FACTORS AFFECTING COMMUNICATION OF ADOPTION OF CONDOMS FOR THE PREVENTION OF HIV/AIDS TRANSMISSION AMONG THE YOUTH OF KENYA‟S KIBERA SLUM

by

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APPROVAL

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In accordance with Daystar University policies, this thesis is accepted in partial fulfilment of the requirements for the Master of Arts degree.

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FACTORS AFFECTING COMMUNICATION OF ADOPTION OF CONDOMS FOR THE PREVENTION OF HIV/AIDS TRANSMISSION AMONG THE YOUTH OF KENYA‟S KIBERA SLUM

I declare that this thesis is my original work and has not been submitted to any other college or university for academic credit.

Signed: _____ Date: _____

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LIST OF ABBREVIATIONS AND ACRONYMS

ABC	Abstain, Be faithful, and use Condom
AIDS	Acquired Immune Deficiency Syndrome
ERB	Ethics Registration Board
HIV	Human Immunodeficiency Virus
NACC	National AIDS Control Council
NACOSTI	National Commission for Science, Technology and Innovation
PBC	Perceived Behavioural Control
SPSS	Statistical Package for Social Sciences
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TPB	Theory of Planned Behaviour
TRA	Theory of Reasoned Action
UNAIDS	United Nations Programme on HIV and AIDS
UNICEF	United Nation Children‟s Emergency Fund
USA	United States of America
WHO	World Health Organization

ABSTRACT

HIV/AIDS is still one of the leading causes of death more than 30 years since the first case was reported. While studies have shown that the total number of new infections globally has been dropping, it is regrettable that many Sub Saharan countries continue to record high HIV prevalence. This is especially among the youth living in slums like Kibera. Proper and consistent condom use is able to prevent the transmission of HIV among the youth because abstinence is not working for youth who are already sexually active. Though several behaviour change campaigns have been done in Kenya to promote the use of condoms, their uptake is still low. Consequently, this study sought to find out what factors were influencing condom use decisions among the youth. Using the Theory of Planned Behaviour this study has shown that intention to perform behaviour is greatly influenced by attitude, social norms and perceived behavioural control. Data was collected by issuing questionnaires to 400 youth in Kibera who had been selected using purposive sampling from a population of approximately 50,000 youth. Data collected was keyed into SPSS for analysis and presented in tables and graphs. Findings of the study revealed that teachers, parents and religious groups were the leading sources of information against condoms among the youth. The majority of the youth were sexually active (51%) but are not using condoms because their perception is that they are at no risk of infection (53.2%). The risk perception impedes condom use among the youth hence the high HIV prevalence. The study recommends that communicators should tailor campaigns to address the perception of youth towards condoms and link condom use to perception of risk of infection. In addition, parents and teachers should be primary targets for campaigns targeting to influence youth to use condoms.

DEDICATION

To the millions of young people all over the world, I dedicate this piece of work to you with the hope that you will be better placed to make safer sexual decisions. My prayer is that your generation will live to see an AIDS-free world.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

Introduction

Sub Saharan Africa, where Kenya lies, has been reported as one of the region worst affected by Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS). According to United Nations Programme on HIV/AIDS (UNAIDS, 2017), in 2016, 64% of new HIV infections were in Sub-Saharan Africa.

HIV prevalence has been reducing since 1999 (Maticka-Tyndale & Kyeremeh, 2010). Among the reasons associated with this reduction is increased condom use among some of the sexually active groups. The increase in adoption of condoms can be linked to increased knowledge of HIV/AIDS prevention. However, despite the increased awareness on the reliability of condoms in HIV/AIDS prevention, Maticka-Tyndale and Kyeremeh (2010) observed that many of the young people were not using them. Though condom use among the youth is surrounded by many debates, myths and beliefs, condoms are highly recommended because their effectiveness is more than 70% in preventing the transmission of sexually transmitted diseases if used consistently and appropriately (Giannou et al., 2016).

This chapter introduces the study and forms the foundation to the study. It includes a general and statistical background into the HIV/AIDS phenomenon as well as an introduction on Kibera Slum in Nairobi which was the area of study. This is followed by the statement of the problem, purpose of the study, objectives of the study, significance of the study, limitations and delimitations of the study and assumptions that

this research was based on. In addition, the chapter gives the scope of the study, definition of key terms used in this research and summary.

