters in relationships is minimal placing them in an unfavorable position of asking for condoms for protection against HIV (Mulindi et. al 1998). According to the GOK (1997), there are observations that in most societies, the upbringing of girls requires them to conform to authority placing them in circumstances where they cannot say no to sex or negotiate condom use. Rarely do young people use condoms during their first sexual debut. Survey has consistently found that the possibility of condom use amongst women is lower than that of men during their first sexual encounter (NASCOP, 2009). The use of condoms is still reasonably low and is greatly constrained to one time off sexual partners here in Kenya. The 1998 demographic health survey found that fewer women as compared to men were presently in use of condoms (KDHS, 1998).

Gender based violence, poor schooling facilities, high risk sexual behavior, high levels of substance abuse are characteristics of slum communities (African Population Health and Research Centre, 2002, Fotso JC, 2008). Adolescents living in informal settlements have limited chances of protecting their reproductive health. This is due to situations of intense lack and impoverishment which compels some to find means of surviving economically by being involved in unsafe sexual practices like that of having several sexual partners, commercial sex, and starting sex early(Kabiru et al. 2010; Zulu et al. 2002). Generally those who are impoverished and residing in urban regions are more handicapped in matters of health and education in comparison to those residing in countryside areas (Brockerhoff and Brennan, 1998). A study by Zulu, et al, (2002) revealed similar findings that wellbeing shortcomings of the urban deprived exerts to sexual health matters having womenfolk that dwell in slums reporting early sexual debut than those who don't live in slums.

Levels of risk of infection of HIV in Kenya are higher among urban slum dwellers than non-urban slum counterparts. High HIV prevalence rates in the slums estimated at 12% was reported in comparison to the national average prevalence of 7.1% according to research done in two urban slums in Nairobi. Adolescent girls in the slums have inadequate knowledge on contraception and its methods, which impinges their ability to take charge of their reproductive life (Ezeh AC, 2010). It is upon this background that this study sought to assess Knowledge, Attitude and Practice of condom use among out of school adolescent girls and young women aged 15-24 in Majengo Slums, Nairobi County.

1.2 Problem statement

According to UNAIDS (2014), young women were reported to contract HIV years earlier than men in Sub-Saharan Africa. International, regional and nationwide exertions have been made to dispense condoms and ensure that they are available. However, young people in developing nations still encounter difficulties to access and utilize condoms as the dangers of contracting HIV and other STIs can be reduced when they use them properly and repeatedly (Wellings K, et al, 2006). In Kenya, 11percent of women aged 15-24years report sexual encounters at the age of 15years and by the time they are 18years, 59 percent have had sex. However, only a fourth of the young girls were said to have utilized a condom when they originally had sex. Additionally, only a third of the women in the previous year who engaged in sex used a condom during a high risk sexual encounter (KAIS, 2012).

Kenya being a country known to have a significant number of those infected with HIV in the general population, unsafe sex places young women in more risky situations of HIV infections. The predominance of HIV continues to be pronounced in Kenya with new infections estimated to occur at a 20 percent annual rate amongst young women aged 15-24years (NACC, 2014).The number of new HIV infections continues to be unacceptably high amongst this age group, in spite of there being a decline of HIV incidence and prevalence being reported amongst this age group. Although there being a near Universal HIV and AIDS awareness that has been done in Kenya, young women continue practicing unprotected sex incognizant of the dangers of contracting HIV (UNAIDS, 2014).

Adolescents who are out of school are more vulnerable and more at risk to STIs, HIV, Gender Based Violence cases and other sexual reproductive health matters especially girls. This is due to the fact girls often stop schooling earlier than boys because of early pregnancy and marriage owing to poverty especially those residing in informal settlements. Compared to adolescent girls in school,

those out of school have little or no information as pertains life skills and reproductive health issues as most of the knowledge they have is tied to myths and misconceptions learnt from their peers and unreliable sources. Schools are a certainly significant ground to empower adolescents on embracing safe sexual activities and spurn attitudes that discourage use of condom. Much of adolescent' socialization takes place inside the halls and schoolrooms. Introduction of HIV/AIDS as a component in the syllabus has enhanced the level of HIV cognizance to attain a global knowledge of HIV/AIDS at 98% (KDHS, 2003). Pupils are taught on prevention methods focusing on abstaining and being faithful "A, B" and the "C" aspect of condom use. Therefore those who are out of school tend to miss out on this opportunity.

It is therefore that this study sought to assess the knowledge, attitude and practice of condom use amongst out of school adolescent girls and young women aged 15-24 in Majengo slums which will add to the knowledge base of other studies done on sexual and reproductive health in Kenya amongst adolescent women.

1.3 Research Questions

This research sought to answer the following questions:

i. What is the knowledge of correct condom use among adolescent girls and young women?
ii. What is the attitude towards condom use among adolescent girls and young women?
iii. What are the risky sexual practices among adolescent girls and young women?
iv. What is the level of condom use among adolescent girls and young women in Majengo?

1.4 Research Objectives

1.4.1 General Objective

The overall objective of this study was to assess knowledge, attitude and practice of condom use among out of school adolescent girls and young women age 15-24, in Majengo Slum, Nairobi County.

1.4.2 Specific Objectives

This study was guided by the following specific objectives:

i. To assess knowledge of correct condom use among adolescent girls and young women in Majengo.
ii. To establish attitude towards condom use among adolescent girls and young women in Majengo.
iii. To find out risky sexual practice among adolescent girls and young women.
iv. To establish the level of condom use among adolescent girls and young women in Majengo.

1.5 Justification of study

Numerous studies have been done on condom attitude and practice amongst adolescents with a specific focus of those in school and other formal institutions such as colleges and universities. Limited studies have concentrated on adolescents who are out of schools particularly girls as they are more exposed as pertains to STIs, HIV/AIDS, unplanned pregnancies, early marriages and other sexually related problems which may be due to lack of guidance that is given to their counterparts who are in formal institutions. Additionally, new HIV infections have been reported with an increase of those aged 15-24years having girls and young women in the lead. Condoms are known to reduce transmission however; use in Africa remains low with young people continuing to engage in risky sexual practices regardless of the widespread efforts in promoting their use. The ability of young people to use condom may be held back by their outlooks towards condoms and their ineffective use (Muyinda H, et al 2001, Swart K, J et al 1997).

This Study therefore seeks to enrich the existing body of knowledge with focus on adolescent girls who are out of school on the correct information of the knowledge, attitude and practice of condom use which will help in the creation of suitable programs to address adolescent health. The findings of this research will be used to plan appropriate trainings, messages and public awareness campaigns that support the right and constant use of condoms amongst adolescents. This study will add to the body of knowledge in academic research on the knowledge attitude and practice of adolescent girls who are out of school. Additionally, it will form useful material for reference for other researchers and learners in general.

1.6 Scope and limitation of the Study

This study focused on out of school adolescent girls and young women aged 15-24 in Majengo slum in Nairobi County. The study assessed both married and un-married adolescent girls who are out of school. The study was confined by the fact the findings of the study were determined by the openness of the respondents. Confidentiality was assured to ensure that truthful information is received. To ensure that the questionnaires were easily understood, the study was conducted in a language the respondents understood. This was by adopting to their way of talk such as Sheng which is a language commonly used among slum youth that integrates both Swahili and English languages, to ensure the most appropriate answer is received from the respondents.

1.7 Definition of key Terms and Concepts

Condom: A gadget made of rubber that is put on a partner's penis or the vagina during sex. Averts pregnancy by stopping sperms from inflowing to the vagina and transmission of infections spread sexually such as HIV and syphilis by preventing contact with seminal fluids from the genitalia.

Knowledge: It refers to the adolescent awareness and knowledge of how condoms are correctly used.

Attitude: Refers to positive or negative beliefs related with the use of a condom. Positive attitudes are those beliefs which support the use of a condom by indicating the perceived benefit of its use. Negative attitudes on the other hand refer to beliefs that discourage the use of condoms among out of school adolescent girls and young women. It is the approval and disapproval of the adolescent girls and young women of the use of condom.

Practice of condom use: This is whether the adolescent girls and young women currently use condoms/ have ever used and the frequency of their use.

Out-of-school youth – Young girls aged 15-24years, school drop outs, those who have never attended school, or those in informal school programs**.**

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

The objective of this chapter is to review existing literature on knowledge, attitude and practice of condom use among adolescents around the world, in Africa (generally) and Kenya in particular. The last section of this chapter provides the main Theories that were employed in understanding and in support of the study, namely Health Belief Model, Rational Choice Theory and the Conceptual framework of the study.

2.2 Risky sexual behavior among young people

The habits of a person that increases their probabilities of contracting sexually transmitted infections, HIV and unplanned bearing of a child is known as a risky sexual behavior. Research published presents unsafe conducts as having several sexual partners, engaging in sex that is risky by either not utilizing a condom or using them irregularly, being involved in sexual relations under the influence of stimulants or immediately engaging in intercourse after watching pornography (Luster T, Small SA 1996, Urassa W, et al, 2008, Boyer CB, et al, 2006, Cherie A, Berhane Y, 2012, Kaestle CE, 2005, Underwood C, 2011).

It is evidently shown that young people's chance of being involved in risky sexual behaviors is more than that of adults (Luster T, Small SA 1996). It has been found that those who engage in intercourse earlier for the first time, the more dangerous their sexual behavior which intensifies their possibility of contracting sexually transmitted infections (Kaestle CE, 2005). The risks of contracting HIV/ STIs among youths in developing countries is said to be higher mainly due to resource scarcities, poverty and gender inequality hence not promoting safer sex practices(Fako TT, 2010, Whiteside A, 2002, Madise N et al, 2007, Smith MK, 2002).

There is heavy social, economic and psychological burdens that female youths bear in developing countries as a result of inadequate importance given to schooling and dominant violence against them(Luster T, Small SA ,1996, Underwood C,et al 2011, Fako TT ,2010,Whiteside A ,2002, Madise N, et al, 2007, Smith MK , 2002).The situation tends to be exaggerated in rural areas and slums whereby the education opportunities are scarce, living conditions are deprived, with service and infrastructure being confined or non-existent (Boyer CB, et al, 2006,Underwood C, et al , 2011, Fako TT (2010). Circumstances such as little or no ability to resist pressure from peers and men, not being well versed about STI risks, the access of condoms, biased treatment from the family by assigning all house chores to the young girls and lack of emotional support amongst others may be

common therefore promoting risky behavior (Cherie A, Berhane Y, 2012, Fako TT, 2010, Taffa N, et al 2002).

The continual and appropriate usage of male condoms during sexual intercourse can be used to lower the risks of getting STIs. Despite there being increased in global, regional and national efforts, young people in developing countries continue encountering challenges in the access and use of condoms (Welling K, 2006).

2.3 Knowledge of Condom use

Knowledge and cognizance of condoms is essential in the deterrence of HIV/AIDS, STIS and unplanned pregnancy. Studies done have found that the relationship between condom awareness and use tends to be irregular whereby knowledge will not always result into use. According to a research conducted on the Knowledge attitude and practice of condom use amongst university students in Kenya, revealed that there was no substantial correlation between the utilization of condoms and knowledge whereby knowledge of condoms did not result to use of condoms *(*Nessdai KBA, et al., 2011)**.**The findings of the study were comparable to a study that was done in Kampala and Jamaica which revealed that the level of knowledge of sexually transmitted infections and its prevention was not similar to sexual behavioral patterns (Sekirime WK,et al,2001,Gillespie JM.,2008). The knowledge of condom utilization and an individual risk of getting HIV was said not to be linked to practicing safe sex (Svenson LW and Varnhagen CK, 1990, Oswald H and Pforr P.1992, Carmel S, et al, 1992, Greenlee SP and Ridley DR, 1993).

A research study was done on the trends in condom awareness and use amongst school children in Tanzania. The findings revealed that awareness of condoms was low amongst the pupils. The trend indicated a great increase of condom awareness from 2001 to 2004 with declines in 2005 and 2006. The findings were higher than those of a study carried out in Tanzania where only 22% were aware that condoms are used to prevent HIV infection (Kapiga SH, et al, 1991). In contrast, the findings were slightly lower than the findings in PEPFAR countries whereby 50% knew what condoms are (UNAIDS, 2006). The decline in knowledge was related to the possibility of teachers not intensively addressing condom issues after the interventions ended.

A cross sectional study done by Aziz SI &Jwan M.S.Z,(2012) on knowledge attitude and practice of condom use amongst males aged 15-49, showed that few respondents(25.8%) had sufficient know-how of utilizing condoms correctly with 71.7% of the population requiring more information on proper condom use. The findings of the study related minimal use of a condom to limited proper

knowledge of their use (Aziz SI &Jwan M.S.Z, 2012). Similar findings in a research done in Tanzania among secondary school students showed that only few respondents mentioned condoms as a method of prevention of HIV/AIDS reflecting low awareness on condoms (Lugoe WL, et al, 1996). Complementary findings showed that girls aged 15-24 had low levels of condom knowledge with only 4% conversant with the efficiency of condoms in preventing HIV in comparison to older people who were reported at 11% (UNAIDS 2008:98).

According to several studies done in Nigeria, obtainable literature shows an expansive knowledge of condoms among Nigerian adolescents. However, awareness only does not define its usage (Peltzer, 2000; NPC/ORC Macro 2004; Smith, 2003a,b; Onoh, et. al. 2004; Olaseha, et. al., 2004). Studies reveal that regardless of there being worldwide understanding and information that repeated use of condoms greatly safeguards against contagion of STIs and HIV, the rate of utilizing condoms is comparatively reduced amid adolescents who engage in sex. This showed that knowledge of condoms does not guarantee use.

