

**PERCEPTIONS OF YOUNG ADULTS WITH REGARD TO CONDOM USE IN VHEMBE
DISTRICT, LIMPOPO PROVINCE**

By

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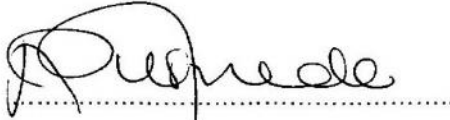
DEDICATION

This dissertation is dedicated to my supervisor, Professor Azwihangwisi Helen Mavhandu-Mudzusi, and my family, who were my source of strength and inspiration throughout the study period. Their constant support gave me courage and determination to tackle tasks with enthusiasm. Without their love and encouragement, it would have not been possible to climb this hill.

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DECLARATION

I declare that the dissertation, entitled **Perceptions of young adults with regard to condom use in Vhembe district, Limpopo province**, is my own original work. Furthermore all the resources cited or quoted are indicated and acknowledged by means of a complete list of references and that this work has not been submitted for any other degree at any other institution.



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ABSTRACT

This study aimed at exploring perceptions of young adults with regard to condom use in Vhembe district, Limpopo province. With the help of a quantitative, cross sectional descriptive design approach, data were collected using structured questionnaires administered to 372 young adults who came for healthcare services at a selected clinic. The findings indicated that there is a relationship between positive perceptions toward condom use and actual condom use. It means that people who have positive attitudes toward condoms are also more likely to use them. In contrast, people with a negative attitude towards condoms are less likely to use them during sexual intercourse. Negative attitudes of health care providers were found to be the barrier that prevents sexually active individuals to access condoms in primary health care facilities. Re-training of health care providers to address negative attitude is a matter of priority. Mass media can also be used as an avenue to communicate consistent and correct condom use.

KEY WORDS: Condom use, perception, young adults,

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LIST OF ACRONYMS

HIV	Human Immunodeficiency Virus
AIDS	Aquired immune Deficiency Syndrome
HCT	HIV Counseling and Testing
FPD	Foundation for Professional Development
STIs	Sexually Transmitted Infections
NGO	Non-Governmental organization

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Since 1983, condom utilization in Africa has proved to be an enormous challenge to health care workers and counselors throughout this continent (HIV Counseling and Testing (HCT); Foundation for Professional Development (FPD, 2012:247). Like other aspects of human sexuality, there are a number of myths surrounding condoms and their use. A study by Kabikira (2010:118) conducted in Uganda on the attitude of sexual practices in relation to the human immune virus (HIV) and acquired immune deficiency syndrome (AIDS) noted that the use of condoms during sexual intercourse has the tendency to reduce people's sexual pleasure. It is for this reasons that some respondents, particularly those who were single and divorced reported that they do not like to use condoms during sexual intercourse. Even though respondents were knowledgeable about HIV and its modes of transmission, there was a general lack of willingness among respondents to use condoms during sexual intercourse (Kabikira 2010:118).

It was also the case for respondents who were married and in cohabiting relationships (Kabikira 2010:118). Acknowledging this, the lack of or limited condom use could be attributed to the need to achieve maximum sexual pleasure during intercourse. The lack of or limited condom use could also be a function of people not being in stable relationships. Irrespective of the rationale people may have, not using condoms during sexual intercourse outside cohabiting and marital relationships poses a huge risk of contracting sexually transmitted infections, like HIV. This risk is particularly high among young adults because of their sexual drive (Kabikira 2010:118), and yet limited studies have conducted on their perceptions of condom use and HIV transmission. Hence, this study explored the perceptions of young adults in relation to condom use in the Vhembe district, Limpopo province.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

Condom use dates back to at least the 18th Century, and condom was initially designed to fit over the penis to prevent the deposition of semen in the vaginal vault during intercourse. Today, condoms are made of natural latex (rubber) or polymers, and are used mainly as contraceptives and as material for preventing sexually transmitted infections, including HIV (Foundation for Professional Development), (FPD, 2012:247). In South Africa, the Department of Health is the primary supplier responsible for the distribution of condoms to health facilities. However, non-governmental organizations (NGO's) also play an important role in improving access to condoms and promoting their use (FPD, 2012:248).

According to Burgard & Lee-Rife (2009:293) most young people in contemporary South Africa are at a high risk of being infected with HIV through heterosexual intercourse. Added to this, about one-third of these young adults claimed to have experienced at least one episode of sexual intercourse before their 20th birthday. These outcomes do not only indicate low condom usage, but they are also consistent with findings from Burgard and Kusunoki (2009:3) study on condom usage among young adults in South Africa. Low condom usage can be attributed to limited knowledge of this contraceptive among adolescents. A study by Ehlers (2003:21) confirms this by stating that adolescent mothers studied did not perceive condoms as contraceptives, but rather as methods for preventing HIV infection.

A study by Oyedele, Wright & Maja (2013:101) on the prevention HIV among young adults in Soshanguve, South Africa also supports the association of limited condom use and lack of or limited knowledge. Some adolescents of this study reported to have multiple sexual partners and unprotected sexual intercourse despite the availability of condoms. This is an indication of not only the risk of pregnancy, but also the risk of

acquiring sexually transmitted infections, such as HIV. This is certainly a concern that requires urgent action. Macphail and Campbell (2008:10) agree with this concern and assert that the utilization of condoms among young adults in South Africa is an enormous challenge to health care workers. This is because of the high level of sexually transmitted HIV infections among young adults. Such a high rate of infection among this population is a function of limited knowledge of HIV and perceived vulnerability. Yet limited studies have been conducted among young adults in relation to condom use.

1.3 RESEARCH PROBLEM

According to Burns and Groove (2013:70) and Polit and Beck (2012:81) a research problem is a troubling situation in need of a solution or improvement. The South African government, specifically its Health Department made condoms readily available for use at the health facilities. Despite this, sexually transmitted infections and teenage pregnancies continue to rise among young adults. This is certainly a public health concern for the whole of the South African population, including its government (FPD, 2011:83). The researcher worked as a clinical nurse practitioner at one of the clinics in the Vhembe district, Limpopo Province. During her employment at that clinic, the researcher observed an exponential increase in the number of young adults infected and re-infected with sexually transmitted infections (STIs).

The researcher also observed an increase in the number of teenage pregnancies despite the availability of free condoms at the clinics and public places. Although the reasons for the increase in both teenage pregnancies and HIV infections were not clearly known, they could be attributed to limited use of condoms among this population. It was therefore critical to explore the perceptions of young adults in relation to condom and its use for prevention of unwanted pregnancies and HIV transmission, including other sexually transmitted infections.

1.4 AIM OF THE STUDY

This section addresses the research purpose as well as the research objectives.

1.4.1 Research Purpose

The purpose of the study was to describe the perceptions of young adults in relation to condom use in the Vhembe District, Limpopo Province in order to design strategies for promoting appropriate, correct and consistent condom use.

1.4.2 Research Objectives

To describe the perceptions of young adults with in relation to condom use.

To develop strategies to promote appropriate, correct and consistent condom use.

1.5 SIGNIFICANCE OF THE STUDY

The research findings have generated knowledge that will further strengthen the health promotion and prevention strategies for HIV transmission and unwanted teenage pregnancy at primary health care level. The findings also provided valuable information to public health practitioners to better design theory based interventions that are tailor-made to meet the individual needs of young adults in the context of condom use in relation to HIV and teenage pregnancy. The findings will assist policy makers with regard to review of the current condom policy, especially on strategies that can be employed to promote correct and consistence condom use. Lastly the study brought to light perceptions on condom use that can be used as baseline for future related research.

1.6 DEFINITION OF TERMS

1.6.1 Conceptual Definitions

Behaviour: Refers to the actions and mannerisms exhibited by a person or student. It is a response of an individual to his or her environment (Animaw 2009: 3).

Condom: Encyclopdia (2014: 178) defines condom as a rubber sheath worn on the penis during sexual intercourse as contraception or to protect against infection.

Consistence Condom Use: Weller & Davis-Beaty (2007:99) defines condom use as using condom for all acts of penetrative sex .For the purpose of this study consistence condom use will mean using condom consistently and correctly at every sexual encounter.

Exploration: Searching for more information about an issue that is being studied. It is about making more attempts to develop understanding about a subject or issue. In this study, these issues relate to factors that may influence sexual risk behaviors among secondary school students of the specified age (Animaw 2009:3).

Inconsistent condom use: Irregular use or none use of a condom during sexual intercourse encounters (Animaw 2009:3).

Perceptions: A psychological experience resulting from stimulation of the senses (Bergh & Therom 2009:11). For the purpose of these study perceptions will mean views and beliefs of young adults with regard to condom use.

Safe Sex: Is a sexual activity engaged in by people who have taken precautions to protect themselves against sexually transmitted infections, such as HIV/AIDS. Additionally, safe sex relates to sexual activity based on guidelines on the relative safety

of various sexual practices in terms of the potential for transmitting infection, such as HIV/AIDS (Getnet 2005:6).

Young Adults: Macmillan Dictionary (2012: 1076) defines young adults as having lived or existed for only a short time, suitable for or typical for adults. For the purpose of this study young adults will refer to people aged 18-24yrs.

Youths: Refers to young people aged between 13 and 20 years Getnet (2005:17). The term is also best understood as people in a period of transition from childhood to adulthood (Dessalegn 2006:9). Youths in this study mean students at school aged between 18 and 20yrs.

1. 7 RESEARCH DESIGN AND METHOD

1.7.1 Research paradigm

A paradigm is a worldview or perception that helps researchers to understand phenomena under investigation (Morgan 2007:50). They are usually embedded with a range of assumptions. It is important to mention at this point that healthcare research is generally carried out within two broad paradigms; positivists and naturalistic, which in essence can be referred to as quantitative and qualitative respectively. The researcher of this study opted for positivist paradigm (quantitative), specifically, post-positivism. The researcher believes that there is a single truth or reality of the phenomenon being investigated; perceptions of young adults in relation to condom use. However, this reality is difficult to understand. So, the researcher works very hard to understand an approximation of the reality. The researcher believes that this can be understood by the use of a structured questionnaire or a tool. These beliefs are consistent with the assumptions of post-positivist. Hence, it is preferred for this study. Taking these assumptions seriously, it is critical for the tool to contain the key components of the subject explored. Thus, the researcher ensured that the concepts, such as HIV, condom

use, and unprotected sexual intercourse are reflected in the questionnaire and consistently applied to all study respondents.

1.7.2 Research design

The research design is discussed in detail in Chapter Three, and therefore only an overview of the research methodology is presented here. This was a quantitative study and therefore the measurement and analysis of observations were styled in numerical forms (Bowling 2009:466). Quantitative research design is a formal, objective, systematic process of describing a phenomenon and testing relationships between its components (Brink, Van Der Walt & Van Rensburg 2012:96). This design was ideal for the study, as it enabled the researcher to explore and describe young adults' perceptions of condom use. Specifically, this study utilised an explorative descriptive non-experimental cross sectional design. It is an approach that enabled the researcher to achieve the aim and objectives of this study. This study design is made up two components, descriptive non-experimental, and cross sectional. In relation to the descriptive non-experimental component, the phenomenon explored, and relationships between its variables are described in this study (Brink et al. 2012:211). In other words, the purpose of descriptive research is to gain more information about the characteristics within a field of study and to provide a picture of situations, as they naturally appear (Burns & Grove, 2013:16).

In this study the researcher described the perceptions of young adults in relation to condom use. Generally, in cross-sectional studies, data are collected at a specified point in time (Saks & Allsop, 2013:473). This was the case in this study, as data were collected at one point in time using a checklist as a data collection instrument. Data collected in this study were analysed using statistical procedures. Descriptive and inferential statistics were used in this study to summarize, categorize, and organize data, with the view to enhance knowledge and understanding of the phenomenon studied.