Background to the Study

Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome is still one of the leading causes of death worldwide, more than thirty years since the first case was reported (Friedland, 2016). With reports that more than 30 million people have died from the disease, AIDS can be said to be among the most destructive infections to ever affect human kind (AIDS2014, 2014). The number of people infected by the disease keeps on growing. Over 36 million people were living with HIV and another nearly 18 million people were on anti-retroviral treatment (UNAIDS, 2015).

Despite the large number of people infected by the disease, cases of new infections are being reported in many nations. In 2013 for instance, there were more than two million new infections, 75% of which were concentrated in only 15 countries, with Kenya being among these countries and among the top ten countries in Africa in terms of HIV burden (UNAIDS, 2014). This implies that the rate of new infections among the Kenyan population is still high.

According to the latest census in Kenya done in 2009 by Kenya National Bureau of Statistics (KNBS, 2009), Kenya‟s total population was over 38 million people. In 2016, the population was estimated to be over 47 million people with more than 34% of the population staying in urban areas and 71% of the urban population living in slums (UNAIDS, 2017). Close to 2 million people in Nairobi stay in slums such as Kibera (Mutisya & Yarime, 2011). In addition to Kibera, other informal settlements in Nairobi city include Korogocho, Mathare, Mukuru, Dandora, Kangemi, Soweto and Huruma

among others (Sana & Okombo, 2012). Kibera Slum has been ascribed many titles. For example, it is said to be the biggest slum in Africa while others have said that it is the poorest in Africa (Desgroppes & Taupin, 2011). Kibera is accepted as the biggest slum in Kenya and assumed to be among the five largest slums in the world (Chege & Mwisukha, 2013).

Desgroppes and Taupin (2011) argued that the actual population of Kibera Slum is hard to determine due to the slum layout, lack of proper geographical borders, population density, movement, and varying interests of the organizations that try to estimate the population. The safest estimate of the population that seems to be acceptable to non-governmental organizations, politicians and the media is 700,000 to 1 million people covering an area of 2.38km^2.

According to the National AIDS Control Council (NACC, 2014), the total population in Nairobi as at 2013 was almost four million people and the number of people living with HIV was estimated to be close to 200,000. This number includes many youths staying in Nairobi‟s slums. Madise et al. (2012) argued that the high urban HIV prevalence in Kenya is mainly driven by high rates of infections in slums such as Kibera.

HIV/AIDS is a disease with no confirmed cure yet, and unfortunately, only a fraction of those infected are able to access anti-retroviral drugs. This makes prevention top priority especially among the youth of 15 to 24 years (Puffer et al., 2011). The youth are more vulnerable because of their high-risk behaviour. There are several behavioural and social factors that make youth a high risk category for infection with HIV/AIDS. These include early sex debut, many sexual partners, cross-generational sex partners,

proneness to engaging in unprotected sex, and engaging in sex for monetary gain among others (Mavedzenge et al., 2011a; as cited in Santelli, Speizer, & Edelstein, 2013).

Cohen (2004) established that HIV/AIDS can be transmitted in many ways. Some of the methods of transmission are sexual intercourse, sharing needles or other equipment used for injection, mother to child and through coming into contact with contaminated blood. Transmission through sexual intercourse is the method that has received most of the focus from researchers, perhaps because it is estimated that close to 90% of all new HIV/AIDS infections in sub-Saharan Africa are sexually transmitted (Cohen, 2004).

It seems the strategy for this approach is to show that HIV/AIDS prevention is easy, just like it is easy to remember the alphabets "ABC". The effort by the government and non-governmental organizations to combat the effect of HIV/AIDS is evident in the several aggressive behaviour-change communication campaigns that have been carried out in Kenya targeting to change the sexual behaviour of the youth. Wandera (2013) statd that some of the communication interventions done in Kenya aimed at addressing sexual behaviour of teenagers and youth include "*Nimechill*" meaning "I am abstaining", the famous television programme "*Shuga*" and "*je una yako?*" which means "do you have yours. Most of these campaigns have focused on providing youth with information on what they need to know to stay safe from HIV/AIDS.