Higher educational level and residing in urban areas attributed to high knowledge of condoms. This is according to a HIV surveillance report conducted in Uganda across 56 districts in 2001 which revealed that the level of knowledge of condoms amongst men was 80% and 55% amongst females respectively (Musinguzi, Kirungi, Opio, Madraa, Biryahwaho and Mulumba, 2003:34). The findings of this study may be ascribed to the point that attaining higher education levels makes one informed as opposed to someone with little or no schooling. Similarly, those in urban areas are said to be exposed to information as compared to those living in other areas.

A Study was conducted on knowledge, attitude and condom utilization among Axum preparatory school students in Ethiopia with a sample of 358 students. The results on knowledge of condoms learned that most of the participants were aware of condoms with most having heard about it with the source of information being in school. Most of the respondents knew that a condom prevents pregnancy, HIV and other STIs (Silassie AG, et al. 2016). Similarly, a study conducted among Ugandan adolescents aged between 12 and 19 years revealed that just over half of adolescents had ever used a condom and were highly aware of HIV preventive measures. They scored highly in correct knowledge of condom use though a majority of them had a negative attitude towards condoms. Correct knowledge on the use of condoms was a great indicator of ever using a condom (Kayiki S., Forste R. 2011).

Being cognizant of where to find condoms assists young people in the usage and obtaining of condoms. Moreover, being acquainted with a place to get condoms positions them in a better situation of making well-versed choices on matters concerning their sexuality. In spite of the fact that the use of condoms can decrease the threat of being infected with STIs, most sexually active youth in sub-Saharan Africa do not repeatedly use condoms as some find them to be expensive as well as others have no information of where to get them(Jemmot, 2000).

*2.*4 Condom use

Condom use will be discussed by looking at a number of aspects that affect the uptake or non-uptake of condoms. Commitment of condom utilization in sexual relations is affected by nature and types of relationships. A study done in Kenya found that 20% of adults sexually experienced with regular or long term partners reported irregular condom use while that of unplanned partners was reported to be at 65% which was more frequent compared to use of condoms with long term partners (Waithaka & Bessinger, 2001). A corresponding study by, Hendriksen, et al, (2007) discovered that youth who were in devoted relations for 6 months and more were unlikely to utilize protection for their most current sexual engagement likened to individuals in unsteady relationships. According to Kigondu, et al (1995), a study was conducted among sexually active truck drivers and their helpers who sexually engage with several partners. Their findings indicated that although condoms were used with females they chose on the way, sexual intercourse with close friends occurred without a condom. This finding's show that condoms have a likelihood of being used in casual relationships than amid those with long term stable partners, with a probable reason being that those in stable relationships have developed trust with their partners and therefore do not find it necessary to use condoms.

Sub-Saharan Africa has documented some studies on the level of formal schooling as a robust indicator of condom use amid adolescents (Hendriksen et al., 2007).Those whose level of formal education was advanced, were possibly to utilize condoms compared to those with informal schooling (Maticka-Tyndale et al., 2005;Waithaka & Bessinger, 2001). Education and income are indicators of socioeconomic status whereby attaining education relates with qualifying for a higher paying job and ability for accessibility and affordability of services. The mentioned indicators have been linked with condom use as it increases their ability to negotiate for condoms and power (Chatterjee, Hosain, & Williams, 2006). Individuals with advanced degrees of education are expected to have more degrees of condom use. However, regardless of significant knowledge on the

negative outcomes of their behaviors, adolescents and young people still take part in unsafe sex (Parsons, Halkitis, Bimbi, &Borkowski, 2000). The findings of mentioned studies indicate that higher levels of education can encourage use of condoms as those educated are well informed and in other cases can negotiate for safe sex. Nonetheless, being educated is not a guarantee to practicing of safe sex as some young people still take part in behaviors that situates them at risk of infections.

A number of studies on condom use among African adolescents suggest that those who consider to be at risk tend to be linked with advanced levels of condom uptake. Findings of the study done in those countries discovered that the young men who considered being at a threat of contracting HIV infection had a likelihood of having utilized condoms during their latest sexual practice (Estrin, 1999; Akande, 1994 C.F Meekers and Klein, 2002). Similarly, agreeing to findings from Campus students in Zimbabwe and Nigeria, found out that those who had accurate judgment of dangers of being infected with HIV/AIDS had a high probability of using condoms than those who did not perceive to be at risk. However, the illustration demonstrating links amongst these psychosocial indicators and condom uptake stays uncertain (Katikiro & Njau, 2012; Qiao, Li, & Stanton, 2013; Tenkorang, 2014; Volkmann et al., 2013). The studies above indicate that those who believe to be at risk of getting infections transmitted sexually have a likelihood of using condoms. However, that might not always be the case as some young people despite their knowledge still involve in risky sexual practices with unrepeated condom use.

Unprotected sex is linked to the effects of alcohol use. Failure to use condoms for both males and females has been related with being drunk during the last sexual encounter as per a study conducted in eight Sub-Saharan countries (Kiene and Subramanian 2013). The findings of the study showed that women who engaged with drunken male partners were more certain to practice unprotected sex, therefore increasing chances of HIV transmission. Barriers associated with utilization of condoms may be aggravated at any time youths abuse narcotics that worsen their self-consciousness and impact on their willpower such as ‘miraa’, alcohol, marijuana and others (Mwenda et. al 2003, Kalichman et. al 2007, and Santelli et.al 2004). Alcohol as well as substance abuse can therefore be linked to lower the use of condoms as it impairs the judgment of the users in their decisions to use condoms and which in most cases end up not using condoms resulting to risky sexual practices which result to both unplanned pregnancy and other infections.

2.5 Attitudes towards Condom use

Attitude according to this study refers to positive or negative beliefs associated with the use of condoms. Positive attitudes are the beliefs that support the use of condoms and negative attitude on the other hand refers to the beliefs that discourage its use. In Kenya, a study amongst secondary school students was conducted in Kisumu on the modeling beliefs, attitudes and intents of condom use where 1453 sexually active students were examined. The research using the theory of planned behavior studied if attitudes and beliefs surrounding condoms inclined influenced and real condom use. The findings discovered a straight way correlation between attitude and condom use amongst males and indirect for women. Both men and women who conveyed greater desires to use condoms were likely to use them (Anna B. Appiah, et al, 2017).

Available literature reveals that beliefs and attitudes about condoms affect the intentions to use condoms together directly and indirectly. It is regarded that perceived benefits and positive attitude towards condoms amongst the youth is more presumably to lead to use of condoms (Maharaj & Cleland, 2005; Taylor et al., 2014). Comparably, when young adults on the other hand perceive barriers and have a negative attitude towards condoms, there's a low possibility of their use (Van Rossem & Meekers, 2011). It was observed by Maharaj & Cleland that, for adolescents to decide to actually use condoms, they have to trust that condoms have the capability of safeguarding them against HIV& AIDS other infections transmitted sexually. However, whenever youth consider condoms as unreliable and with the ability of minimizing sexual pleasure as well as causing infertility, they will not use them (Katikiro & Njau, 2012; Lule & Gruer, 1991; Ochieng, Kakai, & Abok, 2011). Myths and misconceptions that condoms have been manufactured with pores to infect Africans and are laced with HIV hinder the use of condoms (Bogart et al. 2011; Maticka-Tyndale & Kyeremeh, 2010).

Attitudes toward use of condoms depict people's consideration of condoms that might lead to prevention of HIV. Baker, et, al., (1996), conducted a research in an STI clinic in Seattle found 75% participants had not utilized condoms frequently with regular or informal partners in the past month. Those with more positive attitudes perceived strong social norms, and strong desires towards condom use had higher likelihood to use condoms; however condoms were used with coincidental partners rather than with stable partners. Social norms have an influence on women in their intention of using condoms with their partners. A comparable research done in Australia among adolescents

established that perceptions of hindrances coupled with rewards of condom use had unfavorable effects on condom use (Boldero, et, al, 1992). Chistiana (1995) states that beliefs in the advantages of using condoms, beliefs in their disadvantages, being aware on how to use condoms and being a male were important signs of using condoms on the past. Considerable advantages of using a condom were favorably associated with the desire and real condom use. According to the report by Christiana (1995), the advantages of using condoms include deterrence of pregnancy as well as safeguarding from contracting STIs and HIV/AIDS, as well as unsafe sexual activities.

In summary, attitude and beliefs play a major role in establishing if condoms will be used. As seen above in the discussions, if one has doubt in the capability of condoms to offer protection against HIV and other contagions as well as being convinced that usage of condoms reduce pleasure in the course of sex, the chances of using condoms will therefore be minimal or not even used. On the other hand, if one is aware of their risks of contracting HIV or the ability of condoms to offer protection from getting pregnant and that they are beneficial their chances of condom use is high.

2.6 Perceived barriers to Condom use

In a revision of literature to examine the reasons that encourage unsafe sexual behavior among South African youth, it was found that perceived barriers to use condoms included a low reliability of condoms as contraceptive, perceived wastage of sperms, reduced pleasure during sex, having to use more than one condom, fear that the condom might slip or break and the awkwardness of having to buy condoms (Eaton et al., 2003). Other barriers include the high cost and limited availability of condoms (Abdool Karim et al., 1992), the belief that condoms are unsafe (Barker & Rich, 1992; Lule & Gruer, 1991; Tillotson & Maharaj, 2001), the belief that they encourage promiscuity (Lule & Gruer, 1991).Condom use or non-use is affected by myths, misconceptions and doubts. It is said that some adolescents thought that condoms were laced with HIV and also had holes which made them ineffective. Other communities also associate condoms with immorality, uncleanliness, infidelity and illicit sex (Hulton et al., 2000). Whenever a girl insists on using a condom it is interpreted by the partner as having a sexually transmitted infection or that she is involved in other sexual relationships with other men (Ankrah and Attika, 1997; Bandura, 1992).

Most traditional African cultures are patriarchal with women socialized to be subordinate to men which has implications on their ability to negotiate for safer sex (Baylies, 2000; Kaaya et al., 2002). Eaton et al. (2003), also indicates that masculinity in some African societies is associated with unprotected intercourse with multiple partners. Additionally, social norms often discourage young

women from carrying condoms because this behavior is interpreted as an indication of promiscuity (MacPhail& Campbell, 2001).This situation is complicated by the changing African socio-cultural context that results in adolescents dealing with fewer guidelines in regards to sexuality due to exposure from the mass media that to some extent glorifies casual sexual relationships with multiple partners.

The review of the studies above show that there exits myths and misconceptions that lead to hindrance of condom use amongst young people especially, girls and young women. There is need to demystify those myths as a means of encouraging the use of a condom. It is also clear from the literature reviewed above that most researchers focused their studies in schools and tertiary institutions showing that few or no studies were conducted amongst adolescents who were out of school. This study intends to fill this gap by understanding the knowledge attitude and practice of the girls and young women who are out of school.

2.7 Theoretical Framework

This study will adopt the Health Belief Model and Theory of Reasoned Action.

2.7.1 Health Belief Model

The Health Belief Model was a proposition by Rosenstock (1966) and later reviewed by Becker and Maiman (1975). The model ascertains that the action of an individual is guided by their expectation of the outcomes of adjusting to new behavior. The Model has four parts. These components are: a. **Susceptibility:** Does an individual foresee dangers to a certain disease. b. **Severity**: Is there consideration that the disease has undesirable outcomes. c**. Benefits minus Cost**: What are the drawbacks and rewards results of changing to new behavior? d. **Health Motive**: Is there worry from the person about the unfavorable outcomes of having the ailment

Population Council (2006) asserts that the Health Belief Model sees that one's action towards well-being is guided by individual observation about that behavior. A number of aspects work to encourage or impede the desired adjustment in behavior. This include understanding of well-being threat and healthiness encouraging behavior, professed efficacy of behavior modification and response effectiveness, faith in the influence of know-how of treatment or stoppage, socio-demographic variable and societal structure association to the group, the effectiveness of the behavior and credence in technology to safeguard against fitting to a group.

The model's supposition is useful in connecting the outlook of persons to the use of condoms. This is because their attitude can be influenced by people's view of acquiring HIV/AIDS, the weightiness of contracting the disease in society, the drawbacks of using a condom and the individual worry about the implications of contracting the disease. Robb et al. (1990), observes that, those who are more aware and informed about their risky actions and sense threats individually, have also to have a sense of belief that they have the ability to make a difference in their actions that will make a difference for them.

2.7.2 Theory of Reasoned Action

This study used the application of the Theory of Reasoned Action. It states intent is significant in the execution of behavior. An individual will do something if they want to such as using a condom. A persons desire to act in a certain way is influenced by their individual and social attitudes towards it. Whenever a person has an optimistic view to a certain act the probabilities of them doing it are essentially very high. Also, if one's community is positive towards certain action, they are likely to support the action (Albarracín, Johnson, Fishbein, & Muellerleile, 2001). The use of condoms is said to be related to the support an individual and their peers have towards condoms which therefore increases their likelihood of use.

The two theories above resonate with the review of literature on attitudes towards condoms whereby it is seen that most individuals are expected to use condoms only if they have positive attitudes towards them or believe that condoms will actually safeguard them from HIV/AIDS, other infections and pregnancy.

2.8 Conceptual Framework

This section of the chapter presents the researcher's conceptualization of the study. Mugenda and Mugenda (2003), states that a theoretical structure is a posited model of understanding concepts study and their linkage**.** The conceptual framework demonstrates the correlation between the independent and dependent variables.