1.7.3 Study Population and Sampling

1.7.3.1 Population

The population universum for this study comprised all young adults of the Vhembe District in the Limpopo Province in South Africa. The target population is a subset of the population universum. It is a group about whom the researcher wanted to know more about and from whom the sample was drawn. In this study, the target population was all young adults of the Vhembe District who visit the five primary healthcare clinics for healthcare services. The accessible population is the portion of the target population to which the researcher has reasonable access (Johnson & Christensen 2010:257). It is also the population to which the researcher can apply their conclusions. The accessible population for this study was young adults who attended the Clinic for healthcare services during the data collection period. The selected clinic was used in this study for a number of reasons. First it has a catchment area of 6 villages and one farm (Limpopo Dairy). Second, it is close to a main road and thus easily accessible.

1.7.3.2 Sample size

Respondent sample size: At the moment there are no data on condom use and young adults in the Vhembe District in the Limpopo province of South Africa. However, Burgard and Kusunoki (2009:3) conducted a study on condom usage among young adults in South Africa. They noted that about 41% of young adults failed to use condoms during sexual intercourse. The sample size for this study was therefore calculated using the statistics from this South African study. The characteristics of the Burgard and Kusunoki (2009:3) study population can be considered to be similar to the young adults of the Vhembe district of Limpopo. Based on the results of the Burgard and Kusunoki (2009:3), the minimum required sample size for this study was 372 respondents as per the calculation below, a figure also consistent with that offered by statistician following consultations with the same.

$$n = \frac{(Z^{\alpha/2})^2 P(1-P)}{\epsilon^2} = \frac{(1.96)^2 0.41(1-0.41)}{0.05^2} = 372$$

Where

= 0.05 is the significance level for the 95% confidence interval. This means that there is 1 chance in 20 or 5 in 100 that any difference found were not due to the hypothesised reason, but to some unknown reason.

$(Z^{\alpha/2}) = 1.96$ is a critical value from the normal distribution tables.

p is the estimate of the proportion of young adults who failed to use condoms
– margin of error (5%)

1.7.3.3 Sample selection

A non-probability sampling method was used in this study. Non-probability sampling means that during selection of respondents, each unit in the sample does not have a calculable non-zero probability of being selected in the sample (Hales 2010:64). The sampling technique employed was convenience sampling. This is a sampling technique where respondents are selected because of their convenient accessibility and proximity to the researcher (Seifert 2010:4). Respondents were selected at the convenience of the researcher, as they attended scheduled and non-scheduled visits to the clinics. The main advantage of this type of sampling technique is the ease of access to the population. The sampling technique is not only fast and inexpensive, but it is also easy to execute, as it has few rules governing how the respondents should be selected (Katzenellenbogen & Joubert 2007:100). Data collectors were stationed in the clinic where the young adults receive their medical attention.

All young adults were given information about the study, and those who expressed willingness for participation were approached individually while in the waiting area and encouraged to complete a consent form. A total of 372 young adults agreed to

participate in the study by completing a consent form. Only young adults who completed consent forms participated in the study.

1.7.3.4 Data collection instrument and data collection

A structured method was used for data collection. The researcher used standardized questionnaires to collect data from the respondents. Polit and Beck (2012:182) defines a questionnaire as a formal written document that contains specific questions for respondents to respond to either online or manually using of a pen or pencil.

Respondents were allowed to complete the questionnaire themselves or they may be subjected to oral questioning to complete it. The researcher distributed the questionnaires to respondents who have agreed to participate in the study and who have also completed the consent form. Respondents were briefed on the purpose of the study to enable them to actively participate in providing information. As the questionnaire was newly developed, it was pre-tested with a small number of study respondents before the execution of the main data collection of the study. Respondents who were capable of completing the questionnaires were encouraged to do so. Those with difficulties with reading and writing were assisted by trained data-collectors to complete the questionnaire. Questioning using structured data collection methods (questionnaires) is suitable for respondents with limited literacy.

The disadvantages are that it is time consuming, and respondents may offer responses just to please the data-collectors (Joubert & Ehrlich 2007:88). Taking this into account, data collectors read the questions to the respondents as they appear on the questionnaire and recorded respondents' responses on the questionnaire. A clearly structured format to collect data was made available to all the data-collectors. The data collection process followed this format to prevent them from placing their own interpretations on the questions. Data collectors asked questions in a standard way using similar probes for each respondent. All oral data collection process were audio-

recorded, this approach was to ensure the reliability of information obtained (Joubert & Ehrlich 2007:88).

1. 8 SCOPE AND LIMITATIONS

The study context is a limitation that needs to be mentioned. The study was carried out in a single health facility of one province in South Africa. The perception of young adults in relation to condom use may not only vary from one health facility to another, but they may also vary from one province to another. Thus, claims made in this study in relation to young adults' perceptions about condoms may not be applicable to all young adults in South Africa. However, the claims will enhance insight into condom use by young adults in the Limpopo province, particular in the district where the study was carried out.

A further limitation of this research is the limited of baseline information on condom use among young adults in the Vhembe District. Convenience sampling was used in this study. Whilst this sampling approach has advantages of being quick and cheap, it does not give a sample that is representative of target populations. This is the case in this study. Thus, in addition to the risk of bias, generalization of the findings is not feasible (Saks & Allsop 2013:473). Added to this, this study mainly used descriptive statistics for data analysis, and this also affected the feasibility of generalising its findings to other districts and provinces of South Africa.

1.9 ETHICAL CONSIDERATIONS

The approval to conduct the study was sought and obtained from the Higher Degrees Committee of the Department of Health Studies, University of South Africa. Permission to conduct the study, including data collection was required from the Ethics Committees of the study site. Thus, all documents related to the study, including the questionnaire for data collection were reviewed by the study site ethics committee. This stance was taken to safeguard the rights and safety of the young adults. This ethic committee granted permission to conduct the study.

1.10 LAYOUT OF THE STUDY

This section outlines the structure of this dissertation. Chapter One sets the scene for discussion by providing a background to the study and objectives for undertaking the same, including the research problem and ethical issues of the study. The issues outlined in this chapter are expanded on in chapter three. Chapter Two is a review of literature on condom use, including young adults' perceptions of the same. Chapter Three includes discussions of the methodological and ethical issues of the study. Also included are discussions on quality issues of the study, in other words, its reliability and validity. Chapter Four relates to the results of the study. The final section, Chapter Five, discusses the results of the study. It also includes discussion of the implications of the results of the study, and as well as offers recommendations for practice and research. The final chapter also includes a conclusion.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter is a literature review of the existent literature on young adults and condom use. The purpose of conducting literature review is to generate an understanding of what is known about a particular situation, phenomenon, or problem and to identify knowledge gaps that exist (Burns & Grove 2013:40). According to Polit & Beck (2012:95) literature review of a research study provides context, confirms the need for new research and demonstrate the writer's ownership of the literature. It is thus a systematic process of identifying, scrutinizing and summarizing written information about a specific research problem (Ellis & Levy 2008:181). According to Olufemi (2008:5), a literature review is not just a description of what other people have published but a critical discussion that presents insight and awareness of the different arguments, approaches and theories related to the topic. It is for this reason that De Vos, Strydom, Fouche and Delport (2011:134) define literature review as an approach that generally aims at contributing to a clearer understanding of the nature and the meaning of the problem that has been identified. To achieve this vision in a sound manner, a systematic approach is required to thoroughly search and explore all the sources of literature (Parahoo 2006:342). So, knowledge on the strength or quality of literature sources is implicated in this process.

Ellis & Levy (2008:17) state that the work of a researcher should be built on the works of others. By so doing, the literature review helps in minimizing chances of duplication. It also increases chances of coming up with new information. Here, a systematic overview of the data search strategies used within the review is clearly articulated. A critical account of the process undertaken is provided. The findings of all the materials

analyzed are also critically discussed in this review and emergent themes are highlighted. The decision to review specific literature sources was made following a quantitative-qualitative debate.

2.2 QUANTITATIVE-QUALITATIVE DEBATE

Healthcare research is generally carried out within two broad paradigms; positivists and naturalistic, which in essence can be referred to as quantitative and qualitative respectively. There has been an ongoing uncertainty about which methodological (qualitative or quantitative) approach is most suitable for exploring health care issues. Discussions in this context about which methodological approach is superior or inferior have been ongoing for decades, but they tend to focus mainly on rigor, validity and reliability of research studies (Polit & Beck 2012:236).

Historically, researchers have perceived 'scientific methods' of research to consist of only quantitative research. This is because it is founded on a systematic and objective process, deemed to provide a sounder knowledge-base to guide health care practice than qualitative research (Porter, Millar & Reid 2012:31). On the other hand, advocates of qualitative research claim that this approach is more effective for enhancing people's understanding of human experiences and factors that may influence behaviour, such as perceptions of condom use (Wertz 2011:79). The same author also states that qualitative research concentrates on discovery and understanding of a subject from all angles, a methodology that is in keeping with the holistic philosophy of nursing. According to Finlay and Gough (2003:79), qualitative approaches regard the use of a subjective approach as a necessity for understanding lived experiences of people.

Acknowledging the discussions thus far, dependence on either qualitative or quantitative research would be inappropriate in the quest to understand young adults' perceptions of condom and its use. Each paradigm has its own strengths and weaknesses. In combining the two paradigms, the researcher intends to maximize on

the strengths of each paradigm and also hopes that the weaknesses of one will be made up for by the strengths of the other. Hence, literature sources from both paradigms, qualitative and quantitative were employed or used in this study

2.3. SEARCH STRATEGY

To ensure that this literature review explores the subject in a sound, inclusive and a reproducible manner, a systematic approach was undertaken to thoroughly search and explore all the sources of literature. Initially, the University of South Africa library was used to search for books and journals that are related to the condom use and young adults' perceptions of this. The use of electronic databases like the Cochrane database, OVID, Medical Literature Analysis and Retrieval System Online (MEDLINE) were also used to offer a wider range of literature. The following words and phrases were used as search terms: "young adults", "perceptions" "condom use" and "condom". Each of the search terms were initially used individually, and then combined using Boolean operators AND and OR. The inclusion and exclusion criteria outlined below were used to guide the literature review process:

2.3 .1 Inclusion criteria

- Studies that explored young adults' perceptions of condom use.
- Studies that examined factors that influence young adults use of condoms.
- Studies published after the 1990s.
- Studies that were published in English.

2.3.2 Exclusion criteria

- Studies that did not explore young adults' perceptions of condom use.

- Studies that did not explore factors that influence young adults' use of condoms.
- Studies published before the 1990s.
- Studies published in languages other than English.

2.4 APPRAISAL OF IDENTIFIED STUDIES

After applying each of the above criteria, only 20 articles met the criteria for inclusion in the review. All the papers selected were critically examined. The process of reviewing each study was based on established and validated models of critical appraisal, such as those offered by Polit & Beck (2012:342), and Depoy & Gitlin (2010:250-251). The decision to use a combination of frameworks is in keeping with guidance from Silverman (2006:238-239). He stipulated that a mixture of appraisal frameworks must be used for appraising qualitative and quantitative research sources, as these literature sources are inherently different in terms of the quality of evidence they offer. In essence, the review of individual studies was weighted on the knowledge contribution made to current understanding of condom use and young adults. To be more specific, the studies were evaluated in terms of their rigor, validity, reliability, dependability and transferability (Polit & Beck 2012:342). Further attention was given to the handling of data within each of the reviewed sources, including how well researchers addressed potential limitations of their studies. Several themes emerged during the execution of this review.

2.5 EMERGENT THEMES

The following themes emerged from the literature sources reviewed:

- Young adults perceptions towards condom use
- Condom use
- Factors associated with condom use
- Strategies to promote correct and consistent condom use

2.5.1 Young adults' perceptions towards condom use

A condom is a type of contraceptive that is worn during intercourse to prevent pregnancy and spread of sexually transmitted infections (STIs). A condom blocks or prevents sperm from coming into contact with the inside of the vagina, where it could reach an egg. A condom also prevents disease-causing substances from spreading from one person to another (Medical Encyclopaedia 2013:111). If condoms are used correctly they have a 97% chance of preventing pregnancy and transmission of sexually transmitted infections. But young adults do not always use condoms during sexual intercourse. The lack of or limited use of condoms by young adults is a function of their perceptions of this contraceptive.