The first major campaign in Kenya that was done to address the issue of sexual behaviour among teens was the "*nimechill*" campaign which ran between 2004 and 2005 (Muraya, Miller, & Mjomba, 2011). The main objective of the campaign was to change adolescent and youth perceptions towards abstinence and was expected to increase the number of youth who choose to abstain from sex. The campaign is said to have achieved

high prominence with more than 80% of youths surveyed in 2005 recalling the campaign (Muraya et al., 2011). Perhaps this is the reason sexual behaviour campaigns in Kenya changed tactic from pushing for abstinence to pushing for use of condoms. This saw the introduction of the "*je una yako?*" campaign. This new strategy had the objective of pushing youths to use condoms by showing them that the celebrities they admired and looked up to were using condoms.

The most recent communication strategy in Kenya aimed at addressing the issue of sexual behaviour among the youth is the use of „edutainment" through the popular television show called "*Shuga*" launched in 2009 (Megeke, 2015). The television drama sought to address sexual issues facing the youth with focus on sex with many partners, condom use and how alcohol abuse makes youth vulnerable to HIV/AIDS. The programme had high viewership numbers and was aired on more than 70 television stations across the world (Megeke, 2015).

Safe sex, which Stutterheim, Bertens, Mevissen, and Schaalma (2013) defined as correct and consistent condom use has been presented as one of the best options in stopping the spread of HIV/AIDS. When condoms are used consistently and in the right way, the risk of contracting HIV/AIDS is lowered greatly hence lower levels of HIV prevalence. Practicing safe sex depends on an individual"s ability and willingness to choose to use condoms. According to Sheeran, Abraham, and Orbell (1999; as cited in Stutterheim et al., 2013), willingness to use condoms is determined by attitude of the user towards condoms, social norms and self-efficacy towards condom use by the sexually active youths. There are many factors that affect condom use among the youth. These can be largely categorized into socio-economic factors, religion, cultural, myths and beliefs.

Statement of the Problem

Despite the various communication interventions that have been carried out, young people are still engaging in risky sexual behaviour. According to World Health Organisation (WHO, 2013), in 2012, it was estimated that three in every ten new infections were among people aged between 15 and 24 years. Recent reports indicate that 15 to 24 year-olds contributed 51% of new infections among Kenyan adults in 2015 (NACC, 2016). Eighty percent of Kibera‟s population is either infected or affected by HIV/AIDS (Chege & Mwisukha, 2013). Kibera‟s HIV prevalence has been reported to be 12.6% which is almost more than double the country average prevalence of 6.2% (Edwards et al., 2015). This high HIV prevalence rate is fuelled by poverty and low condom use.

A study by Coma (2014) found that although 72% of the respondents reported to have access to condoms, only 11.1% of men and 26.3% of women reported condom use in their last sex encounter. This is despite the several communication interventions that have been done to address the issue. It has not been easy to understand why there is still low condom use despite the many campaigns that have sought to educate people on benefits of using them. While the youth have information regarding HIV/AIDS, statistics on the uptake of condoms counters their knowledge. There is need to establish factors that impede the uptake of condoms among the youth. This study therefore sought to fill this gap by finding out what these factors were and how they could be overcome to avert risky sexual behaviours among the Kenyan youth.

Purpose of the Study

The purpose of this study was to examine the factors that contribute to low condom adoption to prevent the transmission of HIV/AIDS among the youth in Kibera Slum despite the several communication interventions targeting to change their behaviour.

Objectives of the Study

This study had the following objectives

i. To examine the influence of religion and socio-cultural factors in the uptake of condoms among the youth in Kibera.
ii. To identify the perception of Kibera youth towards condom use.
iii. To find out what challenges the youth faced in adopting condoms.

Research Questions

i. What was the influence of religion and socio-cultural factors in determining youth‟s decision to use condoms?
ii. What was the perception of Kibera youth towards condoms?
iii. What challenges did the youth face in adopting condoms?

Justification of the Study

The prevalence of HIV is still high among the youth especially those living in informal settlements. However, according to Maticka-Tyndale and Kyeremeh (2010), generally HIV infections have gone down. Among the reasons associated with this reduction is increased condom use among some of the sexually active groups. The increase in adoption of condoms can be linked to increased knowledge of HIV/AIDS

prevention. However, despite the increased awareness on the reliability of condoms in HIV/AIDS prevention, Maticka-Tyndale and Kyeremeh (2010) observed that many of the young people were not using them.