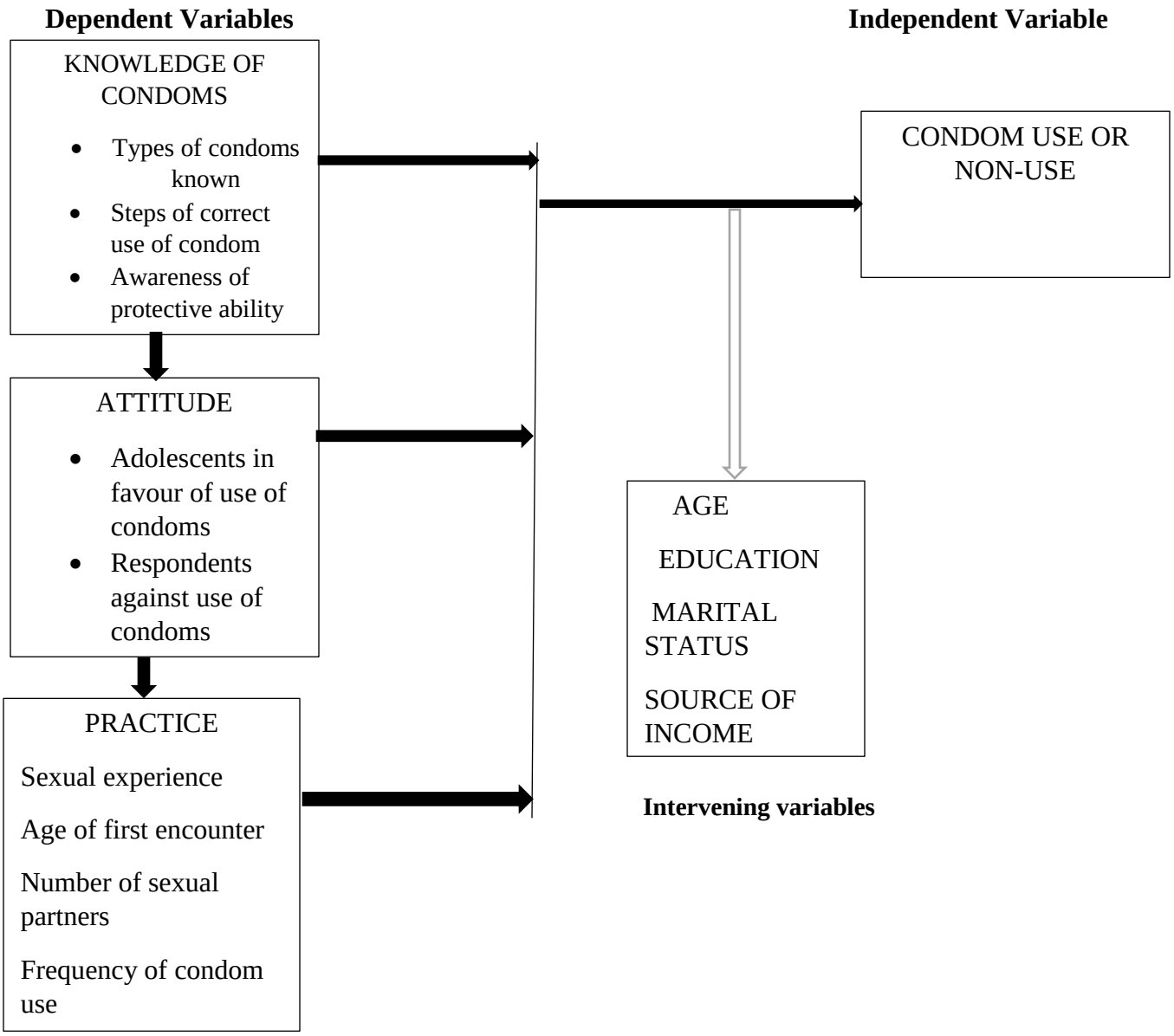


Fig 2.1

2.8.1 Explanation of the Variables in the Conceptual Framework

The dependent variable is condom use and the independent variables in this study are knowledge attitude and practice. There's a linkage between condom use and knowledge whereby adolescents who are said to have more knowledge about condoms have a greater likelihood of using them than those who have minimal or completely lack knowledge about condoms. On the other hand adolescents who have a positive approach towards condoms have a greater possibility to use condoms compared to those with a negative attitude. Sexual practice of adolescent girls has an influence on the use of condoms. The sexually active and those with inconsistent sexual partners are more probable to use a condom likened to those with consistent stable partners.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains the research methodology that was used to attain the objectives of this research. It comprises of the site description, study design, study population, selection, data collection techniques, ethical consideration, pre- testing and data analysis.

3.2 Site Description

This study was conducted in Majengo Slums in Kamkunji Sub-County Nairobi. Majengo emerged as a result of rural–urban movement without equivalent provision of ample shelter. The Majengo "slum" was put in place in the 1920s when Africans were shifted from the Pangani area to provide settlement to the Asian community. The area location is about 2 km east of the city Centre which covers an area measuring 0.17 square kilometers. The population is made up of more than 16,287 people and is divided into four villages Sofia, Mashimoni, Katanga and Digo (GOK, 2006).

3.3. Study Design

This study adopted a Descriptive Study Design where Questionnaires and FGDs were used to collect qualitative and quantitative data. The study involved collection and presentation of data about knowledge, attitude and practice of condom use among out of school adolescent girls and young women ages 15-24 in Majengo Slum.

3.4 Unit of observation and Units of Analysis

The unit of observation refers to the subjects or individuals from which information required for the study will be obtained. The unit of observation in this study was out of school adolescent girls and young women aged 15-24 residing in Majengo Slum. The unit of analysis for this study is knowledge, attitudes and practices on condom use among out of school adolescent girls and young women in Majengo slum, Nairobi County

3.5 Target population

The study population in this research included adolescent girls and young women ages 15-24 years considered to be out of school and are living in Majengo Slum.

3.6 Inclusion Criteria

All adolescent girls and young women out of school 15-24 years living in Majengo.

3.7 Exclusion Criteria

Those adolescent girls and young women who are in school below 15-24years.

3.8 Sample Size and Sampling Procedure

3.8.1 Sample Size

According to a girl roaster baseline survey conducted by Global Communities, an estimate of 800 out of school adolescent girls aged 10-24years was found to be living in Majengo slums in 2015(unpublished report). Mugenda and Mugenda (2003), suggest that a sample size of 10 to 30 percent is adequate for a descriptive study. This study therefore utilized a sample representing 15 percent of the target population of out of school adolescent girls and young women in Majengo. Therefore, with an estimate total population of 800, the sample size of the study included 120 respondents who were carefully chosen from the four villages in the area on the basis of proportion.

3.8.2 Sampling Procedure

Cluster sampling which is a probability sampling technique was used to attain the sample. The clusters were divided according to the 4 villages in Pumwani-Majengo ward which are Sofia, Katanga, Mashimoni and Digo. According to the Nairobi slum inventory (2009), there exists around 250 households per village in Majengo slums. The researcher therefore used 10 percent of the number of households per village to proportionately represent the sample that will fill the questionnaire. A sample of 25 households were randomly picked with adolescent girls and young women who met the selection criteria from each village. Due to the way the houses in Majengo slum are closely constructed to each other, for every household chosen with girls who met the selection criteria at least two were skipped. This was to ensure that the 25 respondents chosen from each village were not picked from the same households close to one another to avoid biasness and ensure that the information received did not emanate from just one side of the village. This equated to a sample of 100 from the 4 villages who answered the questionnaire. The households that did not meet the criteria were skipped. However, if a household had more than one girl who fitted the criteria, one answered the questionnaire and the other was purposively asked to participate in the focus group discussion.

Purposive sampling was used to select the girls to participate in the 2 Focus Group Discussions made up of 10 girls each who meet the criteria of being out of school and aged 15-24. In determining the girls to participate in the FGD's, the researcher targeted those who were not interviewed by the researcher and her research assistants. The total sample size resulted to 120 respondents.

Table 3.1: Sample size and procedure table

Village	Target Households	Sample ratio	Sample size
Katanga	250	0.1	25
Mashimoni	250	0.1	25
Sofia	250	0.1	25
Digo	250	0.1	25
FGD			20
Total			120

3.9 Methods of Data Collection

The data was collected using both quantitative and qualitative methods.

3.9.1 Collection of quantitative data

The quantitative data was collected using a structured questionnaire. The researcher identified four research assistants from around the community who were well versed with the area and who were specifically female due to the nature and sensitivity of questions to support in the data collection process. The research assistants underwent a day's training for proper familiarization with the questionnaire and clarification by the researcher. The questionnaire had both close and open ended questions developed to address the objectives of the study. The questionnaires were researcher administered due to the fact that some of the respondents targeted are out of school and therefore they may not be able to easily interpret the questions due to their low level of education background. Additionally, confidentiality was guaranteed. The questionnaire had four sections which are socio-demographic, knowledge, attitudes and practices on condoms. The first section captured the respondent's demographics that is age, education level, marital status, denomination. The second section captured their knowledge of condoms, if they have heard about condoms, source of knowledge, and the types they know about. The information about their attitude formed the third stage, this was to gauge whether they are in favor or against condoms. The fourth stage was formed by practice to determine the age which they start sexual life, the number of partners they have and whether they use condoms with them and the frequency of use. Moreover, information about their risky sexual behavior was assessed by finding out if they had sex when drunk or in exchange of gifts and money and whether condoms were used. A likert scale was used in question testing on the degree of the respondents' agreement with particular variables of the study.

3.9.2 Collection of Qualitative data

The qualitative data was collected through Focus Group Discussions.

3.9.3 Focus Group Discussions

Focus Group Discussion through the focus group guide was used to facilitate discussions and capture the views from the adolescent girls and young women. The discussion was led by the researcher and her assistants who supported in introducing the study topic, asking specific questions using the focus group discussion guide. The discussions were held in the community where the girls considered to be safe spaces to freely interact and open up. The main purpose was that the discussions provided a forum for clarifying issues through probing and follow up questions. Two focus group discussions were done each made up of 10 participants of the age 15-24 years totaling to 20 respondents. One group was for the married and the other unmarried girls since the nature of relationships brought out different responses. FGD note-taker forms were used to take notes during the Focus Group Discussions.

3.10 Validity and Reliability

Validity is the level to which findings acquired from the investigation of the data basically characterizes the occurrence under study (Mugenda &Mugenda, 2003). If a research instrument is reliable and steady, and therefore conventional and precise, it is said to be dependable/ reliable (Kumar, 2005). The researcher ascertained the validity and reliability of the questionnaire through pre-testing by conducting a pilot study. A pilot study was done in Kanuku village one of the slum areas in Pumwani ward. A sample of 10 girls was chosen to test the questionnaire and thereafter modified and completed.

3.11 Ethical Considerations

The researcher obtained a letter from the University of Nairobi before undertaking the actual data collection. The respondents were given freedom to participate and contribute voluntarily in the study. A comprehensive description of the purpose of study was given to those involved. Verbal informed consent was sort from the sample respondents before being interviewed and those under the age of 18 the verbal informed consent was sort from their care givers to agree in their participation. Respondents were also guaranteed of confidentiality in handling of any information provided. All the information obtained from the respondents was used for the sole purpose of this study.

3.12 Data Analysis

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

CHAPTER 4: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 INTRODUCTION.

This chapter gives details of the analysis of data trailed by a discussion of the research findings of this study that assessed Knowledge, Attitude and practice of condom use among out of school adolescent girls and young women aged 15-24 years in Majengo Slum.

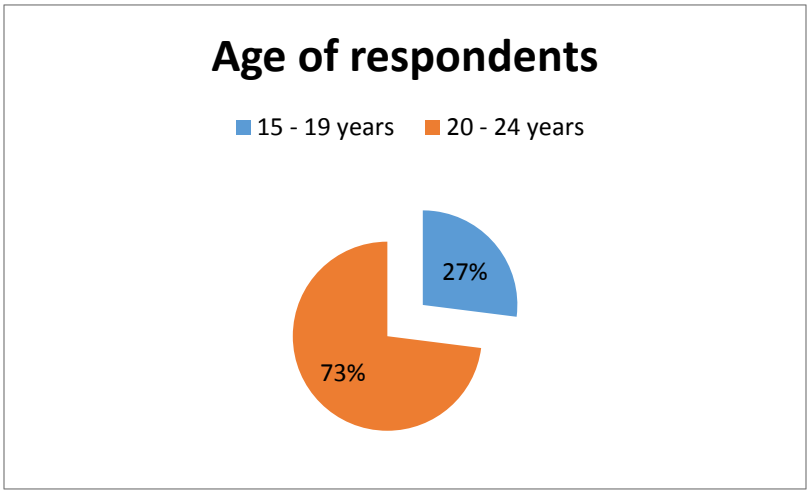
A sample of 100 respondents was obtained from Majengo Slum, Nairobi County. Data was collected using research administered questionnaires. Descriptive statistics analysis was used to ascertain relationship between dependent and independent variables to answer queries in the questionnaire. Frequency statistical analysis was used to identify the characteristics of the respondents. Since the questionnaires were researcher administered the researcher ensured all the questionnaires were filled as per the target group.

4.1 Demographic Characteristics of the Respondents

4.1.1 Age of the respondents

Of the 100 respondents interviewed between ages 15-24, 73% (73) were between the ages 20-24 and 27% (27) were between the ages 15-19. The findings displayed that majority of the respondents were between ages 20-24 as represented in the pie chart below. These findings can be due to the fact that most of those aged 15-19 were in primary and secondary school and those aged 20-24 were easily available to participate in the study since they were not attending any form of schooling and also did not have jobs as majority of those interviewed from the study had no source of income. Condom use amongst those age 20-24 is rare since most of them are sexually active and in most cases married and not able to negotiate for protected sex due to fear of being labeled promiscuous.