Beltzer, Saboni, Sauvage, Lydié, Semaille and Warszawski (2013: 1011-1019) study

revealed that young adults in France do not believe that condoms would protect them from contracting HIV. A similar study by Mascolini (2013: 18-24), again conducted in France confirms this assertion. Its outcome noted that young adults do not feel that condoms would protect them from contracting HIV. Even though this was the case, some young adults of Mascolini (2013:18-24) study were aware of the modes of transmission of HIV. But a minority claimed that HIV could be transmitted through mosquito bites. These young adults were not keen in using condoms during sexual intercourse, and were therefore at an extremely high risk of contracting HIV. This indicates the need to educate young adults about safer sex.

The need to educate young adults on safer condom use, in other words on the importance of condom use, was emphasized by Van Rossem and Meekers' (2011:1471) study in Cameroon. In their study, young adults were reported to have unprotected sexual intercourse with casual partners. Such sexual practices have implications for unplanned pregnancies and acquisition of sexually transmitted infections, including HIV. In the main, inconsistencies in condom use among young adults were noted in a range of studies. Young adults in Africa are less likely to use

condoms during sexual intercourse (Matseke, Peltzer, Louw, Naidoo, Mchunu & Tutshana 2012:109). Such actions are generally a function of condoms not being perceived as effective methods for preventing HIV transmission. Young adults' perceptions of condom and its use can also be influenced by parental reactions to contraceptives. Ramathuba (2013:50) agrees with this and reiterated that the young adults of parents who are educated are more likely to use condoms than those from uneducated parents.

2.5.2 Factors associated with condom use

A number of factors are associated with condom use. Examples of these factors include religion, multiple sexual participants, and perceived barriers to condom use. These factors are discussed in turn.

2.5.2.1 Religious affiliation

Religious affiliation is repeatedly reported in the literature to influence young adults use of condoms. It is critical to state that some religions promote the use of condoms and others discourage its use. Taking for example Catholics, they are less likely to use condoms than Muslims and Protestants (Njau, Mwakalo & Mushi 2013:1-8). Religion and religious beliefs are undoubtedly important predictors for condom use among young adults (Njau et al 2013:1-8). A study by Shakil (2011:10) on how Sub-Saharan Africa can win the battle against HIV confirms this assertion. Its outcome revealed that a major barrier to condom distribution and usage is religious affiliation. For example, the Vatican's negative stance on condom has affected condom distribution and usage in sub-Saharan Africa, as Catholicism is a dominant religion in the region.

When Pope Benedict XVI visited the region in March 2009, he promoted abstinence and marital fidelity as HIV solutions, and spoke out against condom distribution. He said: "HIV/AIDS is a tragedy that cannot be overcome through the distribution of condoms; they increase rather than decrease the incidence of these infections". This

view is based on the notion that condoms promote sexual promiscuity, which in turn contributes to the spread of HIV/AIDS and other sexually transmitted infections or infections. It is probably for this reason that condom use is associated with HIV. It is this association that has been reported to act as a barrier to condom use (Njau et al. 2013:1-8). In some cultures in Southern Africa, condom use is perceived as bad, especially where ejaculation of semen into the vagina is considered to be an essential, mandatory part of the sexual act, particularly in intimate sexual relationships (National Condom Policy Guidelines 2011, National Department of Health).

2.5.2.2 Multiple sexual partners

Multiple sexual partners' relationships were also reported in the literature to be associated with condom use. It is claimed that multiple sexual partnerships are negatively associated with reported condom use (Njau et al. 2013:1-8). This means that the more sexual partners the less likely for young adults to use condoms during sexual intercourse. Such sexual practices do not only have a risk of young adults contracting sexually transmitted infections, but they also carry the risk of unwanted pregnancies. In sub-Saharan African societies, one of the greatest determinants of condom use is its association with fertility prevention.

The limited success of family planning programmes in sub-Saharan Africa is by and large a reflection of powerful social and cultural constraints on efforts to reduce fertility ((Njau et al. 2013:1-8)). Condoms have a contraceptive function even when used for other reasons, such as prevention of sexually transmitted infections. For married couples, it is culturally expected in the sub-Saharan African region that they will have children. Thus, the intention to have children thus often outweighs the value of condoms for HIV prevention, including the prevention of other sexually transmitted infections (National Condom Policy and Management Guidelines 2011:5). Despite this, there is sizeable number of young adults that sometimes use condoms during sexual intercourse because of lack of or limited trust for their partners (National Condom Policy and Management Guidelines 2011:5).

Feelings of distrust, particularly those evoked by infidelity are frequently mentioned in the literature to promote male condom use in marriage or relationships (Njau et al. 2013:1-8). This suggests that condoms are less likely to be used in relationships where trust between partners prevails. Arguably, the willingness to engage in unprotected sex indicates existence of trust and intimacy. It could also be an indication of personal reasons that condoms do not only create some discomfort during sexual intercourse, but they also reduce sensitivity. It therefore makes sense to note less condom use in intimate or close relationships, and more condom use among casual sexual partners (National Condom Policy and Management Guidelines 2011:5).

2.5.2.3 Barriers to condom use

There are specific barriers to condom use. One that is frequently talked about relates to females passivity. Women are in the main perceived as passive participants in sexual relationships (Lammers, Van Wijnbergen, & Willebrands 2013:283-293). Thus, requesting condom use in during sexual intercourse encounter could be perceived as unfeminine. Apparently, this is the case, as Lammers et al. (2013:283-293) state that requesting condoms use is unfeminine, and is a major barrier to the use of this contraceptive. Masculinity on the other hand, has become associated with rejecting condoms. Apart from the notion of masculinity in Southern Africa, men's perception of circumcision has been reported to also influence condom use.

In the African region, some men believed that male circumcision could prevent the transmission of HIV (Bridges, Seick, Gray, McIntyre & Martinson 2010:12-21). The problem is not with the procedure, but the way it is perceived by men, as they think they are immune from HIV contagion. Acknowledging this, it is critical for male circumcision programmes to include health education elements, such as prevention of transmission of sexually transmitted infections. Additionally, circumcision programmes should reinforce a range of HIV prevention strategies, including condom use. If these strategies are ignored, in other words not adopted, young adults will not use condoms, and may continue to do so. Doing so puts them at risk of contracting sexually transmitted

infections, including HIV. The problem of non-condom use is usually exacerbated, particularly among young adults when under the influence of alcohol. (Parks, Hsieh, Collins, & Levonyan-Radolf's 2011:332-336).

Jain, Saggurti, Mahapatra, Sebastian, Modugu, Halli and Verma (2011:10) conducted a survey on condom and alcohol use among young adult sex workers in India. The results revealed that a good proportion of sex workers (60%) perceived themselves to be at high risk of acquiring HIV if condom use is ignored during sexual intercourse. Female sex workers are two times more likely to perceive themselves at a high risk of contracting HIV if they inconsistently use condoms during sexual intercourse with occasional clients (OR=2.1; CI=1.7-2.6). In contrast, prior inconsistent condom use with non-paying partners was associated with current perception of low HIV risk (OR= 0.7; CI: 0.5-0.9). Devon, Nathan, Stupiansky, Donald and Fortenberry (2011:239-243) conducted a study on the association of marijuana and alcohol consumption with condom use among female young women.

The study found no evidence of a relationship between marijuana or alcohol consumption and condom non-use. Both condom use and non-use were identified as consistent behavioural patterns that are unrelated to marijuana and alcohol consumption. However, consumption of marijuana or alcohol is believed to augment young adults' sexual risk-taking behaviour like unprotected sexual intercourse with casual partners (Devon et al. 2011:239-243). It is claimed that marijuana and alcohol have the potential of increasing people's sexual disinhibition, including young adults, as they impair cognitive abilities required for successful risk-reduction behaviors. Parks et al. (2011:332-336) study supports this assertion in their study of the relationship between condom use and alcohol consumption. They noted in their study that greater alcohol consumption was associated with an increase in sexual intercourse (protected and unprotected) with casual partners.

It was also revealed in Parks et al. (2011:332-336) that having less HIV knowledge of condom and sexually transmitted infections was associated with increased unprotected sexual intercourse, while greater frequency of drinking in bars was associated with increased protected sexual intercourse with casual partners. Though the study has shed some light on the relationship between daily alcohol consumption and unprotected sexual behaviour, the study population were female young adult bar drinkers only, males were not included in the study. A study by Bogale and Boer (2010:851-857) explored the psychosocial determinants of condom use among young adults in Africa. This study compared non-users and users of condoms with literacy. The outcome of the study indicates that literacy was significantly and positively related to condom use. Taking this into account, it is critical to explore strategies to promote consistent condom use.

2.5.3 Strategies to promote correct and consistent condom use

A study by Tschann, Flores, de Groat, Deardorff and Wibblesman (2010:145) examined which condom negotiation strategies were effective in promoting condom use among Latino youth. The outcome of Tschann et al. (2010:145) study highlighted young women were more likely than young men to express intention to use condoms, and both verbal and non-verbal communication were noted as effective strategies for enabling young adults to use condoms during sexual intercourse encounter.

Van Rossem and Dominique Meekers (2013:132-140) conducted a study on young adults in urban Cameroon to identify which type of persons young adults look to for social approval, and establish how important social approval by these persons is for condom use among this population. The results of this study indicated that perceived approval of condom use by these persons had a significant positive effect on the frequency of condom use among young adults. The frequency of condom use was also affected by the respondents' attitudes toward condom use, socioeconomic status, self-efficacy, the range of persons with whom they discussed reproductive health matters, perceived severity of risk sexual behaviour (unprotected sex).

The perceived social approval of condom use and the respondents' own condom attitudes were correlated. These results suggested that interventions targeting young adults should not focus exclusively on peers but should also include other groups, such as parents and community leaders. In another study conducted by Mash, Mash and de Villers (2010 :55-59) which sought to better understand the complexity of the decision that women must make when negotiating condom use with their partner, it became apparent that there is an unequal power in sexual decision making, with men dominating and women being disempowered. Women may want to please their partner, who might believe that condoms will reduce sexual pleasure.

The use of condoms was associated with a perceived lack of 'real' love, intimacy and trust. For many women, condom usage was forbidden by their religious beliefs. A similar study on condom negotiation was conducted by Exavery, Kanté, Jackson, Noronha, Sikustahili, Tani, Hildegald, Mushi, Colin, Baynes, Ramsey, Hingora and Phillips (2012:1097) among female young adults. The study outcomes revealed significant proportion of condom use among these adults (75%), were confident in negotiating the use of this contraceptive. Confidence in negotiating was reported as the most significant predictor for condom use among female young adults in rural areas of the Southern African region. Thus, empowering women is a critical feature for enhancing their sexual and reproductive health outcomes.

2.6 CONCLUSION

This chapter has explored the literature of condom use among young adults. To date, there is no literature on young adults' perceptions of condom use in the Vhembe district, Limpopo Province. Hence, other relevant literature was reviewed. The next chapter focuses on the methodology and specific design employed to conduct this research study. Ethical issues are also addressed in this chapter.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

Chapter two is a literature review of the studied area. This chapter focuses on discussions relating research design, and methodological and ethical issues of the study. Specifically, this chapter describes the design and research methodology that was implemented to describe the perceptions of young adults relating to condom use in one of the districts of South Africa. The chapter also describes the data collection and analysis procedures.