Though condom use among the youth is surrounded by many debates, myths and beliefs, condoms are highly recommended because their effectiveness is more than 70% in preventing the transmission of sexually transmitted diseases if used consistently and appropriately (Giannou et al., 2016). There are challenges with regard to communication on condom usage. This affects transmission rates since the right information is not disseminated. It is in this regard that this study sought to determine the factors affecting communication of adoption of condoms for the prevention of HIV/AIDS transmission among the youth of Kenya‟s Kibera Slum

Significance of the Study

The study would advance understanding of behaviour change communication and its use to bring a positive effect among the youth. The study would provide valuable information on tailoring campaigns to warn youth against risk behaviour for maximum impact. The study would further aid organizations to best practices with regard to management of HIV/AIDS among the youth despite the many campaigns that have been done to address the same. The study would also shed light on what the government needs to do in order to increase condom uptake among the youth hence reducing HIV prevalence. This study would also add to the body of knowledge on HIV/AIDS by providing current information on condom use among the youth.

Assumptions of the Study

i. The respondents were knowledgeable about factors that influenced adoption of condoms in order to curb the preference of HIV/AIDS.

ii. The respondents gave honest and accurate answers. The researcher briefed the respondents on the need to be honest and give accurate responses and therefore assumed that the answers respondents gave on the questionnaires were honest.

Scope of the Study

Kibera slum in Nairobi County was selected as the area of study. Kibera is well known as the largest slum in Kenya, has a high concentration of youth and has greatly been affected by HIV/AIDS hence is expected to present the best sample for this study. The researcher only focused on the youth between 15 years and 24 years living in Kibera Slum.

Limitations and Delimitations of the Study

Sex and issues of condom use are not topics that are openly discussed hence the researcher felt that some respondents could shy away. The researcher encouraged the respondents to be open in their responses to questions and assured them that whatever information they shared would be treated with utmost confidence. The researcher also explained to the respondents that this study would be useful in providing information on designing communication interventions targeting the youth, hence useful in reducing the transmission of HIV/AIDS among the youth.

Definition of Terms

Adoption: This is the act of starting to use something new (Mwangi, 2015). The term "adoption" is commonly used in reference to taking ownership of a child. For the

purposes of this study, “adoption” was defined as the act of starting to use condoms during sexual intercourse.

HIV/AIDS: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS). While the researcher recognizes that HIV is the virus that causes AIDS, for the purpose of this study both words were used either together or interchangeably.

Kibera Youth: For the purposes of this study, Kibera youth referred to young people between the age of 15 to 24 years residing in Kibera Slum.

Youth: For the purposes of this study “youth” was taken to mean persons between 15 and 24 years of age living in Nairobi County.

Summary

This chapter gave an introduction and a background to the HIV/AIDS situation. In addition, it stated the purpose, the significance, objectives, scope, assumptions and limitations of the study. Definition of key operational terms useful for this study was also done. The following chapter is on literature review.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter presents the theoretical and the conceptual framework on which this study was based. The theory of planned behaviour is analysed and general and empirical literature on sexual behaviour and condom use among the youth reviewed. In addition, a conceptual framework on the key variables for this study was developed and a discussion of the proposed study done.

Theoretical Framework

As expressed by Fishbein and Yzer (2003), a theory is a vital tool in developing efficient communication that focuses on changing people"s intentions to engage in healthy behaviour. When a theory is used in the appropriate way it enables the researcher to show how specific behaviour in a given population is determined. In addition, as noted by Fishbein and Cappella (2006), theories help researchers identify key determinants of behaviour under study. This helps in predicting behaviour.

There are many theories of behaviour prediction and change. Some of them are: social cognitive theory which proposes that people regulate their own behaviours instead of merely reacting to what the surrounding environment dictates, the health belief model which limits behavioural influence to attitude and beliefs, theory of reasoned action which does not predict behaviour that is not under rational control of the individual and theory of planned behaviour among others. Studying the behaviour prediction theories carefully shows that there are only a restricted number of variables that are useful in understanding any behaviour.