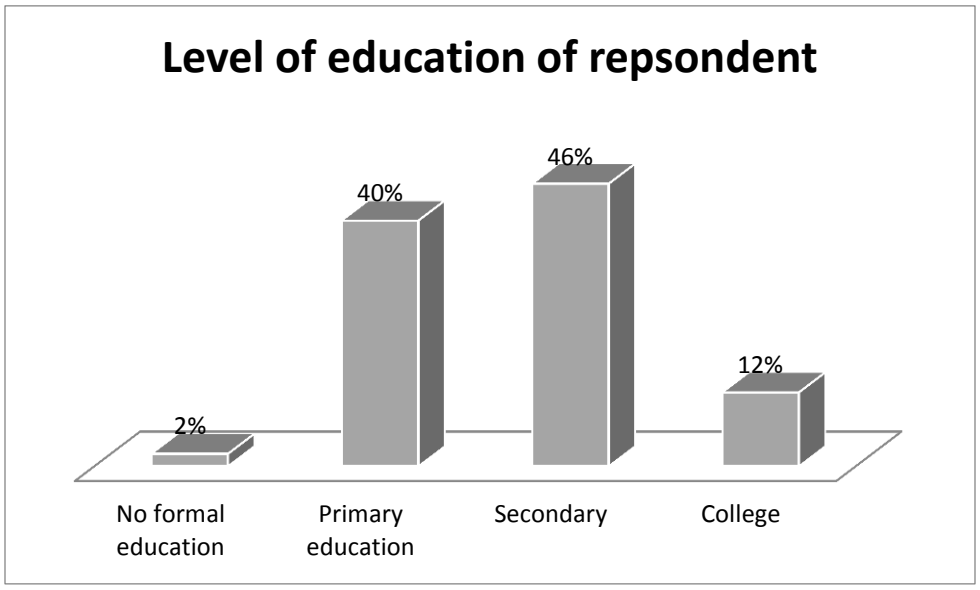
Figure 4. 1: Age of respondents (N=100)



4.1 2 Level of Education of respondents

Majority of the respondents 46% (46) had attained at least secondary education, having those with primary education being 40% (40), 12% (12) of the respondents had gone up to college with the very least (2%) with no formal education. This information represents those who had both complete and incomplete primary and secondary school education. This findings show that most of the respondents had gone to school and this may be a contribution of free primary education in Kenya that provides an opportunity for all children to access education. For those who had gone up to secondary school, most of them had dropped out and not completed up to form four. This could also be as a result of poverty and lack which is a trait of those who live in the slums. Additionally, the fact that the respondents had some form of education, it influenced awareness and knowledge of condoms as most of them had knowledge about condoms and how to correctly use them. The results above are presented in the *fig 4.2* below

Figure 4.2: Level of education of respondents (N=100)

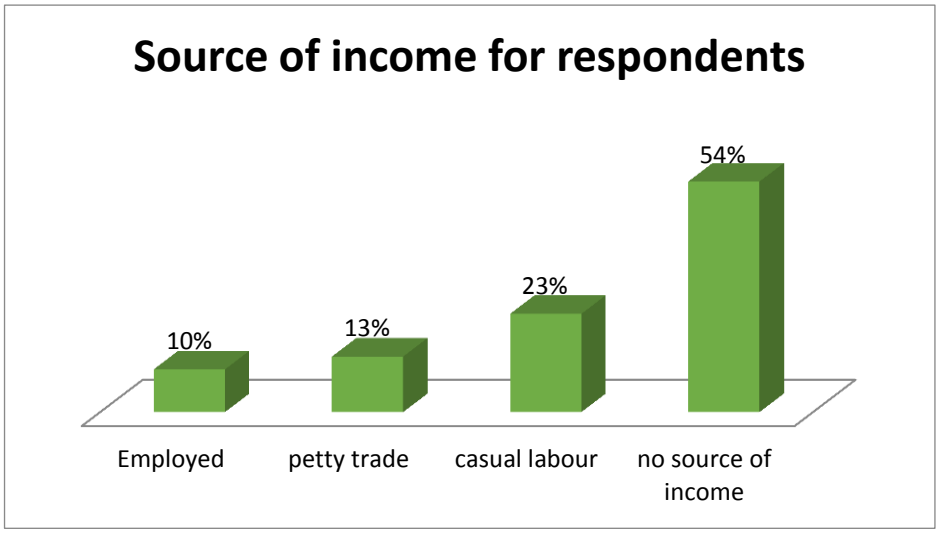


4.1.3 Respondents source of income

Majority of the respondents 54% (54) as represented in the graph below had no source of income. 23% (23) were involved in casual labor while 13% (13) did petty trade to earn a living while a few of the respondents 10% (10) were employed. It is evident that from the study most of the respondents have no source of income with a few either engaged in petty trade or casual labor to earn an income. The fact most of the participants had no source of income may be attributed to low education levels with a few having gone up to college. This could also be a great result to engaging

in commercial sex so as to earn a living and even having numerous partners and in most cases engaging in unsafe sex.

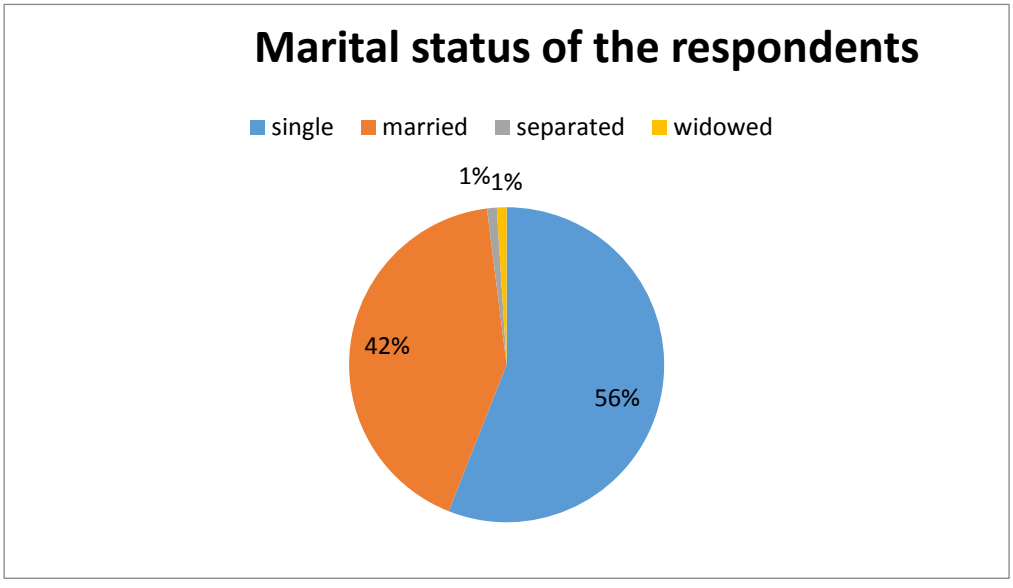
4. 3: Respondents source of income (N=100)



4.1.4 Marital status of respondents

Single people were represented by 56% of those interviewed, 42% were married and 1% of the respondents were either separated or widowed. Due to lack of a source of income among the participants could result to early marriage as a means of survival and escape from poverty. Those who are married would also hardly ever use condoms compared to those who are single as they fear being accused of unfaithfulness and others trust their partners. Since single relationships were more casual most of them would use condom more especially among those who did not know their partners HIV status or suspected unfaithfulness. This was well brought out from the focus group discussions held between the married and unmarried. This is well displayed in the *figure 4.4* below

Figure 4. 4: Respondents Marital status (N=100)



4.2 Knowledge related to condoms

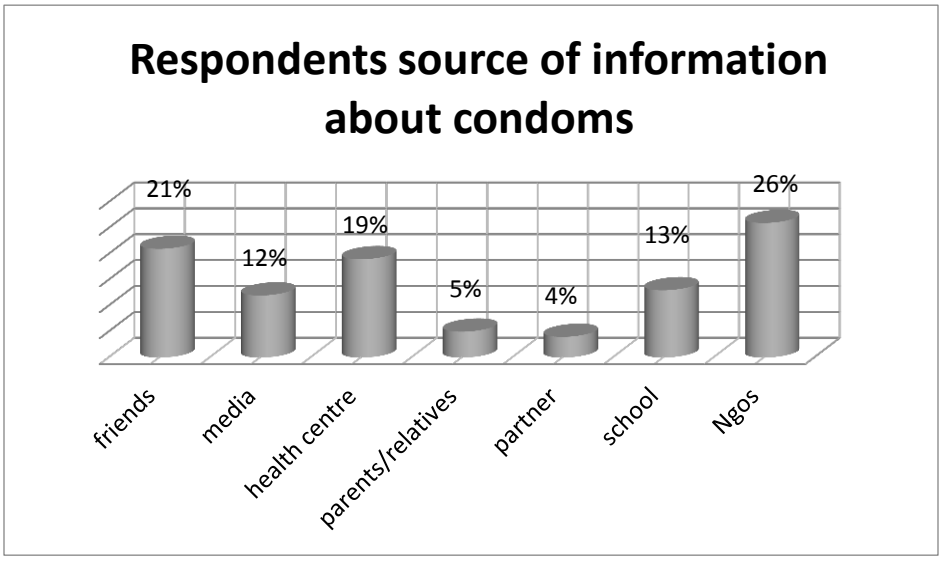
The researcher assessed the knowledge of condoms amongst the respondents using a set of questions as discussed below in the findings.

4.2.1 Respondents source of information about condoms

The figure below, (*fig 4.5*) represents the various sources of information from which the adolescent girls and young women had heard about condoms from. 26% represented NGOs, friends accounted for 21%, health centers 19%, schools 13%, media 12%, parents 5% and partners 4% respectively.

It is evident that NGOs, friends and health centers were in the front line in providing information about condoms. The various community based organizations in the area might be responsible for training the girls on matters reproductive health as well as whenever they visited the health centers the health providers provided them with information about condoms. Schools were also a source of information since most of the respondents had at least attained primary school education. Parents and partners were least involved despite the fact that they are closely involved in the lives of the girls. Friends also representing a good number as a source of information this would in most cases affect the attitude of the respondents towards condom use as the information received from this group would be attached with myths and misconceptions. From the Focus Group Discussions, all the respondents mentioned that they can easily find condoms at health centers, toilets, dumped along the roads for free, for those that are sold at the shops and chemists go for as little as twenty shillings.

Figure 4.5: Respondents source of information about condoms (N=100)



4.2.2 Respondents awareness on type of condom

The results revealed that majority of the respondents 68% know both the male and female condom while 25% were aware of the male condom only and 7% the female condom respectively. The results show that most of the respondents were aware of existence of both types of condoms having all aware of at least one type of condom showing awareness about the existence of condoms was high. In all the FGDs, the discussions revealed that respondents were aware of both the male and female condom. However, some of the respondents reported to have never seen the female condom while others had heard of it but did not know how it is used. This showed a gap in terms of information regarding the female condom.

Table 4.1: Respondents awareness on type of condom

Type of condoms	Frequency	Percent
Male condom	25	25%
Female condom	7	7%
Both	68	68%
Total	100	100%

4.2.3 Respondents knowledge on condoms regarding protection/prevention

To further assess respondent's knowledge on condoms, they were asked whether condoms offer protection against STIs, Pregnancy and HIV. Majority of the respondents were aware that condom protects against HIV, STIs and prevent pregnancy96% (96) and 97% (97) respectively. 4% (4) believed it did not protect against HIV, 3% disagreed that it did not offer protection against STIs and 4% said that condom did not help in prevention against pregnancy. It shows that majority of girls and women interviewed out of school have knowledge and are well aware of prevention and protection condom offers. This finding could be ascribed to the fact that most of the respondents were literate and being that major source of information of condoms was received from NGOs, this showed that sensitization on the benefits of condoms had been done.

However, only the mentioned few (4%, 3%) among the respondents were not in the know of the protection ability of condoms from HIV/AIDS, pregnancy and STIs. This shows that sensitization on the benefits of condom had been done however more needs to be done to ensure correct information is well received by all which would later encourage condom use. See table 4.1 below

Table 4.1: Respondents knowledge on condoms regarding protection/prevention

Response options	Condom offer protection against HIV		Condoms offer protection against STIs		Condoms prevent pregnancy	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Yes	96	96%	96	97%	96	96%
No	4	4%	3	3%	4	96%
TOTAL	100	100%	99	100%	100	100%

4.2.4 Respondents knowledge on correct use of condoms in physical appearance

Majority, (92%) of the respondents were knowledgeable that condoms have an expiry date, 96% knew condom cannot be reused and 90% had knowledge that condoms should be should be checked for leaks and holes before use. This findings show that the respondents were highly aware of the ways to correctly use a condoms with only a few who did not. This finding also revealed that sensitization on ways to correctly use a condom had been done with a great contribution being coming from NGOs and health centers. The table 4.2 below gives more information

Both FGDs conducted girls were able to mention some of the steps taken for correct use of condoms. One of the respondents said:

> *"Kwanza, una angalia kama ime toboka, una finya kusikia kama iko na hewa, una angalia expiry date na una hakikisha mtu wako anavaa kukiwa na stima ndio isikuwe imeraruka ama avae vibaya". (First of all you check if it has a hole, you press to feel if it has air, check for expiry date and ensure that your partner puts it on in light when you can see it so that you ensure he has worn it properly or it is not torn)* Source FGD: unmarried group age 20yrs

Table 4. 2: Respondents knowledge on correct use of a condom in physical appearance

Response options	Condoms have expiry date?		Male Condoms can be reused		Check for holes and leaks before condom use	
	Frequency	Percentage	Frequency	percentage	Frequency	Percentage
Yes	92	92.9%	4	4%	90	90.9%
No	7	7.1%	96	96%	9	9.1%
TOTAL	99	100%	100	100%	99	100%

4.2.5 Respondents knowledge on correct ways to put on a condom

The table 4.3 below represents respondent's knowledge on when to put on a condom. 45% said its okay to put on a condom before ejaculation while 55% said it's not right. When asked if condom can be put on a soft penis 63% said no while 37% said yes. The difference between the respondents shows that sensitization is required to be done concerning on when is the right moment to put on a condom as it greatly affects its effectiveness.

In regards to whether a condom can disappear in a woman's vagina 53% said it cannot while 45% agreed that it could while 2% did not know. The findings revealed misconception among some of the respondents that condoms can disappear in a woman's vagina as 45% agreed that it can disappear which can be a reason resulting to non-use of condoms amongst the girls and young women.