3.2 RESEARCH DESIGN

A research design is a plan detailing how a research will be conducted. It guides researchers in planning and conducting studies (Rubin & Babbie 2011:647). This study utilized a quantitative descriptive cross sectional design. This design, descriptive cross sectional was chosen for this study because it is an approach that enables researchers to describe variables and their relationships. In other words, descriptive cross sectional design measures attributes and examines association between them (Joubert & Ehrlich 2007: 85). The attributes in this study relate to the young adults' perceptions of condom use. The different elements of the design used in this study are discussed below.

3.2.1 Quantitative element

Quantitative research is the scientific investigation of a phenomenon that allows for the quantification of the meanings associated with that phenomenon (Davis & Scott 2007:160). Simply, quantitative approaches follow a systematic process to test and describe associations or relationships between variables and may also be used to determine causality (Burns & Grove 2013:335). This approach is ideal for this study, as it enabled the researcher to describe and clearly portray young adults' perceptions of condom use (Joubert & Ehrlich 2007:78). Numerical data will be manipulated through statistical procedures for the purposes of describing young adults' perceptions (Polit & Beck 2012:263).

3.2.2 Descriptive element

Descriptive studies are designed to obtain more information within a particular field about characteristics as they naturally happen and may also be used to develop theory, identify gaps in current practices or justify what is currently being practiced (Burns & Grove 2013:340). These designs are aimed at describing phenomenon with their associated factors and it takes the form of a survey or summary of routine data that is set out to quantify the extent of a problem or phenomenon (Joubert & Ehrlich 2007:78). Polit and Beck (2012:725) refer to descriptive designs as research studies that have as their main objective to accurately describe the characteristics of persons, situations or groups and / or the frequency with which certain phenomena occur. The intention of researchers using this design is in the main is to collect data with the view of developing a clear picture of the situation or phenomenon studied. This was the rationale for adopting this element in this study.

3.2.3 Cross sectional element

Hulley, Cummings, Browner, Grady and Newman (2007:109) state that the cross-sectional design is the scientific study in which data is collected at one point in time, with no follow-up period. It is suited for the goal of describing situations. Joubert and Ehrlich (2007:85) agree with this view by stating that a cross sectional study design examines participants simultaneously to determine what already exists, including measurement of their exposure and disease status. The cross-sectional design is appropriate for this study as it allowed the researcher to describe young adults' perceptions of condom and condom use. This design is beneficial to the researcher because it is not only practical and economical, but it is also easy to implement as data is collected at one point (Polit & Beck 2012:166). Joubert and Ehrlich (2007:85) claim that the cross-sectional designs is often an important first step in assessing the possibility of a relationship between an exposure and a disease, before more costly case control or cohort studies are undertaken. This is a contributory factor or reason for employing this approach in this study

3.3 STUDY POPULATION AND SAMPLE

3.3.1 Population

Polit and Beck (2012:738) define population as the entire population that a researcher is interested in studying. In other words, a population is a group of objects or people who possess specific attributes that a researcher is interested in studying. Hulley et al (2006:88) support this by stating that a population of a study is selected on the basis that it would yield the required data to address the aims and objectives of that study. This advice was adopted by the researcher of this study. The population of this study was made up of all young adults of the Vhembe District who visit the five primary healthcare clinics for healthcare services. The researcher obtained a sample from this population and conclusions of the study were applied to the same and other relevant populations

3.3.2 Sampling

One major decision that researchers tend to take in conducting research is to decide on the nature of the data and from where they can be obtained, as the sources of data tend to have profound effects on the ultimate quality of studies (Morse 2002:3-4). Such a decision for identifying and selecting sources of data is what Grbich (2007:234) and Macnee & McCabe (2008:245) refer to as sampling. To be precise, Davis & Scott (2007:155-173) define it as the science and practice of selecting a portion of the population in a manner that allows the entire population to be represented in the same. On examining this definition, it became apparent that a sample is, in essence, is a subset of a population. A total of 372 young adults were selected from clinic in the Vhembe district of Limpopo to participate in the study. In this study the researcher used non probability sampling approach to select respondents. Specifically, the researcher chose a purpose convenient sampling approach. This is a non-probability sampling approach in which the units to be observed are not only selected on the basis of specific or defined eligibility criteria, but also because of their convenient accessibility and proximity to the researcher (Seifert 2010:4). Respondents were selected at the convenience of the researcher, as they attended scheduled and non-scheduled visits to the clinic (Babbie & Mouton 2009:193).

3.4 DATA COLLECTION

3.4.1 Data collection approach and method

A questionnaire was used as the data collection tool (See ANNEXURE 1). A questionnaire is a quick and practical way of collecting data which enables researchers to collect information from many people in a relatively cost effective way (Katzenellenbogen & Joubert 2007:108). A questionnaire is also considered to be an objective way of collecting information. Use of questionnaires however is subject to recall bias, particularly in instances where they contain open ended questions. For that

reason the questionnaire that was used in this survey had close ended questions. Noting that the aim of the researcher was to enable subjects to freely express themselves on responding to questionnaires and to be honest about their experiences, they were reassured of confidentiality. This meant that the information that was gathered and kept in confidence was accessible only to the researcher.

Data collectors assisted the respondents who cannot read or write through asking questions and writing their responses on questionnaires based on respondents' responses. Respondents capable of reading and writing were given questionnaires and encouraged to complete the same. But these respondents were encouraged to contact the researcher or data collectors if they need clarification for any aspect of the questionnaire. A structured questionnaire is a data gathering tool that involves a standard set of questions asked in the same manner and order (Katzenellenbogen & Joubert 2007:107). Face-to-face administering of questionnaire had an advantage in that the data collector got to establish rapport with respondents, which enhanced the latter's willingness for participation. Additionally, these types of approach had the advantage of allowing ambiguous responses from respondents to be clarified (Williams 2003:246).

Data collectors were identified and trained not only for ensuring understanding of the content of the tool, but also for ensuring consistency in its application. The need for maintaining confidentiality was also included in the training and was also addressed by using nurses and counselors as the data collectors who worked in the study site and knew the young adults. It is important to state that data collectors were comfortable with both languages that were used, English and Tshivenda.

3.5 DATA ANALYSIS

In order to manage the data, all the completed questionnaires were captured and organized in the database management system of SPSS version 19. The data were then cleaned to ensure that only valid responses to questions were present in the database and also logic checks were conducted. In order to make the data more meaningful; frequency tables/percentages, descriptive statistics and inferential statistics were used to analyze and present the data.

3.6 RELIABILITY AND VALIDITY OF THE STUDY

3.6.1 Reliability

Reliability refers to the repeatability of a measurement or study findings: whether the same result would be found if the measurement were repeated (Joubert & Ehrlich: 2007:79). In other words, reliability relates to the degree of consistency or accuracy with which an instrument measures the attribute it is designed to measure (Joubert & Ehrlich 2007:117). To ensure reliability, this study utilized a structured questionnaire as a data collection method. Because reliability is a multi-component concept, researchers need to decide in advance aspects of reliability (internal consistency, stability, or equivalence) when selecting instruments for their studies. In this study, all these aspects are critical. The instrument used in this study was tested on similar populations, and its reliability using some of these aspects has been evaluated. Starting with internal consistency, an instrument is said to be internally consistent or homogenous if its items measure the same trait. It is actually the extent to which the items measure the same trait, and the most widely used method for determining this is the coefficient alpha or cronbach's alpha. The cronbach's alpha for the tool of this study is 0.6.

Stability of measurements or tools relates to the extent to which similar scores or results are obtained when applied separately on occasions. It is really an estimate of correlation coefficient of two sets of scores, test-retest. This was not performed in this study. The final reliability measure that was applied in this study was equivalence. This refers to the degree of agreement between independent observers or coders about scores. In essence, it is about inter-reliability or agreement. It is also about agreement or degrees of this between two items of a scale or measure. A commonly used statistic in this context is Cohen's Kappa. Agreement was noted between scores of different items. Added to this, agreement was also noted between raters or data-collectors (Joubert & Ehrlich: 2007:79).

3.6.2 Validity

According to Polit and Beck (2012:236-256) validity is the degree to which a research instrument measures what it is supposed to measure. In the context of research designs validity is about the approximate truth of an inference or reality. This means that the notion of validity is relative; it is about degrees or levels, such as high, medium or low rather than one of presence or absence. There are variants of validity, and these are discussed below.

3.6.2.1 Internal validity

The internal validity is the degree to which the study findings represent a true reflection of the exposure-outcome association in the target population (Polit & Beck 2012:244). In other words, internal validity is the degree to which observed changes in a dependent variable can be attributed to changes in an independent variable. This is not applicable in this study as there was no manipulation of variables. However, to enhance the quality of this study, data-collectors were trained and the data collection process was closely monitored by the researcher and the data collection instrument was tested before application.

3.6.2.2 External validity

The external validity refers to the degree to which study findings can be generalized beyond the study target population (Beck & Polit 2012:250). External validity concerns the representativeness of samples used in studies (Beck & Polit 2008:250). In this study the sample was not randomly selected, but its size was determined using a significance level or error rate of 0.05 (95%), meaning there was 95% chance of obtaining the same or similar results if the study is repeated. Sufficient data was collected using the minimum sample size of 372. However, because of the sampling approach used, convenient, the generalisability of the study findings should be done with caution.

3.7 ETHICAL CONSIDERATIONS

Redman (2002:4) define ethics as a code of behaviour that is considered correct. Research ethics refers to personal honesty and integrity when conducting a study. It starts with the identification of the study area or subject and continues through to the dissemination of study materials (Burns & Grove, 2013:184). According to Polit and Beck (2012:753), research ethics refers to the system of moral values that are concerned with the degree to which the research procedures adhere to professional, legal and social obligations for the study participants. Ethics is typically concerned with morality, and both the word "ethics and "morality" pertain to the matter of right and wrong. Anyone involved in scientific research need to be aware of what is proper and what is improper when conducting scientific enquiries (Babbie & Mouton 2009:64-65).

3.7.1 Protecting the Rights of the Institutions Involved

Researchers have a responsibility to ensure that their research plans are ethically sound and acceptable. But researchers may not be objective in assessing risk or benefit ratios or in developing procedures to protect participants' rights. Thus, it is a standard practice for the ethical dimensions of a study to be subjected to external review, such as that provided by an institutional ethics committee (Polit & Beck 2012:184). The researcher was granted ethical approval and permission to conduct this study at different levels. Permission to conduct the study was first granted by the University of South Africa's (UNISA) Postgraduate Research Ethics Committee (ANNEXURE 3). This was followed by permission to conduct the study from the Vhembe Health District. The researcher also requested verbal permission from the operational Manager of the selected clinic. The researcher assured all the relevant authorities that confidentiality of participants and the hospital would be respected at all times throughout the study.

3.7.2 Autonomy

The right to self-determination is based on the ethical principle of respect for persons. Because human beings are capable of self-determination, or controlling their own destiny, they should be treated as autonomous individuals, who have the freedom to conduct their lives as they choose without external control. In addition, subjects have the right to withdraw from a study at any time without penalty (Burns & Grove 2013:189). Participants were informed that participation was absolutely voluntary, and their rights of not-to-answer any part or all of questions were respected. Study participants were asked to give their written consent to participate in the study. The data collection commenced after participants expressed their willingness for participation, in other words, after signing consent forms. Participants were informed that they could withdraw from the study at any time.

3.7.3 Confidentiality and Anonymity

A research project guarantees anonymity when the researcher himself / herself cannot identify a given response with a given respondent. A research project guarantees confidentiality when the researcher can identify a given person's responses, but essentially promises not to do so publicly (Babbie & Mouton 2009:64-65). As is evident from the questionnaires, the names of the respondents were not required. As a result, the data were collected anonymously. Study participants were assured that their responses would be kept confidential and that the findings of the study would not be linked to them. Researchers' behaviors before, during and after data collection have the potential of harming respondents (Parahoo 2006:314). In this study, data collection was held in a private room and each study respondent was given a unique identification code, which was used during data entry and their names were not recorded.