This study adopts the theory of planned behaviour (TPB) in that it best captures the key determinants of behaviour prediction and change. This theory unlike the others is able to predict behaviour that are not under full control of the individual and addresses other behaviour determinants that are not within the individual.

The Theory of Planned Behaviour

According to Fishbein and Ajzen (1975; as cited in Sniehotta, Pressaue, & Araujo-Soares, 2014) the theory of planned behaviour (TPB) was introduced as an extension of the theory of reasoned action (TRA). TRA which was the precursor of the TPB was meant to explain behaviour but failed in prediction of behaviour that was not under full rational control of the person performing the behaviour (Hsu & Huang, 2012). This led to the inclusion of perceived behavioural control (PBC) into the TRA forming the TPB. This addition made it possible to account for possible constraints as perceived by the individual performing the behaviour (Hsu & Huang, 2012).

The TPB proposes that human beings will probably perform a given behaviour if they believe it will lead to a valuable result, that the people they look up to will approve the behaviour and that they have the skills and abilities to perform the behaviour (Hsu & Huang, 2012). This theory assumes that people consider benefits before engaging in any behaviour. TPB proposes that in behaviour prediction or change, a relationship exists among attitude, subjective norm, perceived behavioural control and intention (Sniehotta et al., 2014). Intention is the key determinant of whether certain behaviour will be performed or not.

Intention

Intention is an individual‟s readiness to perform a particular behaviour. Behavioural intention is seen as a function of three key determinants (Ajzen, 2002; as cited in Kautonen, Gelderen, & Fink, 2015). The key determinants are attitude, subjective norm and perceived behavioural control (Conner & Armitage, 1998). The effect of attitude, PBC and subjective norm on any behaviour is seen to be mediated by intentions (Kautonen et al., 2015).

Attitude

According to Hsu and Huang (2012), attitude is an individual‟s valued inclination to behave in a certain way towards a given target. Attitude results in either a favourable or unfavourable evaluation of a given behaviour (Kautonen et al., 2015). Attitude can either be negative or positive and is formed through learning or experience.

Subjective Norms

An individual‟s perception on whether or not to perform a certain behaviour based on his social references is known as subjective norm (Hsu & Huang, 2012). Human beings always turn to their valued associates, peers or relatives for approvals of their beliefs and choices (Moutinho, 1987; as cited in Hsu & Huang, 2012). Subjective norm is concerned with pressure on an individual from his social circles to perform or not perform a given behaviour (Conner & Armitage, 1998). Individuals consider the opinions of their friends and family before performing a given behaviour. Subjective norms can be classified into two differentiated components; descriptive norms where one believes the given behaviour is performed by his referents and injunctive norms where one believes the given behaviour is approved by his referents (Carmack & Lewis-Moss, 2009).

Perceived Behavioural Control (PBC)

Hsu and Huang (2012) defined PBC as someone‟s perception of his or her capability to perform a specific behaviour. The intention to perform any behaviour is subject to be faced by constraints; the PBC addresses the effect of these constraints as perceived by the individual. PBC helps one deal with an individual‟s perception of ease or difficulty in performance of behaviour (Conner & Armitage, 1998). PBC suggests that people are expected to perform behaviours that they consider to have control over (Conner & Armitage, 1998).

According to Kautonen et al. (2015), it is worth noting that while the effect of attitude and subjective norms is fully mediated by intention, the effect of PBC is partially mediated by intention. The effect of PBC on behaviour varies depending on the degree of control over the given behaviour. According to Kautonen et al. (2015), if the perceived degree of control is high then intention is adequate to predict behaviour, however, if the perceived degree of control is low then PBC will directly contribute in the prediction of the behaviour in addition to its effect through intentions. Carmack and Lewis-Moss (2009) added that differentiated components of PBC are perceived controllability (one believes he has the resources to perform the given behaviour) and self-efficacy (one has confidence to carry out the behaviour).