Table 4.3 Respondents knowledge on correct ways to put on a condom

Response options	It's okay to put on a condom on right before ejaculation		Can condoms disappear in woman's vagina		The right way to put on a condom is on a soft penis	
	Frequency	Percentage	Frequency	percentage	Frequency	Percentage
Yes	45	45%	45	45.9%	37	37%
No	55	55%	53	54.1%	63	63%
TOTAL	100	100%	98	100%	100	100%

4.3 Respondents Attitude towards Condoms

The second objective of this study aimed at finding out the respondent's attitude towards condom use. They were presented with a number of statements in which their responses would be determined as either having a negative or positive attitude on the use of condoms.

The respondents expressed a lot of confidence in relation to talking to their partner about use of condoms.68% of the respondents strongly agreed they are confident to talk to their partner about using condoms while 6% disagreed. 35% of respondents strongly disagreed on the opinion that if someone finds them with a condom they will think they have loose morals while 19% strongly agreed. On the opinion that condoms reduce pleasure during sex 45% of the respondents strongly agreed while 18% disagreed. However, most of the respondents 38% strongly agreed that condom use is similar to eating a candy with its wrapper on while 26% disagreed with the statement. In line with the effect condom has on sex, 46% strongly agreed that condoms make sex uncomfortable while 24% disagreed.

The use of condoms was agreed by 18% of the respondents who believed that its use meant they do not trust their partners while 43% strongly disagreed with that statement. Findings of the focus group discussions were of the opinion that asking ones partner to use a condom actually meant that one cared about their health and did not want to get infected with STIs and therefore they used a condom. While others were of the opinion that once you are married you trust your partner so suggesting condom use shows distrust. 60% of those interviewed were in strong agreement that non use of condoms would result to infection with HIV though 17% strongly disagreed with the statement as they reported to be faithful to their partners and also believed that their partners were also faithful.

The FGDs in relation to the question if they are confident to talk to their partner about using condoms brought out different perspectives from those who were married and the non-married. Some of the respondents from the married group alluded to the fact that they were not confident to talk to their partner about using condoms as it would show signs of mistrust. One said:

'*Nikimwambia tutumie CD, atasema ati sasa nimeanza kulala na wanume wengine, siezi mwambia' (when I tell my partner to use a condom he will accuse me of having started to sleep around with other men I cannot)* Source: FGD married group respondent 19yrs

Others agreed that if they bought up the topic of condoms with their partners it would result to domestic violence as they would physically beat them for showing signs of unfaithfulness.

'*Siwezi ambia bwanangu tutumie CD sababu, ita fanya anichape juu ata sema, nikona wanaume wengi wale na lala nao sahi' (I cannot ask my husband to use a condom as he will beat me up saying that I now have multiple partners that I sleep around with)* Source: FGD married group respondent 22yrs

Those who were not married from the FGDs stated that they were confident to talk to their partners about using condoms especially if they felt that they were not being faithful. Most of them were not afraid of leaving the relationship in case the partner refused to use a condom. One respondent said:

'*Aiii chali yangu aki kataa tu tumie CD nita mnyima alafu nimwache kwani' (If I ask my boyfriend to use a condom and he refuses, I will not agree to have sex with him and we can as-well separate)* Source: *FGD* un-married group respondent 17yrs

This was different from the married who would rather commit to the relationship despite a case of unfaithfulness. The respondents in the FGDs also agreed that using a condom is like eating candy with a paper on. One of the respondents stated that:

"*Kutumia CD ni kama kukula switi na karatasi ama ndizi na maganda hauwezi skia utamu' (using a condom is like eating candy with a paper or eating a banana with peels onyou cannot feel the sweetness).* Source: Both FGDs.

This showed negative attitude of the respondents towards condoms resulting to low and unrepeated use of condoms.

Table 4. 4 : Respondents attitude towards condom

The findings of the above discussions are well displayed in the table 4.4 below showing the various degrees of agreement and disagreement with the statements that measured attitude

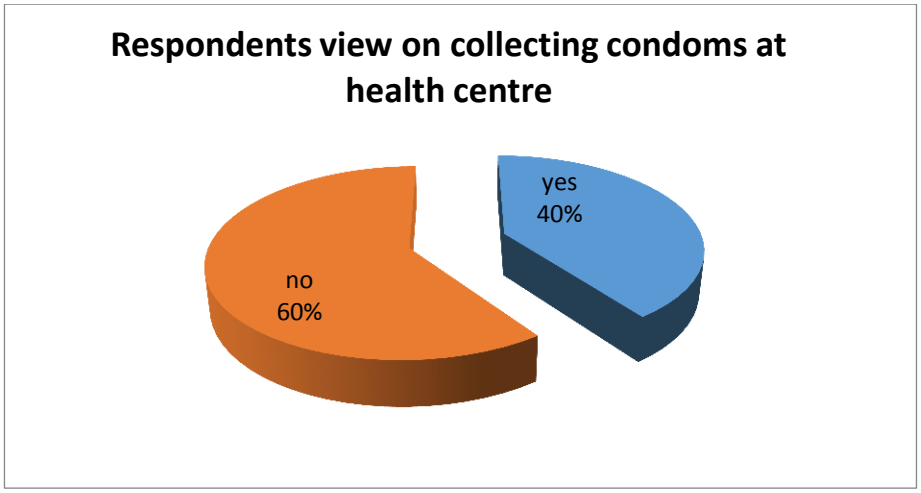
	Strongly Agree		Agree		Disagree		Strongly disagree		TOTAL	
	F	**P**	**F**	**P**	**F**	**P**	**F**	**P**	**F**	**P**
I am confident I can talk to my partner about using condoms	68	68%	18	18%	6	6%	8	8%	100	100%
Using a condom means that I don't trust my partner	18	18%	17	17%	43	43%	22	22%	100	100%
Do you think condoms make sex uncomfortable?	46	46%	14	14%	24	24%	16	16%	100	100%
Do you think sex with a condom feels good as without a condom	13	13%	14	14%	30	30%	43	43%	100	100%
Do you think because of condoms people are unfaithful to their partners?	28	28%	13	13%	24	24%	35	35%	100	100%
Condoms are expensive	5	5%	3	3%	20	20%	72	72%	100	100%
Do you think If someone finds me with a condom they will think I have loose morals	19	19%	23	23%	23	23%	35	35%	100	100%
Using a condom is like eating a candy with the paper on	38	38%	13	13%	26	26%	23	23%	100	100%
I would to refuse to have sex if my partner refused to use a condom	32	32%	19	19%	23	23%	26	26%	100	100%
I am likely to get HIV-infected if I have sex without using condom	60	60%	15	15%	13	13%	17	17%	100	100%
Do you think condoms reduce pleasure during sex	45	45%	13	13%	18	18%	24	24%	100	100%

4.3.1 Respondents view on collection of condoms from health center

The respondents were asked if they felt ashamed to collect condoms from health centers. Majority of the respondents 60% were comfortable collecting condoms from the health centers only 40% felt shameful to pick condoms from the health centers. The *fig 4.6* below presents the findings stated. These findings revealed that the confidence level of the girls and young women was high in regards to collection of the condoms from a public place. This result might also be due to youth friendly services at the clinics which make them find it easy to access condoms without fear of judgment. Others from the FGDs said that they found it hard to pick condoms from the health centers or even go and physically buy them as people related it with sex work and it openly lets others know that you have planned on having sex therefore interfering with one's private life.

> '*ukiendea CD, kila mtu anajua unaenda kulala na mwanaume, wengine ata wanasema wewe ni poko aii mimi siko comfortable.*'(*When you go to pick condoms everyone knows you are going to have sex while others call you a prostitute I am not comfortable)* Source: FGD respondent from married group age 22

Figure 4. 6 : Respondents view on collection of condoms from health center (N=100)

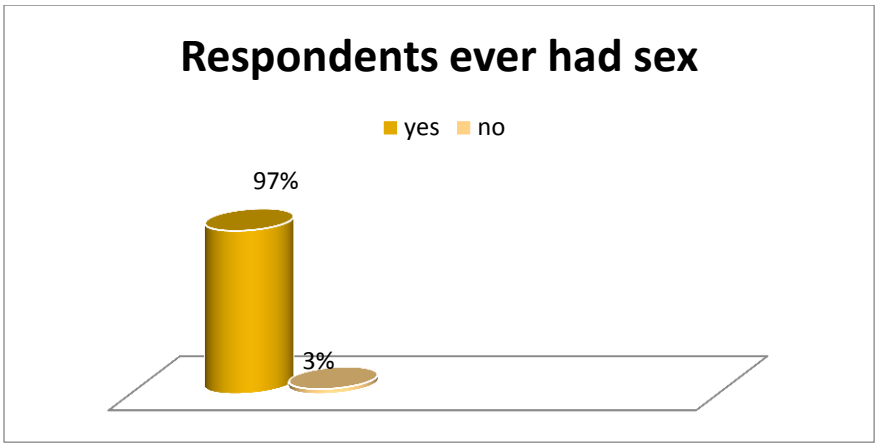


4.4: Respondents sexual practice and condom use

Majority of the respondents 97% (97) agreed to have ever engaged in sex while 3% (3) out of those interviewed had never engaged in sex. This finding shows that almost all of those interviewed had engaged in sex revealing that currently, the out of school adolescent girls and young women are more sexually active. This findings may be aggravated to the fact that they are idle as per the

findings, it showed that majority lack a source of income unlike their counterparts in formal institutions or those who are employed leaving them with an opportunity to experiment sex. Also the environment in the slums places the girls in situations to easily engage in sex due peer pressure, presence of pornographic dens and exchange for sex for money due to poverty. See fig 4.7 below

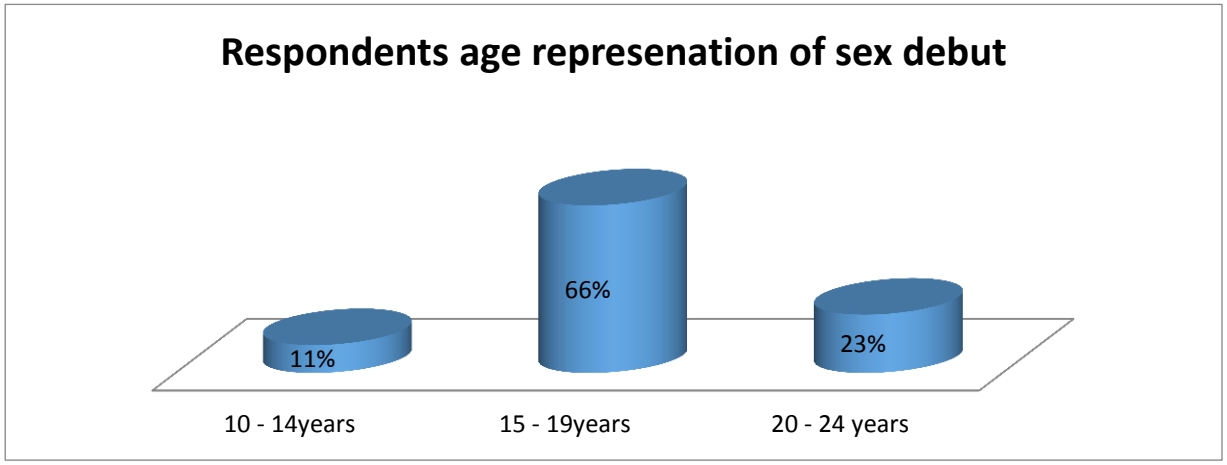
Figure 4. 7: respondents ever had sex (N=100)



4.4.1 Respondents age representation of sex debut

Of the 97 interviewed who had ever had sex, the age of their first sexual encounter was asked. Majority of the respondents had their first sexual encounter during their mid teen years 66% between the ages of 15-19, 23% had their first sexual encounter in their early 20's and 11% had sexual intercourse in the age range of 10-14years. This shows that most of the adolescent girls and young women engaged in sexual intercourse during their mid-teens and early twenties with a few falling into early years of adolescence. However this shows that adolescents are still starting sex at a younger age as represented by those starting between the ages 10-14. See figure 4.8 below

Figure 4. 8: Respondents age representation of sex debut (N=97)



4.4.2 Respondents ever use of condoms

In regards to those who reported to have ever had sex, majority of the participants 96.9% (94) responded to having used condoms while 3.1 % (3) said to have never used condoms. This is a positive indication that majority of the adolescent girls and young women had engaged in safe sex practices with only a few who had not. This finding might be alluded to the fact that a lot of information about the risks of unsafe sex had been given to the respondents.