3.7.4 The Scientific Integrity of the Researcher

Research in all fields is a significant feature of all societies and represents major commitments of researchers. Results and findings from researchers sometimes form the basis of policy development and decisions at governmental levels. Therefore, it is of paramount importance that the research is conducted with integrity, and in accordance with high ethical standards (Babbie & Mouton 2009:64-65). The researcher of this study maintained professional ethics and scientific conduct throughout the study.

3.8 CONCLUSION

This chapter has outlined the study design, study area, study population, eligibility criteria, sampling, data collection procedure, data collection and ethical considerations. The chapter also detailed the approach used and conditions under which investigations

were carried. It further indicated how issues of validity and reliability were addressed through the use of data gathering method. The following chapter presents the results of the study, including interpretations of the same.

CHAPTER 4

RESULTS

4.1 INTRODUCTION

This chapter presents the results of statistical data analysis. It presents the descriptive and inferential statistics of the study sample. The results are presented under the following sections: demographic characteristics, sexual history, perceptions of condom use and strategies to promote consistent use.

4.2 DEMOGRAPHIC CHARACTERISTICS

The descriptive characteristics of the entire sample (n=372) are presented in table 4.1. The age of the majority of respondents of this sample (97%) ranged from 18 to 25 year. This means only minority of respondents (3%) were over 25 years of age. Out of the 372 respondents, nearly two-thirds (63%) of the respondents were females and 37 % male. Thus, the survey respondents were mainly females. In relation to marital status, the majority of the respondents (94%) were single, and only 5% were married. Approximately 64% of respondents who were single had a partner, and 36% had no partner. The dominant religion among the survey respondents was Christianity (97%), only a small number were Muslims (2%). With regard to number of children, most of the respondents (76%) had no children during the period of this study, 16% had one child, 6% and 1% had two and three children respectively.

In relation to sexual intercourse, most of the respondents (57%) reported that they had had sex before data collection, while 43% claimed they had never been sexually active. Respondents were also asked of the age they had their first engagement in sexual

intercourse. Forty seven percent (47%) reported to have had their sexual debut when they were 10-18 years of age, whereas 51% claimed to have had sexual intercourse at 18-25 years of age. Eighty percent (80%) who had had sexual intercourse agreed to have used condoms during their sexual debut, while 20% reported not to have used condoms.

Table 4.1: Demographic characteristics of respondents

	n (Count)	Percent
Sex		
Male	139	37%
Female	233	63%
Age		
18-25 yrs	356	97%
26+ yrs	12	3%
Marital Status		
Married	18	5%
Single	349	94%
Divorced	2	1%
Separated	3	1%
Do you have a partner, among respondents not married		
Yes	227	64%
No	127	36%
Religion		
Christianity	358	97%
Muslim	6	2%
Hinduism	1	0%
Ancestral worship	1	0%
Other	4	1%
No. of Children		
None	282	76%
One	59	16%
Two	24	6%
Three	5	1%
Four	1	0%
Ever had Sex		
Yes	212	57%
No	159	43%
Age at First Sex		
<10 yrs	2	1%
10-18 yrs	97	47%
18-25 yrs	106	51%
25+ yrs	3	1%
Condom use during first time Sex		
Yes	165	78%
No	46	22%

4.3 PERCEPTIONS OF CONDOM USE PER AGE AND SEX

Table 4.2 shows the young adults' perceptions of condom use in relation to sex. Out of the 372 respondents, 57% of them claimed to have had sexual intercourse before data collection. While about 52% of these were males, 60% were females. The relationship or association between sexual intercourse and sex was not significant ($p=0.137$). In other words, the differences in sexual intercourse per sex were not significant. In relation to age at first sex, about 63% of the respondents who had had sexual intercourse at 10-18 year of age were males, and 38% were females. With regard to the respondents who had had sexual intercourse at 18-25 years age, 60% were noted as females and 32% were males. It is critical to note that a significant relationship was observed between age at first sexual intercourse with age and sex ($p=0.001$).

Perceptions of respondents in relation to condom use were explored. Although the relationship between perception of condom use and sex was not significant ($p=0.086$), 170 respondents reported that using condoms is good for one's health. Others (34) claimed that using condoms would not have any impact on their health. Another aspect of perception looked at during data collection was frequency of condom use. Most of the respondents (107) claimed to always use condom during sexual intercourse, and 61% of these were males and 42% were females. A significant relationship was found between frequency of condom use and sex ($p=0.01$). This means that condom use was more prevalent among males than females. Of the 87 respondents who reported to sometimes use condoms, about 36% were males and 46% were females.

Respondents who were not married were asked whether they had more than one sexual partner. Thirty three percent (33%) of the 46 respondents who reported that they had more than sexual partner were males, 18% were females. This means the proportion of respondents with more than one partner was higher among males than females. A significant difference between the sexes (males and females) and number of sexual partners was noted in this study ($p=0.039$).

Table 4.2: Perceptions of condom use per age and sex

		N (Total)	Male	Female	p-value
Variables	Category				
Ever had Sex	Yes	212 (57%)	52.20%	60.10%	0.137
Age at first sex, among those who had sex	<10 yrs	2 (1%)	2.80%	0	0.001**
	10-18yrs	97 (47%)	63.40%	38%	
	18-25 yrs	106 (51%)	32.40%	60.60%	
	25+ yrs	3 (1%)	1.40%	1.50%	
Perception of Condom use, among those who had sex	Good for one's health	170 (80%)	86.10%	77.10%	0.086
	Bad for one's health	8 (4%)	0	5.70%	
	No effect	34 (16%)	13.90%	17.10%	
Do you have another Partner besides girl/boyfriend, among those not married	Yes	46	33.30%	17.80%	0.039*
Frequency of Condom Use	Always	102	61.40%	42.40%	0.01**
	Sometimes	87	35.70%	44.60%	
	Never	20	2.90%	12.90%	
Negotiate Condom Use with partner, among those who had sex	Yes	167	88.20%	80.00%	0.137

4.4 PROPORTIONS OF SEXUAL CATEGORIES

Figure 4.1 shows the proportions of the categories of sexual intercourse respondents engaged in. It is noted that vast majority of respondents (94.3%) engaged in vaginal sexual intercourse, 9% admitted to have had oral sex and only about 3% admitted to have engaged in anal sex.

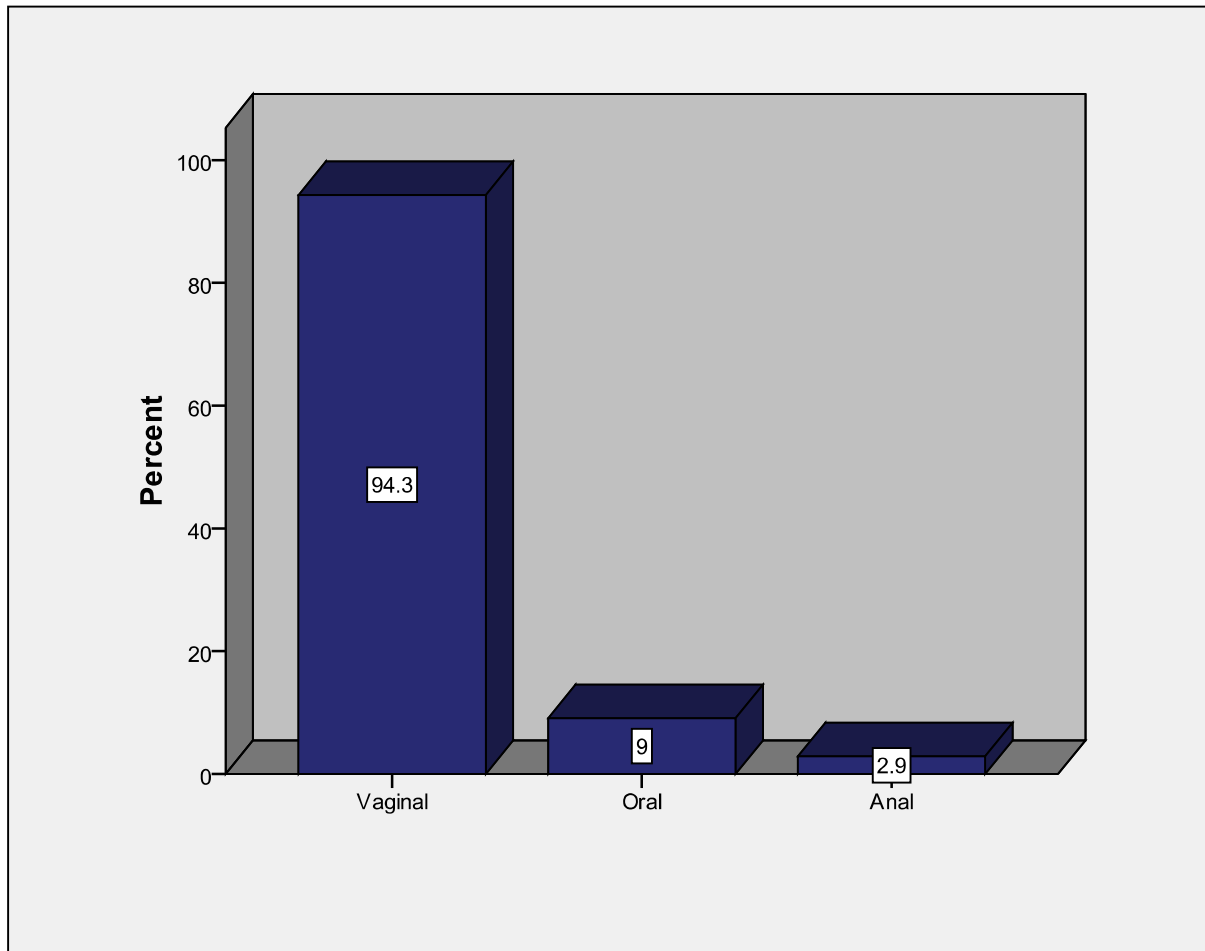


Figure 4.1: Proportions of sexual categories

4.5 FACTORS INFLUENCING CONDOM USE

This section addresses aspects such as views in relation to condom use and reasons for consistent condom use.

4.5.1 Views in relation to condom use

Figure 4.2 shows the views of respondents in relation to condom use. Most of the respondents (55%) claimed that using condoms during sexual intercourse offered less satisfaction, (25%) believed that it delays sex and ejaculation, and (24.3%) reported that it does not show affection for partners. Only 19% of respondents claimed that condoms cause irritation, and may therefore deter the use of the same.