Criticisms to the Theory of Planned Behaviour

Some critics have argued that the TPB is weak in that it only pays attention to rational thinking but ignores unconscious effects on behaviour (Sheeran, Gollwitzer, & Bargh, 2013). Other critics have argued that the theory is static (McEachan et al., 2011; Sutton, 1994) and does not address the issue of people who have intention but do not act

on the intention (Orbell & Sheeran, 1998). In addition, critics have argued that scholars have started using "extended" forms of the TPB which they take to mean that the theory has lost its utility.

Responses to the Criticisms

In his argument in support of "extended" forms of TPB, Ajzen (2015) affirmed that there is no aspect of the TPB that prevents the inclusion of additional predictors especially when the extensions are meant to improve the theory's functionality. TPB is able to adapt to addition of more predictions so long as they take into account the original variables and provide considerable value in understanding variations in behaviour (Conner & Armitage, 1998). It should be noted that the TPB was founded by adding PBC as an extension to the TRA (Ajzen, 2015).

The effectiveness of the TPB has been proven in prediction of a broad range of behaviour and the theory has been confirmed to sufficiently cover the relationship among attitude, PBC, subjective norm and intention (Hsu & Huang, 2012). The TPB has been commented as the best model for behaviour prediction. Scholars like Conner and Armitage (1998) contended that any other factors that may influence intention to perform a given behaviour and are not among the three specified determinants and will most probably have their effect through any of the three determinants of intention. While there are many theories and models that are useful in studying condom use, according to Song et al. (2009) TPB seems to be the most ideal in predicting condom use.

General Literature Review

HIV/AIDS Prevention

Communication interventions formulated to address sexual behaviour of the youth have mainly focussed on HIV/AIDS transmission, prevention, testing and stigma. The

most publicised HIV/AIDS method that addresses HIV transmission and prevention is the ABC approach. The ABC approach started with the "C", then some years later social conservatives introduced "A" and then later "B" was introduced by public health experts Cohen (2004). The "A" stands for abstinence which promotes no sex until marriage, "B" for being faithful to only one partner and "C" stands for „condoms", meaning that condoms should be used every time especially for people that engage in sex with more than one partner (Margevicius & Joshi, 2013). To reduce the risk of spreading HIV/AIDS, Cohen (2004) was of the view that once one stops practising "A" they must consistently use a mixture of both "B" and "C".

The widely accepted definition of "abstinence" is refraining from sex for religious or moral reasons (Dailard, 2003). However, he notes that the meaning of "abstinence" changes in health strategies because it is seen as a contraception method used to avoid getting pregnant or getting sexually transmitted diseases (STDs). Despite the difference in definition, Dailard (2003) affirmed that when used consistently, abstinence is 100 percent effective in preventing HIV/AIDS. There are, however, concerns that while youths may abstain for some time when they become sexually active, they have high chances of engaging in risky behaviours like having unprotected sex and having many concurrent sexual partners (Dailard, 2003). This raises the concern that abstinence may come at a "risky" future cost of increasing the risk of the youth once they become sexually active.

Cohen (2004) stated that "B" which stands for being faithful means that one reduces the number of their sexual partners and is said to be more effective if one practices absolute monogamy if sexually active. Not being faithful in a sexually active

relationship aids in the spread of HIV/AIDS. Concurrent relationships lead to a network of sexually active people making it easy for diseases to be spread from one partner to the other, and by extension to their partner‟s partners. Being faithful once married presents the best “theoretical” way of preventing the spreading HIV/AIDS. This is “theoretical” because one can only be sure about his or her own behaviour and not that of their partner (Cohen, 2004). This leaves condoms as the only viable HIV prevention method for sexually active youth.

Factors Influencing Youth‟s Decision to use Condoms

The ability of condoms to prevent sexually transmitted diseases should be given prominence when addressing attitudes towards condom use. In many parts of Africa, condom use has been presented as suitable preventive method for those engaged in risky sexual behaviour like commercial sex workers and people having sex with many partners (Coma, 2014). Consequently, as studies have shown, condom use is high among commercial sex workers and lowest among people in regular relations (Coma, 2014). Factors affecting condom use are described in detail in subsequent sections.