4.4.3 Commonly used type of condom by the respondents

It was important to find out the type of condom that was commonly used by the adolescent girls and young women. Of the respondents who reported to have ever used a condom, the findings stated that the commonly used condom by the respondents is the male condom 88% and female condom 12%.Conclusions from the focus group discussions done, state that the major reason leading to the low usage of the female condom is that majority do not how to use it, while others had hardly ever seen it as it was reported by the girls and young women. One of the respondents said:

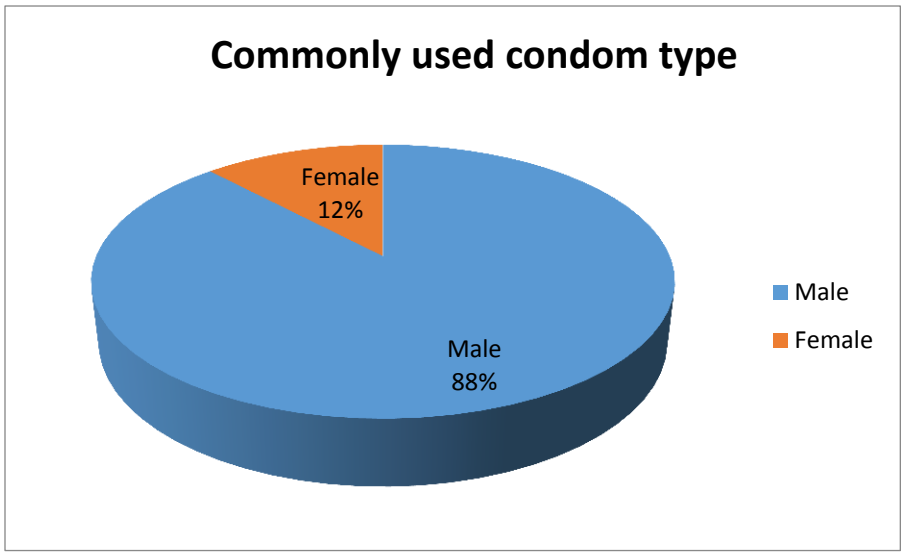
> '*I have never seen a female condom I have only heard of it I do not know how it is used and worn'* Source: FGD unmarried group respondent age 16yrs

Another respondent gave another reason as to why the female condom was hardly used as follows:

> *'Here, whenever we are given the female condoms, we remove the two inner rings and wear them as bangles on our wrists'. Source: married FGD age 23yrs*

See table 4.9 below as displayed in the pie chart

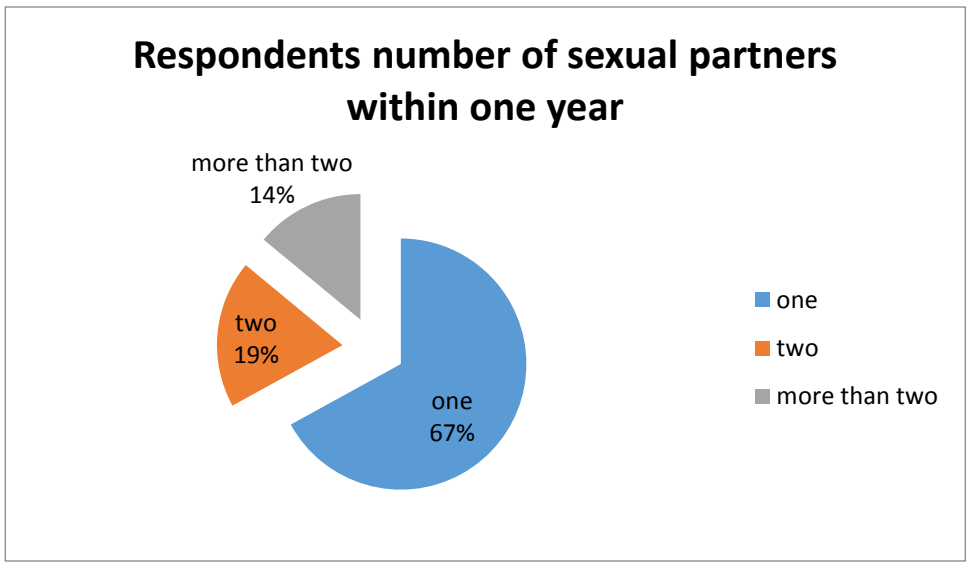
Figure 4. 9 : Commonly used condom by respondents (N=94)



4.4.4: Respondents response for number of sexual partners had within one year

The pie chart below figure 4.10 shows that 67% respondents responded to having one sexual mate in the previous one year. This constitutes the majority which shows faithfulness among the respondents. 19% had two sexual partners in the past one year and the minority 14% had more than two sexual partners. This displayed that the respondents are taking caution of their health by limiting themselves to one partner however others are still exposing themselves to risk of infection by having more than one sexual partner which in most cases condoms are hardly used.

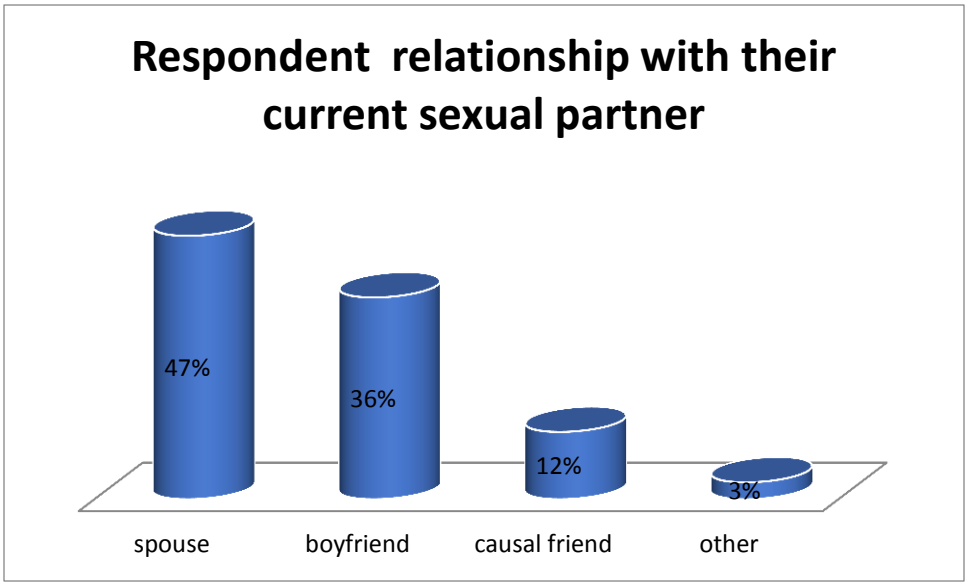
Figure 4.10: Respondents representation of number of sexual partner within one year (N=97)



4.4.5 Respondents relationship with current sexual partner

Majority of the respondents 47% identified their current sexual partner as spouses, those who had boyfriends were 36%. 12% of those interviewed were in casual relationship with their sexual partners and only 3% were unsure about their relationship with sexual partners. This shows that majority of the respondents have stable relationships with their partners decreasing their risky behaviors. The fact that a majority of the partners were spouses is because in most cases girls in the slums tend to get married early due to poverty and dropping out of school. Being married also affects the use of condoms as most of them fear asking their partners to use condoms as they will be labeled promiscuous resulting to violence in the home. Others from the focus group discussion said that they trust their partners and even know their HIV status therefore condoms are not for them. For those in casual relationships condom use tends to be more frequent as in most cases they do not trust their partners and do not know their HIV status. See *figure 4.11* below

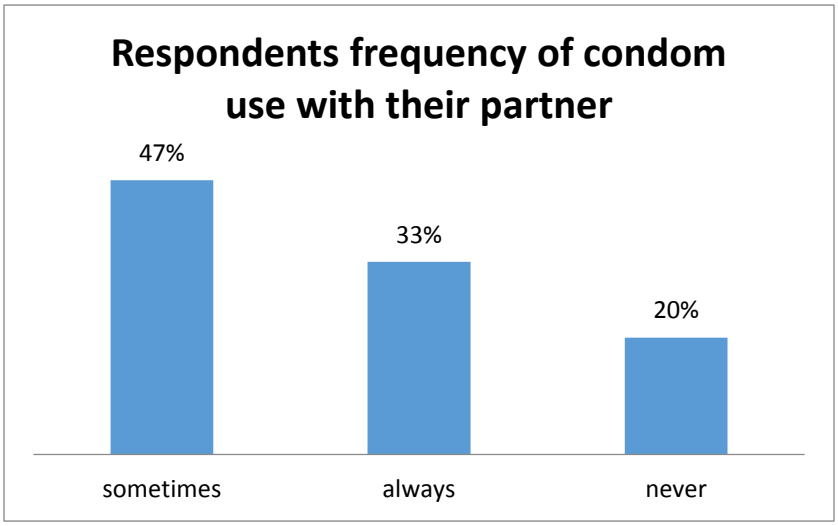
Figure 4. 10: Respondent relationship with their current sexual partner (N=97)



4.4.6 Respondents frequency of condom use with partner

The figure 4.12 below shows respondent's responses of frequency of condom use, when asked if they used a condom with their partners 47% responded that they sometimes use it, 33% said they always use a condom, while 20% never use condom with their partners. The findings show that only 33% of the respondents consistently engaged in sexual activities with their partners using condom. However, despite the use of condoms the consistent use of condoms is still low as for the majority of those who use it tend to occasionally use it as oppose to continually as required for its efficiency in safeguarding against STIS and pregnancy. Low levels of condom use can be attributed to the nature of relationships where by those who are married tend to use condom less and in other cases not use them at all. Secondly the risk perception since most of the respondents already know their HIV status, they might not perceive a risk of contracting the disease therefore resulting to condoms being rarely utilized. After all, the FGDs, revealed that the respondents in that area fear bearing a child more than being infected. See Figure 4.12 below

Figure 4. 11: Respondents frequency use of condom with their partner (N=97)



4.4.7 Respondents reason for always using a condom

The respondents who reported always using condoms with their partners were 33. 27.3% (n=9) said they used it for family planning another 27.3% (n=9) used condom to prevent pregnancy. 24.3% (n=8) used it because they did not trust their partners and 22% (n=7) said to use it because their partners insisted. From the focus group discussions, one of the respondents said,

> *'Mimi hutumia CD kuzuia ball sababu hizo family planning zingine huni haribikia lakini CD iko tu sawa tuli kubaliana na chali yangu nitumiange* (*Because the other contraceptives negatively react with my body, I always use a condom to prevent pregnancy which was a mutual agreement with my partner as a family planning method as it has no side effects) Source: FGD* respondent married -23yrs

Table 4. 5: Respondents reasons for always using a condom

	Always; Reason for using condoms	
	Frequency	Percentage
For family planning	9	27.3%
To prevent pregnancy	9	27.3%
I do not trust my partner	8	24.3%
Partner insisted	7	21.2%
To prevent HIV/STIs	0	-
Not a regular partner	-	-
TOTALS	33	100%

4.4.8 Reasons for respondents never using a condom

20 respondents who answered this question, 25% (5) said that their cause for not utilizing a condom is because it decreases sexual pleasure, 15% (3) said they do not like it and 60% (12) who displayed a majority reported that their partners did not like using condoms. This shows that condom use among partners is highly influenced by sexual partners of those interviewed and some of the interviewees 25% believe that condoms reduce the pleasure within sex. The findings from the focus group discussions coincided with the results from the table below as the respondents from both groups responded as follows;

> *Unajua utamu wa sex ni sperms sasa ukitumia CD sperms hazi kufikii na hizo ndio hupea dem shape poa mimi CD hapana wacha ikae (Do you know that the pleasure of sex is found in sperms therefore if you use a condom sperms do not reach you and they are also responsible for giving you a good body shape therefore I prefer not to use a condom)*

Another respondent from the married group on the reason that their partner does not like condoms said:

> *'Siezi ambia bwanangu tutuimie condom sababu hazipendi yeye husema ati hufanya tumbo imuume na ile mafuta ya condom inaeza mletea ugonjwa'('I cannot suggest condoms, my partner does not like them he says they make his stomach ache and the lubricant is dangerous for his health'*) Source: married FGD respondent age 19yrs

Table 4. 6: Respondents reasons for never using a condom (N=20)

	No; Reason not for using condoms	
	Frequency	Percentage
Reduce pleasure during sex	5	25%
I do not like it	3	15%
To get pregnant	0	-
Caught in the heat of moment	0	-
Partner does not like using condoms	12	60%
TOTALS	20	100%

4.4.9 Respondents reasons for sometimes using a condom

The 47 responded to sometimes using a condom giving the following reasons. 36.2% (n=17) said they used it to prevent pregnancy, 31.9% (n=15) did not trust their partners, 23.4 %(n=11) used it to prevent Sexually Transmitted Infections/HIV and 8.5 %(n=4) used a condom because it was a casual partner. The findings show that respondents use condoms mostly to prevent pregnancy and lack of trust among partners. Only 23.4% use condoms to prevent HIV/STIs. See table 4.8 below

The findings from the focus group discussions on the question as the reason why condoms are mainly used in the area, the girls and young women from both groups stated that girls feared pregnancy more than HIV stating that HIV is a disease just like any other.

> '*Hii area yetu, madem wana ogopa kupata ball kuliko ukimwi. Wao husema mtoi anakam na majukumu lakini kupata HIV ni kama kupata malaria utakunywa dawa kama zile ugojwa tu zile zingine' (in this area girls fear getting pregnant than contracting HIV since they say that getting a baby comes with responsibility. However, contracting HIV is like contracting any other disease such as malaria where you will take medicine like a normal disease).*
>
> Source: Both FGDs

This revealed negative perception towards contracting HIV which might result to more risky sexual practices or being ignorant about the probability of contracting HIV/AIDS

Table 4. 7: Respondents reasons for sometimes using condom

	Sometimes; why?	
	Frequency	Percentage
It was sex with a casual partner	4	8.5%
I do not trust my partner	15	31.9%
To prevent pregnancy	17	36.2%
To prevent HIV/STIs	11	23.4%
TOTAL	47	100%

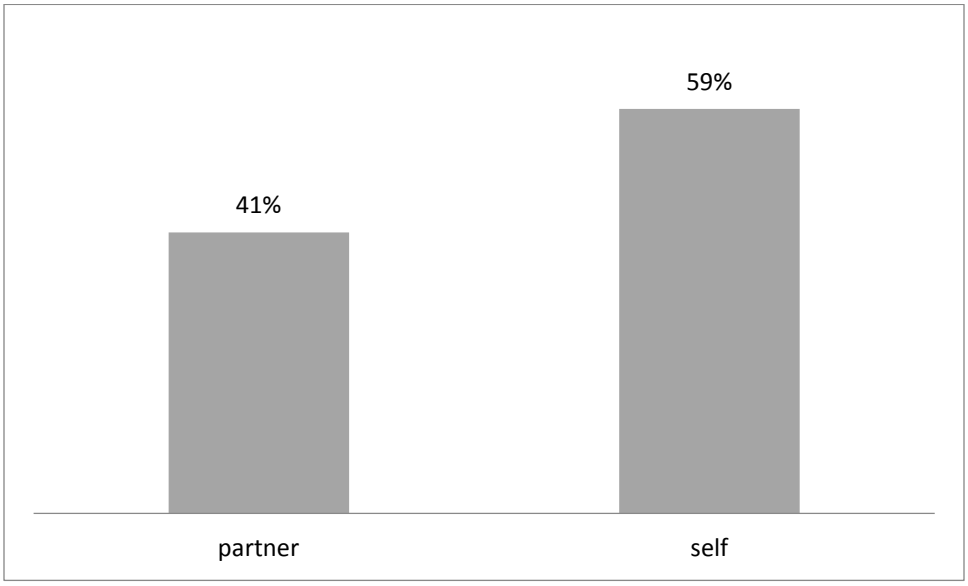
.