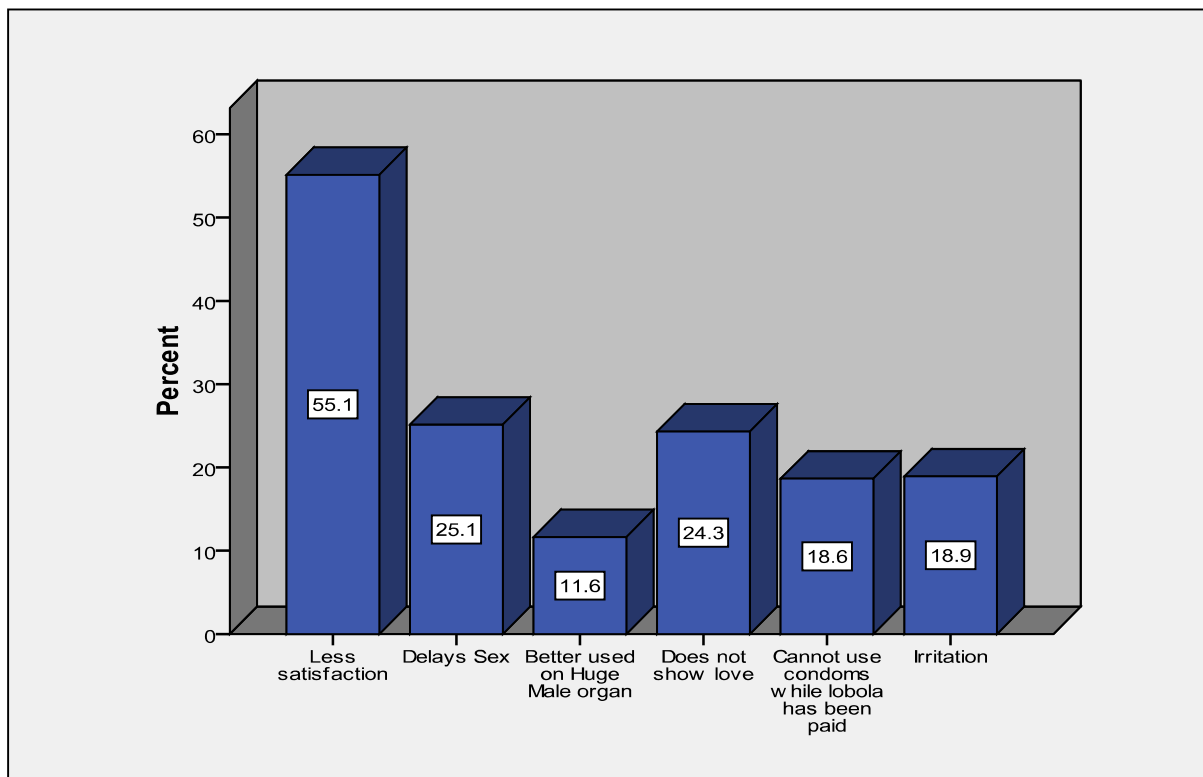


Figure 4.2: Views in relation to condom use

4.5.2 Reasons for inconsistent condom use

Figure 4.3 indicates reasons why respondents were not consistently using condoms. About 43% of respondents attributed the inconsistency in condom use to the difficulty with negotiating with partners. While 29% attributed the inconsistency in the use of condoms to problems with accessing the same, others (7%) attributed it to the cost of condoms.

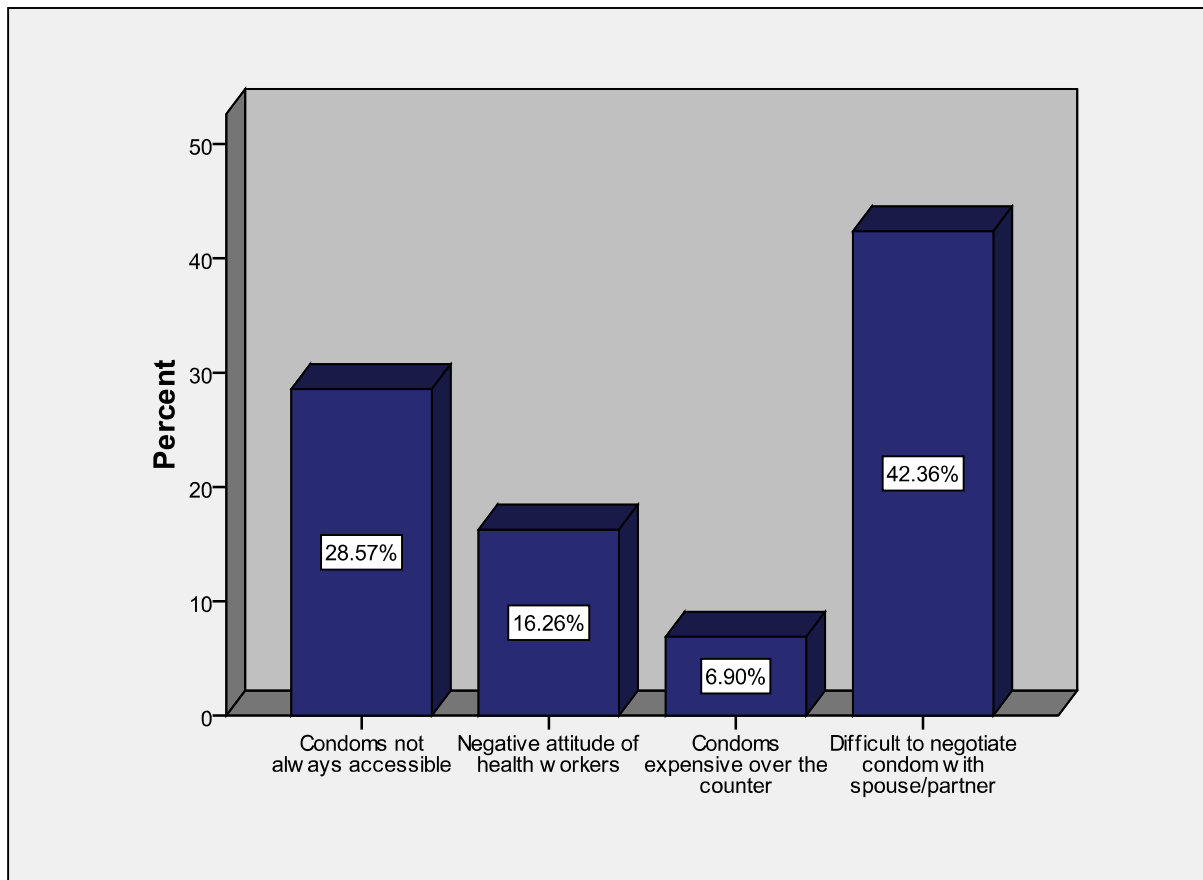


Figure 4.3: Reasons for inconsistent condom use

4.6 STRATEGIES TO PROMOTE CONSISTANT USE OF CONDOMS

This section addresses aspects such as accessibility to condom use, strategies to improve the Attitude of Health workers and strategies to promote correct and consistent use of condoms.

4.6.1 Improving accessibility to condom use

Respondents were given 3 options to choose on how accessibility can be improved. Most of the respondents (79%) agreed that the distribution of condoms to public places would enhance condom use, and 76 % claimed that making condoms available at schools would also promote use. Approximately 68% of respondents believed that condom use can be promoted by using peer educators to distribute the same.

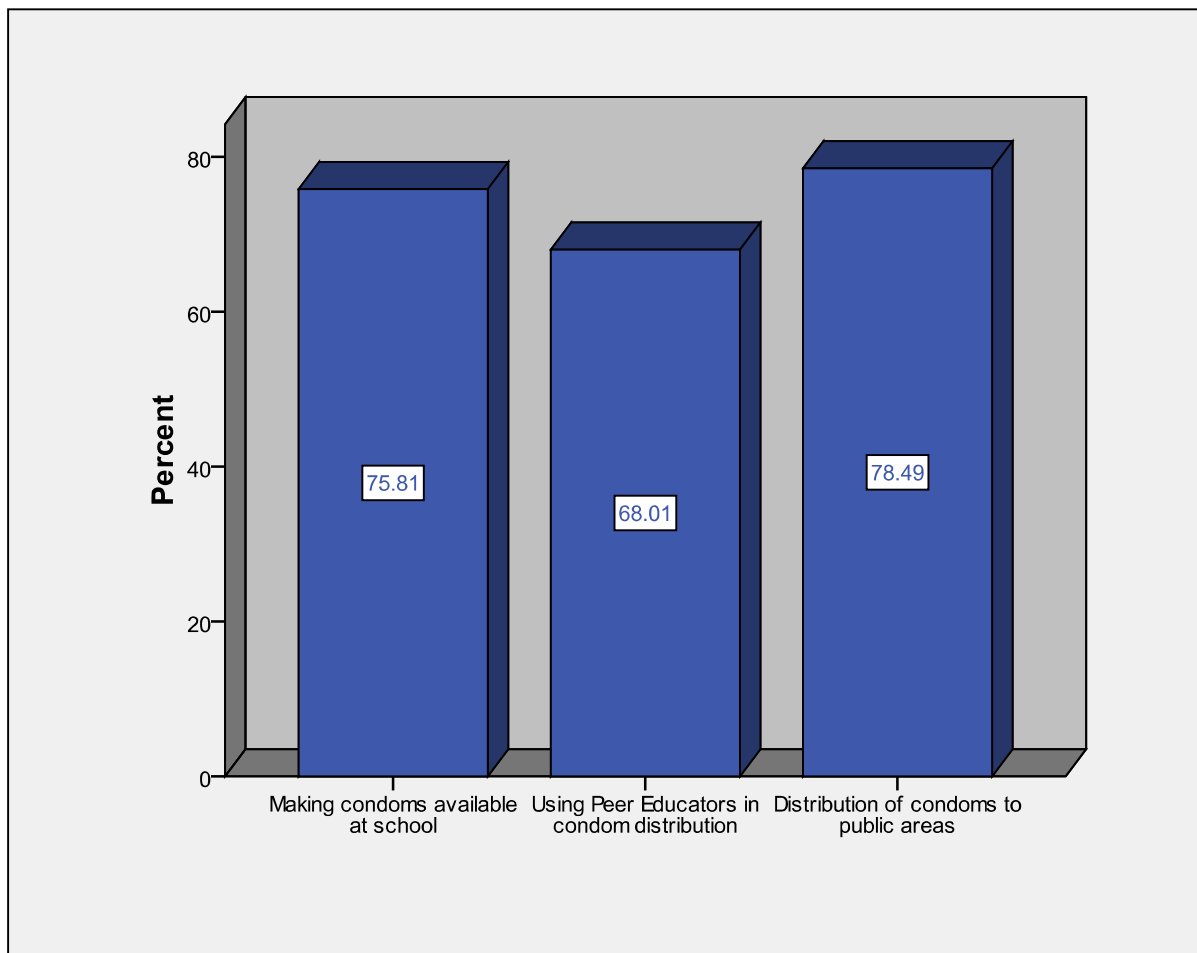


Figure 4.4: How to improve accessibility to condom use

4.6.2 Strategies to improve the attitude of Health workers

Figure 4.4 illustrates approaches for improving attitudes of health workers toward condom and its use. While about 88% reported that training would address health workers' negative attitudes, some claimed that effective management of complaints (72%) and meaningful involvement of stakeholders (64%) would help with attitude change.