Socio-economic Factors and Condom Use

Socioeconomic factors of the environment the youth are living in affect their condom use habits (Guo, Wu, Schimmele, & Zheng, 2013). Previous studies have shown that children born in poverty are more likely to have early sex debut and that youths from poor backgrounds are less likely to use condoms compared to their rich peers (Guo et al., 2013). Poverty influences sexual behaviour and becomes some form of mechanism for the transmission of sexually transmitted diseases. Children from poor backgrounds are more likely to start their education late, attend populated schools, get poor quality

education and drop out of school. Studies have shown that education attainment has a direct effect on judgments of risk behaviour like condom use (Blum & Mmari, 2005).

To some people, and especially in slum areas, condoms could be expensive (Mufune, 2005). Perhaps that‟s why there are social marketing schemes that provide condoms for free in many African countries. In Kenya for instance, the dispensers for free condoms are still available in places like public toilets within the towns and local dispensaries in both rural and urban areas. However, there have been concerns that the free condoms distributed by governments and public benefit organizations are of poor quality and the ones sold in pharmacies though of good quality are expensive (Mufune, 2005).

Cultural Factors and Condom Use

There are many cultures in Africa that do not believe in talking about sex openly. For instance, in some cultures in Kenya and Tanzania, discussing sex matters with young girls was considered indecent and unacceptable (Campbell & MacPhail, 2002). The issue of sex being a taboo topic is serious in some cultures. Oluga, Kiragu, Mohamed, and Walli (2010) for example noted that in some of the tribes residing along the coastal region of Tanzania, teachers cannot discuss issues of sex with their students because this is considered a taboo. This is mainly due to the assumed age difference between teachers and their students. Also, Sivela (2016) added that among the Xhosa, sexuality matters are not discussed openly between men and women. This is shared by many cultures in Kenya. Parents find it hard to discuss sexual matters with their children. Perhaps it is for this reason that some cultures had „aunties‟ who advised brides on sexual issues.

Where witchcraft is practised, there are tendencies to blame sexual interactions for any diseases or occurrences that seem hard to explain (Sivela, 2016). When the first

cases of HIV/AIDS were reported in Africa, there were people who believed that HIV/AIDS was caused by witchcraft. Perhaps this is from the belief among some African cultures that sicknesses were brought by curses, punishment from the gods, being bewitched or even evil eye. The view that HIV/AIDS was a curse or was caused by witchcraft made people not use condoms because they believed that the sickness could only be cured traditionally (Sivela, 2016).

Families in most African communities are patriarchal in nearly all aspects, from ways of looking for food to issues relating to sex. In most instances, especially from the past, sex was initiated by men (Kang"ethe & Xabendlini, 2014) hence they were the ones who decided on whether to use condoms or not. Though this has changed with empowerment of women, there are still many instances of women being forced into sex by their partners against their wishes.

The number of wives per man in some cultures was seen as a form of wealth; proof of masculinity and sign of brevity (Kang"ethe & Xabendlini, 2014). Many traditional cultures in Kenya encouraged men to marry more than one woman as an economic status symbol. Those of this belief may therefore have a challenge in deciding to use condoms because it goes against their core beliefs, hence could explain the low uptake rates. This has led to making people more vulnerable to HIV/AIDS.

Some cultures like the Maasai believe that using condoms is akin to wasting semen (Maticka-Tyndale & Kyeremeh, 2010). In the Maasai culture, the sexual act is not viewed as complete if there is no transfer of semen. Maticka-Tyndale and Kyeremeh 2010) noted that the Maasai believed that semen was important in the development of the

bodies of girls. This belief contributes to not using condoms especially among the Maasai youth and other tribes that might have similar beliefs.

Condom Use Myths and Beliefs

There have been many myths related to sexual matters. First, there were myths regarding the origin of HIV/AIDS. In the early days of HIV/AIDS menace, there was a belief that HIV was invented by the white race to reduce or finish the black race (Sivela, 2016). Secondly, there were myths on curing of the disease. Some cultures believed that having sex with a virgin could cure AIDS. In addition, in other cultures it was believed that condoms came already infected with sickness (Sivela, 2016). The gel used to lubricate the condoms, according to Mufune (2005) was seen by some people as the one that carried AIDS.

Religion and Condom Use

Religion can contribute to usage or non-usage of condoms by either supporting or not supporting their use. Religions that view condoms as items that should be used purely for family planning within the setup of marriage and condemn their use among the youths have contributed in making youths shy away from buying condoms. As Lucea et al. (2013) noted, these religions argue that condoms are facilitators of promiscuity among the youth who should be abstaining from sexual practices.