4.4.10 Respondents decision made on use of condoms

Majority of the respondents showed that they made their own choice on whether to use a condom. 59% of the respondents told their partners to use a condom likened to 41% who were told by their partners to use a condom (N=94). This shows that most respondents take responsibility of their

sexual health and the adolescent girls and young women are able to negotiate for safe sex. See figure 4.13 below

Figure 4. 12: Decision made on use of condoms (N=94)



4.5 Ever received money or gifts in exchange for sex

Those interviewed were asked if they have ever received money or gifts in exchange of sex. 70.1% (68) said no and 29.1% (29) yes. This shows that some of the respondents are engaging in risky sexual practices. Those who used a condom last when engaged in sex in exchange for money or gifts were 34.5% (10) of the respondents and 65.5% (10) did not use a condom. This shows that the girls were engaging in risky sexual practices since they were engaging in unprotected sex. This may be as a result of them having no source of income.

4.5.1 Ever used a condom under the influence of alcohol

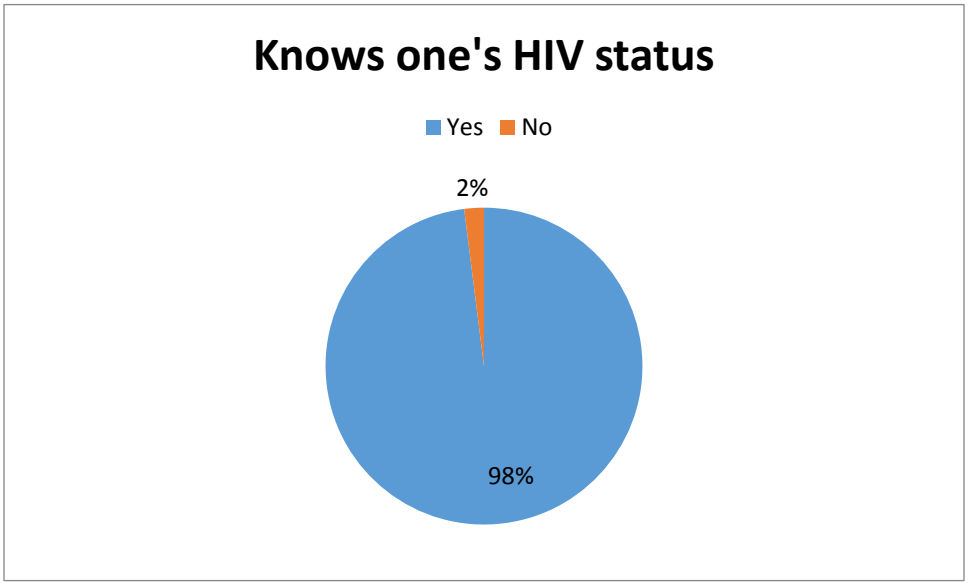
Majority of the respondents never engaged in sex after indulging in alcohol 74.3% (72) while 7% (25) of the respondents had experience of having sex when drunk. Of the respondents who said had sex under the influence of alcohol (N=25) 40% (n=15) used condom when engaged in sex when drunk while 60% (n=10) did not use condom. This shows that the ability of one to use a condom when they are under the influence of drugs or alcohol is low placing the girls and young women at risk since the partners maybe people of un-known HIV status.

4.5.2 Respondents knowledge of HIV status

From the findings above 98% of the respondents know their HIV status while 2% are not aware of their HIV status, this displays majority of the respondents know their HIV status. This finding of

having most of the respondents knowing their HIV status might be due to the fact that a lot of sensitization has been done on the importance of knowing ones HIV status as well as existence of mobile HTS service providers that go door to door testing individuals. The figure 4.14 below shows the findings discussed

Figure 4. 13: Respondents knowledge of HIV status (N=100)



4. 5.3: Respondent awareness on partner's HIV status

Most respondents know their partner's HIV status (77) 79.4% while (20) 20.6% are not aware of their partner's HIV status. These findings reveal that some of the respondents maybe at risk of contracting HIV since they do not know their partners HIV status and neither are they consistently using condoms.

CHAPTER FIVE

5.0 SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter shows the summary findings of the study on Knowledge Attitude and practice of condom use amongst out of school adolescents and young women in Majengo Slum. It also presents the conclusions established on the research results as well as recommendations and provides areas of further research.

5.2: Summary of Findings

5.2.1: Knowledge of correct condom use

The level of knowledge on right use of condom can be explained on how well adolescent girls as well as young women are aware of condoms, how they are used, where to find them, and when it should be worn before engaging in sex. The study found out that the level of knowledge of the adolescent girls and young women concerning condoms was high. They had all heard of male condoms and a good number the female condom. They had learnt of condoms from various sources 26% representing NGOs, 21% friends while 19% was from the health centers. The very least source of information was derived from their parents and partners. Similar findings were revealed from the focus group discussions about the sources of information of condoms. This signifies that despite having parents and partners being directly involved in the lives of the girls, they have minimally taken part in discussing matters pertaining safe sexual behaviors and sexuality.

The respondents were able to identify ways to correctly use a condom. They mentioned that before a condom is used it should be checked for any leaks and holes although there was a small percentage were not aware of this. Another finding that established correct knowledge was how majority respondents were able to clearly differentiate on not re-using a male used condom. From the study it was depicted that majority of respondents were aware of the importance of checking the expiry date before use. Also they were also able to indicate that a condom should not be worn on a soft penis meaning they knew that for it to work it has to be worn on an erect penis. The findings from the focus group discussion also alluded that one should squeeze the condom to ensure that it has air in it, it is not expired and that it should be worn in light to ensure the partner wears it correctly.

An additional remarkable finding was that majority respondents 96% were able to identify the purpose of condoms in offering protection against HIV, STIs and also prevent pregnancy. This shows that level of condom knowledge and awareness is high. This study coincides with a study by Silassie AG, et al. (2016), conducted in Ethiopia amongst students which found that majority of the participants were aware of condoms with the source of information being in school. The study compares with this study as it found that the respondents knew that condoms prevent HIV, STIs and pregnancy.

The study also revealed that some respondents 47% had misconceptions that a condom can disappear in a woman's vagina. This misconception can result to low use of condoms amongst those who believe that whenever it is used it will disappear inside them. It therefore means there is need to demystify myths and misconceptions surrounding condoms.

It was a clear that majority of the participants were aware of how to use a condom, when it should be used and where to physically find them. The findings conclude that adolescent girls and young women in Majengo have vast and correct knowledge on condom use. Despite the fact that most girls were knowledgeable about condoms it did not result to consistent use. This finding agrees with (Farmer and Kim, 1991; Sobo, 1995; King, 1999; Macintyre, et. al., 2004) who in their study established that despite individuals having adequate awareness of the protecting ability of condoms and knowledge to correctly use them, knowledge alone does not alter behavior.

5.2.2 Attitude towards condom use

This study sort to find out the attitudes the respondents had towards use of condoms. From the study 68% of the respondents strongly agreed they are confident to talk to their partner about using condoms while 6% disagreed. The findings showed that they had positive attitude towards discussion of condoms with their partners. This result also disagrees with the philosophies of authority, where the choice to use a condom and have sex is said to be controlled by the man rather than the woman (UNAIDS, 95, 2010; Pool et al., 2000).

It was agreed by 18% of the respondents that using condoms meant that they do not trust their partners while 43% strongly disagreed with that statement. From the focus group discussion some stated that it actually meant that one cared about their health and did not want to get infected with STIs while others were of the opinion that once you are married you trust your partner so suggesting condom use shows distrust. This results agrees with studies done in Kenya which stated that many women in Kenya have no say as to whether the husbands should use condoms or not. This is whether

they know that their husbands are unfaithful or not. The women fear advocating for condoms for the fear that they may be accused of unfaithfulness themselves (NCPD/CBS, 1999).

Majority 35% of respondents strongly disagreed on the opinion that if someone finds them with a condom they will think they have loose morals while 19% strongly agreed.

On the opinion that condoms reduce pleasure during sex 45% of the respondents strongly agreed while 18% disagreed. Most of the respondents 38% strongly accepted that using a condom is like eating candy with a paper while 26% disagreed. This revealed negative attitude towards condom usage amongst the girls. This results were reinforced from the discussions in the FGD where by all girls agreed to the statement. Their responses agree with the fact that the use of a condom is no different from eating a candy the wrapper on. Others said that whenever condoms are used their partners are only able to go for one round of sex hence they don't reach to climax. A number of the participants displayed negative attitude towards condoms as they believed that pleasure in sex is felt when the man directly releases sperms inside the woman's body as they believe that sperms give a woman a good body shape therefore, if condoms are used it denies them that opportunity. The relationship of condoms with reducing sexual satisfaction is manifest in the proclamation of the statement, 'condoms reduce sexual pleasure.' The statement agrees with McPhail and Campbell (2009) who also highlighted statements similar to the one mentioned that having sex with a condom is similar to 'one taking a shower with a coat on' or 'eating a sweet with the wrapper.' Also 'using a condom is like bathing with your socks on'(Mwamwenda, 1999). These two studies compare with the results stated that condoms reduce sexual pleasure and that it is like eating candy with a paper on.

The findings of this study also agrees with Maharaj and Cleland who observed that, in order for young people to decide to or actually use condoms, they have to trust in the ability of condoms to safeguard them from HIV and other sexually transmitted infections. However, whenever youth consider condoms as unreliable and with the ability of minimizing sexual pleasure as well as causing infertility, they will not use them (Katikiro & Njau, 2012; Lule & Gruer, 1991; Ochieng, Kakai, & Abok, 2011).

Majority of respondents were able to point out that condoms are not expensive since they knew that male condoms are even available for free. The findings revealed that majority of the respondents were aware of the risk of contracting HIV and other STIs therefore they mentioned that they would not agree to have sex with if their partners refused to use a condom. Findings from the FGDs

differed from the married and non- married if partners refuse to use condoms; one respondent said that they would leave their partner if he refused to use a condom (non-married respondent). Another mentioned that they would go for HIV testing and if they are HIV negative they would therefore have sex without a condom (married respondent).

This study has revealed that there is negative attitude amongst the girls in relation to condom use as most of them believe that condoms reduce pleasure, condoms are uncomfortable and sex without condoms is much better. However, it was found that most of the girls are confident to talk to their partners on condom use as well as confidently go the health centers to find a condom. This has shown that the belief that women cannot negotiate for safer sex is actually reducing. Despite the fact that they young women and girls are aware that use of condoms reduce the chances of getting HIV/AIDS and pregnancy, the use of condoms still remains inconsistent as most of them do not frequently utilize condom during sex.

5.2.3: Risky sexual practices

The study showed that 97% most of the girls were involved in sex with only 3% who hadn't. This showed that almost all the girls from the study were sexually active. First sexual encounter of the respondents was high amongst among those aged 15-19 and the least amongst 10-14 showing that the age of first sexual encounter is reducing.

From the study majority of respondents 67% responded to having a single sexual partner in the preceding one year which constitutes the majority which shows faithfulness among the respondents. 19 % had two partners in the past one year and the minority 14% had more than two sexual partners. Majority of respondents who have one sexual partner are at low risk as compared to respondents who have more than one current sexual partner who are more at risk and have a greater likelihood getting infected with HIV or STIs.

Majority of respondents had not engaged in sex to receive money or gifts however, it was evident that most of those who had sex to get money or gifts did not use a condom while a few did. The reasons for the girls engaging in sex for money might also be as a result of lacking a source of income as revealed by the demographics. Bralock & Koniak-Griffin**,** (2007) agrees with the findings that women who have few monetary alternatives such as being unemployed or having low income are vulnerable to engaging in sex to get money to buy food, to meet costs related to education as well for other necessities. They also have issues negotiating for condoms and are susceptible to coercive sex.

Another risky sexual practice that was depicted from the study was respondents engaging in sex having drunk alcohol. Of those who had sex under the influence of alcohol, most of them did not use a condom placing them at a great risk of getting unplanned pregnancies, STIs and HIV especially when the partners are of unknown HIV status. This study agrees that unprotected sex is linked to the effects of alcohol use. Failure to use condoms for both males and females has been related with being drunk during the last sexual encounter according to a study conducted amongst eight Sub-Saharan countries (Kiene and Subramanian 2013). The findings of the study showed that women who engaged with drunken male partners were more certain to practice unprotected sex, therefore increasing chances of HIV transmission.

5.2.4: Level of condom use

The adolescent girls and young women who reported to have ever used condoms was represented by 94% which is evident that level of condom uptake and usage is high a clear indication they are engaging in safe sexual practices. The type of condom that was often used was the male condom revealing a lack of information in regards to the female condom. The result could also be caused by the fact the availability of the female condom is limited compared to that of the male while others mentioned they did not know how to use it.

Those who used it mainly used it for fun where the girls would remove the two rings on the female condom and wear as bangles. A study in Zimbabwe by Chipfuwa T, et al, (2014) revealed similar findings to this study. Low use of the female condom was due to low knowledge of the female condom was low at 36.3% and most respondents (83.5%) had not used it. Results in South Africa discovered that very few people had found that the worldwide promotion for microbicides noted that very few people had adequate information about the female condom as a result of limited promotion and communication. The realized gap was not just an issue in South Africa but also a global one (UNAIDS, 2010; Bogart, Cecil & Pinkerton, 2000). To therefore increase future uptake of the female condom as a strategy of preventing HIV, it is therefore important that the factors are dealt with.