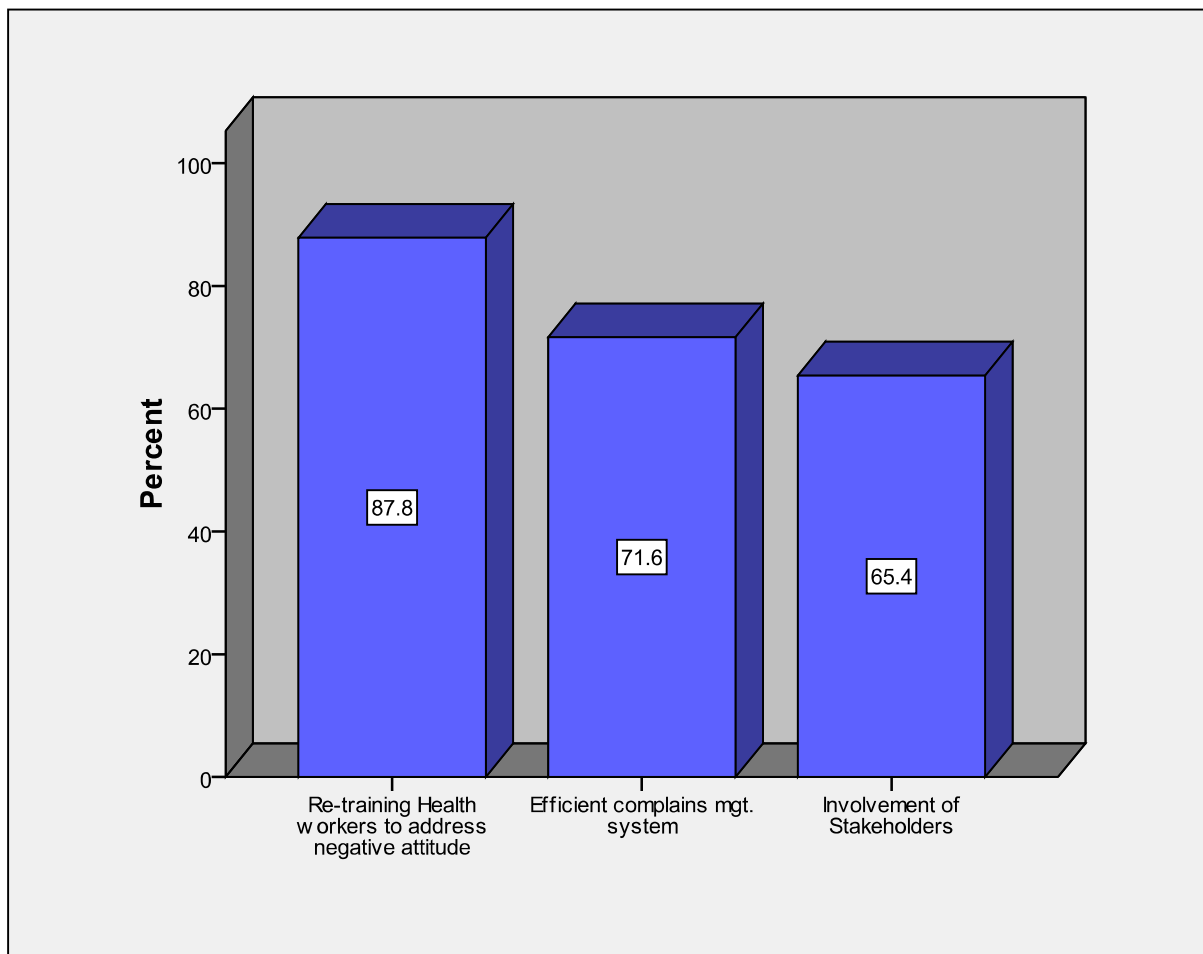


Figure 4.5: Strategies for improving attitudes of Health workers

4.6.3 Strategies to promote correct and consistent use of condoms

Figure 4.6 shows strategies for promote correct and consistent use of condoms. The use of several modes of media was considered by most respondents (57%) as an effective strategy for enhancing correct and consistent use of condoms among young adults. Sex education at schools was the second most preferred strategy as about 41% of respondents claimed that it would promote condom use. Involvement of peer educators and partnership working with stakeholders were the least preferred methods for promoting correct and consistent condom use.

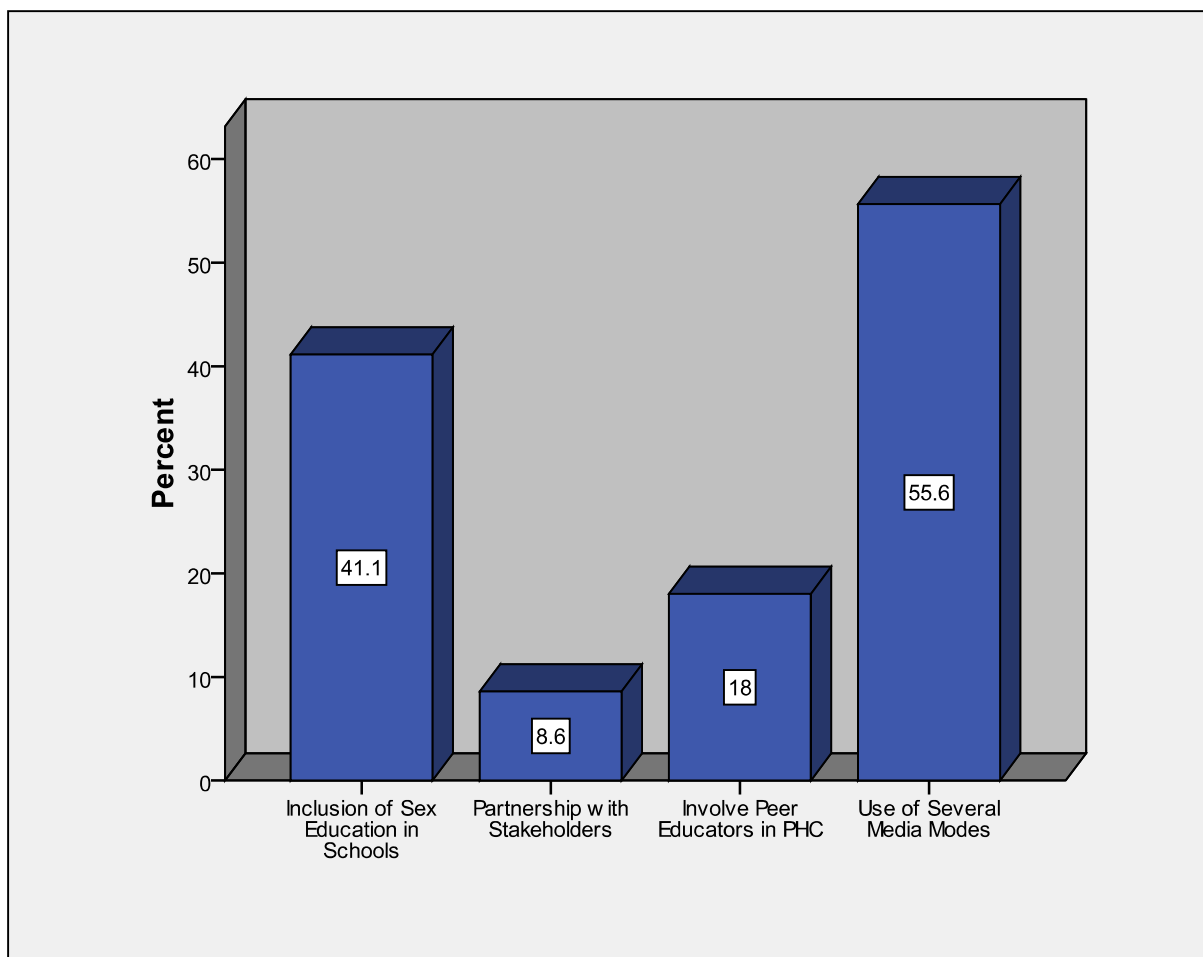


Figure 4.6: Strategies to promote correct and consistent use of condoms

4.7 CONCLUSION

The results from the analysis of the data collected from a Health facility in the Vhembe District, South Africa were presented in this chapter. Young adults' perceptions of condom use were also presented. The ensuing chapter focuses on discussion of the results using the existing literature. It also includes the limitations and recommendations of this study.

CHAPTER 5

DISCUSSION AND RECOMMENDATIONS

5.1 INTRODUCTION

In the previous chapter, results were presented. This chapter discusses the findings of the study using existent literature. Limitations of this study and recommendations are also presented in this chapter.

5.2 SUMMARY OF THE RESEARCH FINDINGS

5.2.1 Demographic characteristics

A closer look at the demographic data revealed that more female young adults than males participated in this study. This disproportionate sex distribution of respondents might have been influenced by the sampling approach (convenient) used in the study. Added to this, the disproportionate sex distribution of respondents could also be a reflection of the population of the catchment area of the study site, which the selected Clinic serves, and the mix of the population of youths who attended this clinic for healthcare assistance. It is critical to state that the vast majority of young adults who attended the clinic were single, and were 18 to 25 years of age at the time. Young adults of this age group are considered to be highly sexually active, a view acknowledge by Burgard & Lee-Rife (2009:293). Acknowledging this, it is not surprising to note in this study a high proportion of young adults who had multiple sexual partners, and had engaged in sexual intercourse, particularly heterosexual before data collection.

The use of multiple sexual partners has implications for unwanted pregnancies and sexually transmitted infections, including HIV. Burgard & Lee-Rife (2009:293) agree with this by stating that most young people in contemporary South Africa are at a high risk of being infected with HIV through heterosexual sexual intercourse. The risks of unwanted

pregnancy and transmission of HIV are particularly high when young adults engage in unprotected sexual intercourse. Again, Burgard & Lee-Rife (2009:293) support this assertion, and state that about one-third of these young adults studied experienced at least one episode of pregnancy before their 20th birthday. According to Burgard & Kusunoki (2009:3) this outcome indicates low condom usage, a function of limited knowledge of this contraceptive among young adults. Thus, if young adults' knowledge of this contraceptive is improved; it would result in consistent and correct condom use, which in turn may lead to a reduction in unwanted pregnancies and incidence of HIV infections.

In addition to education, religious beliefs could also influence young adults' condom use. For example; Catholicism tends to discourage condom use relative to Islam and other forms of Christianity (Njau et al. 2013:1-8). The vast majority of respondents of this study were Christians. The study failed to differentiate or allocate respondents to the different forms of Christianity. Even though this is the case, it is noted in this study that a good number of respondents (young adults) have used condoms, whilst some have never used this contraceptive. The young adults who failed to use condoms might be Catholics. This assertion is influenced by the view that Catholicism discourages condom use, as this contraceptive is perceived to promote sexual promiscuity that in turn may contribute to the spread of sexually transmitted infections or infections, including HIV (Shakil 2011:10). Thus, to promote condom use, religious leaders should be involved in health promotion programmes to address some of the perceptions people have against condom, and its use.

5.2.2: Sexual activity per age and sex

A proportion of young adult males had their first sexual intercourse when they were 10 to 18 years old. It was noted in this study that most of the sexual activities of this age group were heterosexual in nature. Young adults, particularly those less than 15 years of age, might not be fully aware of the implications of engaging in heterosexual sexual activity. Examples of these implications include ability to negotiate condom use, and

risks of sexual transmission of infections and unwanted pregnancies. In relation to female young adults, a good proportion had their sexual debut when 18 to 25 years of age. This delay in sexual intercourse by females should be interpreted with caution, as females may experience difficulties disclosing their sexual activities at an early age (Njau et al .2013:1-8). This could be because of social acceptability reasons.

The outcomes of this study revealed that males were more likely than females to have more than one sexual partner. Relationships with multiple sexual partners were reported in the literature to be negatively associated with condom use (Njau et al .2013:1-8). While this is not clearly revealed in this study, but it must be highlighted that inconsistencies in condom use among young adults were noted. In other words, young adults did not always use condoms during sexual intercourse. Undoubtedly, such condom usage may perpetuate the risk of transmission of HIV infections in the community, particularly in instances where multiple partners are involved.

5.2.3 Young adults' perceptions of condom use

It is consistently noted in the literature that people's behaviour are sometimes influenced by their perceptions. Arguably, young adults with a negative perception of condom are less likely to use the same during sexual intercourse. The majority of the respondents of this study claimed that condoms prevent them from showing affection to their partners as well as prevent them from fully enjoying sexual intercourse. Acknowledging this, it is therefore not surprising to note that some of the young adults failed to use condoms during sexual intercourse. This suggests that young adults with a positive attitude or perception that condoms are good for their health are more likely to use the same during sexual encounters. The converse is true as revealed in Beltzer et al. (2013: 101-111) study of young adults in France who did not believe that condoms would protect them from contracting HIV. Such beliefs would enable these young adults to engage in unprotected sexual intercourse, and were therefore at an extremely high risk of contracting HIV. This indicates the need to educate young adults about safer sex.

5.2.4 Strategies to promote condom use

The respondents of this study noted a number of approaches or strategies for condom enhancement. Most of the respondents of this study suggested that improving accessibility would enhance the use of condoms among young adults. This means that condoms should be made available in public places and schools. In addition to this, there is a need for training and education about the benefits of condoms. Respondents claimed that the use of media such as television, newspapers and chatting sites would help to enhance condom use. Health promoters would use these forums to educate young adults about the benefits of condom as a contraceptive as well as a tool to prevent transmission of infections. It is also critical to involve peer educators.

5.3 LIMITATIONS OF THE STUDY

Convenience sampling that was used in this study means that the findings of this study can only be used in the population from which the sample was drawn and they cannot be generalized to all the young adults of the Primary Health Care facilities in Limpopo Province or even to the rest of South Africa. It is however important to note that most of the findings are in agreement with findings that have been made elsewhere as discussed above. The findings can therefore be adopted in other urban settings similar to the setting in which the study was conducted. The study adopted a cross sectional descriptive methodology. This means data collection was carried out at one point in time, which was the selected clinic in the Vhembe District. Adopting a longitudinal approach to data collection would have enhanced insight into this area of study, as it may have allowed for more persistent views of respondents to be revealed, thereby improving the validity and reliability of data.

5.4 RECOMMENDATIONS

Negative staff attitude was cited as a barrier that hinders access to condoms at facilities. Re-training of health care providers to address negative attitude is a matter of priority. In-service training should focus on disseminating information about patient's rights.

Mass Media should be used as an avenue to communicate consistent and correct condom use. This means that health care providers and relevant Directorates in the Department of health should aggressively intensify campaigns using mass media (Radio, Television, printed materials, imbizos and community meetings) to disseminate accurate information about the benefits of consistent condom use. This will strengthen the prevention of sexually transmitted infections, including HIV.

What also came out strongly from this study was the fact that sex education should be included in the school curriculum. Curriculum designers should review the current curriculum so that Life Orientation as a subject should include all aspects of sexuality, sex and benefits of condom use. Doing so would empower learners even before they reach secondary school.

Intensifying condom distribution at public places and making condoms available at schools to improve accessibility is important. Peer educators and Community Health Care workers can be used to distribute condoms to local schools and hot spots in communities.

It was evident from the findings that females were unable to negotiate condom use with their partners. Males use condoms more than females. Further research will be essential to explore why females are not using female condoms.

5.5 CONCLUSION

In conclusion the study indicated that there is a relationship between perceptions towards condom use and the actual usage of condoms. It means that young adults, who have positive attitude towards condoms, are also more likely to use them, whereas young adults with a negative attitude towards condoms are less likely to use condoms during sexual intercourse. The findings also indicated that males use condoms more than females and females are not able to negotiate condom use with their partners. Negative attitudes of Health Care Providers were found to be a barrier that prevented sexually active individuals from accessing condoms in Primary Health Care facilities.

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ANNEXURE 1: QUESTIONNAIRE

INSTRUCTIONS.

Do not write your name in the questionnaire.

Complete the following items by circling the appropriate response and by writing a short response where necessary.

Give your most honest response for each question

Complete the questionnaire in black ballpoint pen

SECTION A: DEMOGRAPHIC DATA

1.	What gender are you? <input type="radio"/> Male <input type="radio"/> Female	
2.	How old are you? <input type="radio"/> 18 - 25 yrs old <input type="radio"/> 26 yrs and older	
3.	Indicate your marital status <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced	

	<ul style="list-style-type: none"> ○ Separated ○ Other(indicate) 	
4.	<p>If not married, do you have a girlfriend/boyfriend?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	
5.	<p>How many children do you have?</p> <ul style="list-style-type: none"> ○ None ○ One ○ Two ○ Three ○ Four ○ Five and more 	
6.	<p>What is your religious background?</p> <ul style="list-style-type: none"> ○ Christianity ○ Muslim ○ Hinduism ○ Ancestral worship ○ Other 	
7	<p>If married, do you have extra marital affair?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	
	SECTION B :SEXUAL HISTORY	
8	Have you ever had sex?	

	<ul style="list-style-type: none"> ○ Yes ○ No <p>If your answer is no, kindly explain your reason for abstaining from sex, and proceed to question 25'</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
9	<p>At what age did you first have sex?</p> <ul style="list-style-type: none"> ○ Less than 10yrs ○ 10 –18yrs ○ 18---25yrs ○ 25yrs and older 	
10	<p>Did you use condoms</p> <ul style="list-style-type: none"> ○ Yes ○ No 	
11	<p>Kindly give the reasons for you using or not using the condom based on your response to question 10</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
12	<p>When last did u have sex with your partner?</p>	

	<ul style="list-style-type: none"> ○ 0---1month ago ○ 1---3months ago ○ 3---6months ago ○ 6---12months ago ○ More than 12 months 	
13	<p>What type of sexual intercourse do you engage in? (you can have more than one response)</p> <ul style="list-style-type: none"> ○ Vaginal intercourse ○ Anal Intercourse ○ Oral Intercourse ○ Other (Indicate 	
14	<p>If you are not married, do you have another partner other than your girl/boyfriend?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	
15	<p>If yes when was the last time you had sex with the other partner other than your girl/boyfriend</p> <ul style="list-style-type: none"> ○ 0---1month ago ○ 1---3months ago ○ 3---6months ago ○ 6---12months ago 	
16	<p>Did you use condoms?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	

17	<p>If you are married, do you have an extramarital affair?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	
18	<p>If yes, do you use condoms with your other partner?(if question 17 was No ,omit question 18)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	
19	<p>When was the last time you had sex with your other partner?</p> <ul style="list-style-type: none"> <input type="radio"/> 0---1month ago <input type="radio"/> 1---3months ago <input type="radio"/> 3---6months ago <input type="radio"/> 6---12months ago 	
20	<p>How often do you use condoms?</p> <ul style="list-style-type: none"> <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never 	
21	<p>Why do you never use condoms? Respond to this question if you answered Never in Question 21, if not Omit this question.</p> <ul style="list-style-type: none"> <input type="radio"/> It is not always accessible <input type="radio"/> Afraid to tell my partner <input type="radio"/> Never thought it was important <input type="radio"/> Partner in a hurry to have sex <input type="radio"/> Religious beliefs <input type="radio"/> Cultural beliefs <input type="radio"/> Other (Explain briefly) 	

22	Why do you use condom sometimes and not always? Briefly explain	
23	If you are a male, when do you put on a condom before sexual intercourse?(Omit if you are a female) <ul style="list-style-type: none"> ○ Unroll the condom on an erect penis before penetration ○ Put condom on an erect penis after penetration but before reaching orgasm ○ I am not sure 	
24	If you are a female, using female condom, when do you put on a condom before sex?(Do not answer this question if you are a male). <ul style="list-style-type: none"> ○ Immediately before sexual intercourse ○ Six hours before sexual intercourse ○ Eight hours before sexual intercourse ○ I am not sure 	
SECTION C :PERCEPTIONS		
25	What is your perception on condom use? <ul style="list-style-type: none"> ○ It is good for one's health ○ Bad for one 's health ○ No effect on one's health 	
26	Why do you think condoms are good? Briefly Describe(Omit this question if you answered ,bad for one 's health in question 21)	
27	Why do you think condoms are bad for one's health? Describe briefly .(Omit this question if you answered good for one' health in question 21)	
28	Is your perception informed by one of the following	

	<ul style="list-style-type: none"> ○ Cultural Beliefs ○ Religious beliefs ○ Peer pressure ○ Other (Indicate) 	
29	<p>Do you have any cultural beliefs relating to condom use?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	
30	<p>What are your cultural beliefs relating to condom use? Describe briefly (Omit this question if you responded No in Question 25)</p>	
31	<p>Do you have any religious beliefs relating to condom use?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	
32	<p>What are your religious beliefs relating to condom use? Describe briefly (Omit this question if you responded No in Question 27)</p>	
33	<p>Are you able to negotiate condom use with your partner or spouse?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	
34	<p>Why is it not possible to negotiate condom use to negotiate condom use with your spouse or partner? Describe Briefly (Omit this question if you responded Yes to Question 29)</p>	
35	<p>In your opinion what are the benefits of condom use?</p> <ul style="list-style-type: none"> ○ Prevention of sexually transmitted infections ○ Prevention against HIV and AIDS infection ○ Prevention of pregnancy 	

	<ul style="list-style-type: none"> ○ Other (indicate) 	
	SECTION D:STRATEGIES TO PROMOTE CONDOM USE	
36	<p>What are the common myths towards condom use?(you can have more than one responses)</p> <ul style="list-style-type: none"> ○ With condom there is no maximum satisfaction ○ It delays sex ○ It is best if used on huge male organ ○ You do not love your partner if you use condoms ○ You cannot use condoms if lobola has been paid for you ○ Condom irritates ○ Other(Indicate) 	
37	<p>In your opinion, what do you think is the reason why people do not always use condoms</p> <ul style="list-style-type: none"> ○ Condoms are not always accessible ○ Negative attitudes of Health care workers ○ Condoms expensive over the counter ○ Difficult to negotiate condom with the spouse /partner ○ Other (indicate) 	
38	<p>What can be done to improve accessibility to condom use?</p> <ul style="list-style-type: none"> ○ Making condoms available at schools ○ Encourage youth friendly facilities by using peer educators in condom distribution ○ Distribution of condoms to public areas, taxi ranks, taverns and public toilets ,work places 	

	<ul style="list-style-type: none"> ○ All of the above 	
39	<p>What are the strategies to improve the attitudes of health care workers towards condom users?</p> <ul style="list-style-type: none"> ○ Conducting workshops for health care workers to address negative staff attitudes and promote user friendly facilities? ○ Effective an efficient complaints management system to prevents abuse of clients/condom users by health care workers ○ Involvement of stake holders ○ All of the above 	
40	<p>What measures can be employed to encourage partners/spouses to negotiate condom use?</p> <ul style="list-style-type: none"> ○ Encourage clear ,open and honest communication in all sexual matters ○ Encourage partners to make responsible sexual choices 	
41	<p>What other strategies can be used to promote correct and consistence use of condoms?</p> <ul style="list-style-type: none"> ○ Inclusion of sex education in schools ○ Partnership with stakeholders ○ Involvement of peer educators in Primary Health Facilities ○ Use of Media like TV, radio, and newspapers on correct use of condoms 	

ANNEXURE 2: CONSENT FORM

CONSENT FORM TO PARTICIPATE IN THE RESEARCH STUDY

PART 1: INFORMATION SHEET

My name is Namadzavho Joyce Muswede, a Masters student at the University of South Africa. I am conducting a study research study on PERCEPTIONS OF YOUNG ADULTS WITH REGARD TO CONDOM USE IN THE VHEMBE DISTRICT, LIMPOPO PROVINCE in partial fulfillment of the requirements of my studies. The study has been approved by UNISA and by the Local area and also the staff of clinic where the study was conducted. I am requesting you to be one of my respondents. The purpose of the study is to explore perceptions of young adults (18-25 years) with regard to condom use

You are being requested to participate in this research study because it is felt that you fall within the age range for this study. Your participation in the study is purely voluntary you are under no obligation to participate. If you choose not to participate all the services you receive at this clinic will continue and nothing will change. You are free or have a right to withdraw from the study at any time and the care of your family member or your relationship with health care team will not be compromised. I will request you to fill the questionnaire which may take 20-30 minutes of your time. The completed questionnaire will be put in the lockable mounted box at the entrance of the clinic. No names are required in the consent form to ensure confidentiality and anonymity.

There will be no direct benefit to you, but your participation will provide relevant information that might assist in enhancing condom use among young adults which will contribute in the reduction of the spread of HIV and unplanned pregnancies.

Who to contact

You are free to ask any questions pertaining to the study or about being a research subject and you may call Mrs. Namadzavho Joyce Muswede on 0845932290..

PART 2: RESPONDENT CONCENT

Ihereby consent to participate in the research study that I have agreed to be part of.

I fully understand the significance of the study as it was explained to me.

I am also aware that I can voluntarily participate or withdraw from the study at any time.

Signature of participant.....

Date.....



ANNEXURE 4: PERMISSION FROM LIMPOPO DEPARTMENT OF HEALTH



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Latif Shamila

Ref:4/2/2

Muswede N.J.
University of South Africa
P.O.Box 392
UNISA
0003

Greetings,

Re: Perceptions of young adults with regard to condom use in the Vhembe District, Limpopo Province

The above matter refers.

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

Your cooperation will be highly appreciated.

[Signature]
Head of Department

07/04/2011
Date