From the study, the decision to use a condom was mostly initiated from the girls and young women with 59% representing self and 41% partner. This study contrasts with studies that were carried out in Uganda on the reproductive health of females which displayed that women had no control of their reproductive health even when they wanted to suggest use of other contraceptives as they did not

feel empowered to do so. This is because women are prevented from making choices that impact their reproductive health-wellbeing due to gender inequity (Pool et al., 2000; Lule & Gruer, 1991).

The level of condom usage varied among the respondents. 47% of the respondents rarely used, 33% always used a condom and 20% had never used a condom with their partner. Most of those who always used a condom was for prevention of pregnancy and those who sometimes used it was because they did not trust their partners. These findings are a reflection of inconsistent use of condoms amongst the adolescent girls and young women which showed that despite having most of the respondents who were actively engaging in sex and had the experience of ever using a condom the level of consistent use remains low.

According to this study for condoms to be useful and efficient in protection against HIV, STIs and pregnancy, it not only has to be correctly used but also regularly. The findings from the focus group discussions agreed to the reasons given for using a condom. One of the respondents said that she always used it because other methods of contraceptives negatively react with her. Some said since they do not trust their partners, they would initiate condoms whenever they did not feel safe to have unprotected sex with them. Majority of the girls in the area reported that they were not afraid to contract HIV& AIDS as it was a disease like any other where one would take drugs unlike becoming pregnant since a baby comes with responsibility. Therefore, condoms were mainly used to avoid becoming pregnant.

The above findings show that knowledge of condoms does not result into use. Majority of the girls have good knowledge on how condoms are used correctly despite the knowledge most of them use condoms inconsistently while other have partners of unknown HIV status. This places the girls and young women at risk of being infected with HIV and other STIs which might be a great contribution to the increasing new HIV infections amongst them. Several studies reveal that the uptake of condoms is minimal among youth in Sub-Saharan Africa despite condoms being well-thought-out to be in the first line of defense in the prevention of transmission of HIV(Beksinska, Smit,& Mantell, 2012;Chialepeh&Susuman2015;MatickaTyndal&Tenkorang,2010;Njorogeet.al.,2010;Oppong,Osafo ,&Doku,2016).

The studies also revealed negative attitude towards the use of condoms with beliefs that condom reduce pleasure. The above findings correspond with the results of a study that took place in Nigeria among campus students, Ike SO and Aniebue PN, (2007) showed negative outlook tends to be related with low uptake of condoms. The findings of this study also concur with a research done

among African-American men which revealed that opinions towards how a condom fits and feels were related to the use (Reece M, et al, 2007).

5.3 CONCLUSIONS

In relation to the above findings, the following conclusions can be drawn;

Findings shows that majority of the adolescent girls and young women in Majengo have vast, correct and good level of knowledge on condom use which is to be taken as a good indicator that programs within the community engage in activities that offer information on reproductive health. However, there exist a few myths and misconceptions about condoms that require to be demystified from the responses received from the respondents not only from the individual questions but also the discussions. Regardless of high knowledge of condoms it did not result to consistent use.

Attitude towards condom use still remains negative as a majority of the girls agreed that it reduces pleasure during sex and makes sex uncomfortable despite the fact that they agreed to have no shame about talking about them and going to the health center to pick them. The findings also showed that the ability to negotiate for safe sex has improved amongst girls and women as the idea to use a condom mainly was initiated by them. The negative attitude towards condoms is mainly followed by low use of condom.

Risky sexual behaviors exist amongst the girls as some of them engage in unprotected intercourse in exchange for money or when abusing alcohol. Others continue to have sex with partners of unknown HIV status which places them at more risk of contracting new HIV infections as well as STIs. This indicates that information regarding consequences of risky sexual practices is required.

Practice revealed that sexual intercourse was common amongst all the girls with at least all of them having ever used a condom. Conversely, level of condom use still remain low as majority of those who reported condom use with their partner occasionally used it while others never using it at all. The male condom was popularly used revealing that there's much that needs to be done in promoting the uptake of female condom. This study can conclude that knowledge alone does not determine change of behavior, attitude plays a great role in determining use and non-use of condoms as it is evident that the rate of condom use still remains low and inconsistent amongst adolescent girls and young women. Strategies targeting behavior and attitude change needs to be promoted to find ways of encouraging its consistent use especially amongst those that place themselves at hazard of contracting HIV and other STIs.

5.4 RECOMMENDATIONS

1. It is evident that teenagers are beginning sex at a very young age. It is recommended that sexual reproductive health programs should be intensified within the community which targets out of school adolescent girls and young women who are more endagered compared to their counterparts in school.
2. To ensure that the misconceptions that discourage use of condoms are alleviated, interventions that promote the use of condoms should be targeted and other dynamics related to non-use.
3. HIV prevention programs for the youth should aim at directing the young adolescent girls before their first sexual encounter to increase their risk perception and empower them to use protection during their first sexual intercourse with a partner of unknown HIV status.
4. There should be formation of programs that impart and encourage the parents to acquaint with and discuss with their adolescents about appropriate information concerning reproductive health and sexual matters since the study revealed that parents were amongst the least involved in giving information regarding condoms
5. To realize the consistent use and uptake of condom use, there is need for reinforcement of positive behavior among the adolescent girls and young women. Introduction of sex education amongst out of school girls should be emphasized.
6. There is need address attitudes and practices towards women by educating men about responsible sexual behaviors through community based involvements if consequences related to risky sexual behaviors are to be dealt with.
7. There's need for sensitization and awareness to be done in regards to female condoms as from the findings of this research most girls reported having used the male condom as opposed to female condoms as well reporting limited knowledge in regards to the female condom.

5.5 SUGGESTIONS FOR FURTHER RESEARCH

Research should be done amongst out of school adolescents who reside in rural areas as research done in the rural areas has focused on those who are in school. It would be important to find out the Knowledge Attitude and practice of those in rural areas since matters of sexual reproductive health are hardly discussed due to culture and traditions.

A similar research on Knowledge Attitude and Practice should be done amongst males of reproductive age as they perform a key part in the lives of their female partners in matters sexuality as well as being the main users of the male condom.

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APPENDIX 1: QUESTIONNNAIRE

I am Esther Joan Wamaitha a student at the University of Nairobi, Department of Sociology and Social Work conducting a research on **Knowledge, Attitudes and Practices of condom use among out of school adolescent girls and young women in Majengo location, Nairobi County** for the attainment of a Master Degree in Medical Sociology. There are no risks in participating as well as any personal benefits but for those who will be involved in the research will contribute to the academic research in the field of Medical sociology and the development of all stakeholders in the field of reproductive health of adolescents and young women. Your responses will be treated with utmost confidentiality and will only be used for education purposes. Kindly put a tick (/) where appropriate.

SECTION 1: Demographic Information

1. Age of respondent	1. [ ] 15-19 2. [ ] 20-24
2. Area of residence	1. [ ] Majengo 2. [ ] Other (Outside Majengo)
3. Level of Education	1. [ ] No formal Education 2. [ ] Primary Education 3. [ ] Secondary 4. [ ] College 5. [ ] Other
4. Occupation/ source of income	1.[ ] employed 2. [ ] petty trade 3.[ ] casual labor 4.[ ] no source of income
5. Marital Status	1.[ ] single 2.[ ] married 3.[ ] separated 4.[ ] widowed

6. Religion	1. [ ] Christian 2. [ ] Pagan 3. [ ] Muslim 4. [ ] other

SECTION 2: Knowledge on Condoms

7. Have you ever heard of condoms?	1. [ ] Yes 2. [ ] No (If No skip to Q.32)
8. From what source did you learn about condoms? You can tick more than one	1. [ ] Friends 2. [ ]Media(Television/radio) 3. [ ] Health Centre 4.[ ] Parents/relatives 5.[ ] Partner 6. [ ] School 7.[ ] NGO workers 8. [ ] Other (Specify)
9. State the types of condoms that you know	1[ ] .Male condom 2.[ ] Female condom 3.[ ] Both 4.[ ] None

Provide a yes or no answer to the following questions

	1. Yes	2. No	3. Don't Know
10. Condoms have an expiry date?	[ ]	[ ]	
11. Condoms Provide protection against HIV?	[ ]	[ ]	
12. Condoms should be worn before contact with the vagina/penis	[ ]	[ ]	
13. A condom can be reused	[ ]	[ ]	
14. One should check for leaks and holes on a	[ ]	[ ]	

condom before use			
15. Is it okay to put a condom on right before ejaculation?	[ ]	[ ]	
16. Condoms offer protection against STIS	[ ]	[ ]	
17. Condoms prevent pregnancy	[ ]	[ ]	
18. Can condoms disappear in a woman's vagina?	[ ]	[ ]	
19. The right way to put on a condom is on a soft penis?	[ ]	[ ]	

Please answer to the questions below and response with Strongly Agree=SA, Agree=A Strongly Disagree=SD, Disagree=D

SECTION 3: ATTITUDE

	1. SA	2. A	3. D	4. SD
20. I am confident I can talk to my partner about using condoms				
21. Using a condom means that I don't trust my partner				
22. Do you think condoms makes sex uncomfortable?				
23. Do you think condoms don't prevent HIV/AIDS so there's no point using them				
24. Do you think sex with a condom feels good as without a condom				
25. Do you think because of condoms people are unfaithful to their partners?				
26. Condoms are expensive				
27. Do you think If someone finds me with a condom they will think I have loose morals				
28. Using a condom is like eating a candywith the paper on				
29. I would to refuse to have sex if my partner refused to use a condom				
30. I am likely to get HIV-infected if Ihave sex without using condom				
31. Do you think condoms reduce pleasure during sex				

Provide yes or no to the question

I am confident to walk with condoms

1. Yes 2. No

Do you find it shameful to go to the health center to collect free condoms?

1. Yes 2. No

The use of condoms is against my religion

1. Yes 2. No

SECTION 4: PRACTICE

32. Have you ever had sex?(If No skip to Q. 51)
    1. Yes
    2. No
33. How old were you when you first had sex?.....
34. Have you ever used a condom? (If No skip to Q.43)
    1. Yes
    2. No
35. If yes which type of condom have you used before?
    1. Male
    2. Female
    3. Both
36. Which is the common type of condom that you have used before?
    1. Male
    2. Female
37. Did you use a condom when you had sex for the first time?
    1. Yes
    2. No
    3. Don't remember
38. Do you have a current sexual partner?
    1. Yes
    2. No
39. How many sexual partners have you had in the past one year?
    1. One

2. Two
3. More than two

40. What is the relationship with your current sexual partner?
    1. Spouse/Husband
    2. Boyfriend
    3. Casual friend
    4. Client
    5. Other

41. How often have you use a condom with your sexual partner?
    1. Sometimes
    2. Always
    3. Never

42. If yes what are the reasons for always using a condom?
    1. For family planning
    2. To prevent pregnancy
    3. I do not trust my partner
    4. Partner insisted
    5. To prevent HIV/STIS
    6. Not a regular partner
    7. Other

43. If no what are the reasons for not/never using a condom
    1. Reduces pleasure during sex
    2. I do not like it
    3. To get pregnant
    4. Caught in the heat of the moment?
    5. Partner does not like using condoms
    6. Other…….

44. What are the reasons for sometimes using a condom?
    1. It was sex with a casual partner
    2. I don't trust my partner
    3. To prevent pregnancy
    4. Other

45. Who decided when to use a condom when you used it?

1. Partner
2. Self

46. Have you ever received money or gifts in exchange for sex? (If No skip to Q. 48)

1. Yes 2. No

47. The last time you had sex and exchanged money for sex or gifts did you use a condom?

1. Yes 2. No

48. Do you think you are at risk of contracting HIV/AIDS by not using condoms?

1. Yes
2. No

If yes why?

1. I do not trust my partner
2. I have many sexual partners
3. I have never used a condom
4. I do not know my partners HIV status
5. Other…….

If no why?

1. I always use a condom with my partner
2. I trust my partner
3. I am committed to my partner
4. I know my partners and my HIV status
5. Other……..……..

49. Have you ever had sex under the influence of alcohol/drugs? (If No sip to Q. 51)

1. Yes 2. No

50. If yes did you use a condom?

1. Yes 2. No

51. Do you know your HIV status

1. Yes
2. No

52. Do you know your partners HIV Status?

1. Yes 2. No

APPENDIX II: FOCUS GROUP DISCUSSION GUIDE

My Name is Esther Joan Wamaitha, a student at The University of Nairobi, Department of Sociology and social work. I am conducting a research for the attainment of a Master's degree in Medical Sociology.

This focus group discussion guide is prepared to collect information on knowledge, attitude and practice among the adolescent girls and young women aged 15-24 in Majengo slum for research purposes. Your honest and genuine answer to the questions will have a great value to the research outcome. I would greatly appreciate your help in responding to these questions.

1. Condoms are used for prevention of pregnancy, HIVAIDS and other STIS, has any of you seen and heard about them
2. For those who have seen the device do you know how it is used?
3. Where can you easily find condoms?
4. Would you feel embarrassed to buy condoms or ask for them in a health centre?
5. Who should use condoms?
6. How many of you have used condoms before? What was your experience?
7. Which type of condoms have you used before?
8. Do your partners easily accept to use of condoms or you have to negotiate their use?
9. Do you think condoms reduce sexual pleasure? Why?
10. For those who have not used them what are your reasons for not using them?
11. If you discovered your partner was being unfaithful will you continue having sex with them? Probe how by use of condom or not)
12. How can young girls and women be encouraged to use condoms?
13. In this area what is the main reason as to why girls and young women use condoms?

Thank you very much for participating in this discussion your responses will be kept confidential and used for academic purposes!!