For instance, the Catholic Church in Kenya was reported to be opposing the advertisement of condoms. Mwangi (2015) reported that their view was that the advertisement of condoms encourages youth to engage in sex instead of encouraging them to abstain. The push by religious people for abstinence has been reported to be ignorant of the circumstances under which young people engage in sex (Okeyo, 2017).

Religious leaders need to first understand why the youth are having sex before throwing a blanket condemnation. While it may be true that condoms may make youths to engage in sex more often, it is important to note youths will always be sexually active and there is need to protect them from diseases.

Youths‟ Perception towards Condoms

AIDS is a major cause of death among the youth. Reports have shown that in 2014, young people who died of HIV/ AIDS in Kenya were 9,720 (NACC, 2015). As noted by Guo et al. (2014), young people do not consider the consequences of unsafe sex seriously because some perceive themselves as „invulnerable‟ to the risk. The thinking that they are not at risk increases their chances of contracting STIs. This contributes to lack of condom use because the youths do not see reasons why they should protect themselves.

Conversely, there are other youths who view the HIV/AIDS as a disease that they cannot escape. They argue that HIV/AIDS is something that they can get from sharing water, during shaving, shaking hands, from a cough of an infected person among others (Maticka-Tyandale & Kyeremeh, 2010). Young people with such views see no need for protection. Reports have shown that some people still believe that condoms carry chemicals that are harmful to men (Nishtar, Sami, Faruqi, & Khowaja, 2013). These chemicals were rumoured to cause infections and inflammation of body parts. Scientific research has however proven that condoms do not cause infections. While this clarification is good in dispelling fears of condom use, the question of whether this information is available to the youth or is only accessible to researchers has not been sufficiently answered (Nishtar et al., 2013).

Another perception is that the use of condoms reduces sexual pleasure (Nishtar et al., 2013). However, in a study carried out in America by Sanders et al. (2010), it was confirmed that there is no pleasure difference between condom users and non-condom users. While this could be true, many young people may not have access to such studies hence may still believe the myths. Such perceptions should act as a wakeup call to the communicators, so that they stop focusing only on increased knowledge but instead ensure that the message reaches to the youth in the right context of application (Ndati, 2013).

Challenges Faced by Youth in Using Condoms

Some young people feel that it is hard buying condoms because everyone will know their intentions. Lack of confidentiality when buying condoms makes buyers embarrassed hence shying away from buying condoms (Mufune, 2005). In Kenya condoms are sold in shops, chemists, and supermarkets where they are displayed near the tills. This makes it „embarrassing" to queue in a line in a supermarket to buy condoms or even buying from shops when there are other customers being attended to. If it is embarrassing for adults to buy condoms then it is even more embarrassing for youths.

Trust is a key ingredient in every successful relationship. The insistence on use of condoms by one partner can easily break the trust of the other partner (Fox, 2002; Tersbol, 2002). In addition, this could easily be interpreted to mean that the person insisting on using condoms is afraid of their own promiscuity being exposed (Stutterheim et al., 2013). Condoms are associated with casual sexual relations and not relationships where the partners view themselves as committed. Some young people will fail to insist on using condoms so as to "prove" their "love" for the partner without knowing that they are putting themselves at risk of contracting HIV/AIDS (Tobias, 2001).

Some users have also argued that condoms have an offensive smell. This smell can contribute to non-usage of condoms among the youth. The smell may make youth shy away from using the condoms because of the fear that the people they will interact with afterwards will be able to pick the conspicuous smell of condoms. Most young people, especially within the school going age, engage in sex in secrecy hence will try to avoid anything that would expose them (Mufune, 2005).

Condom use among the youth is a habit-forming behaviour. As noted by Guo et al. (2014), condom use at sex debut is likely to lead to condom use during subsequent sex intercourse. Condom use should be encouraged especially considering that it‟s the only family planning method that reduces the risk of contracting STIs (Cates & Steiner, 2002).

Empirical Literature Review

Youth are Sexually Active

Sex debut starts at an early age and many young people are sexually active. Coma (2014) in a study in rural Kenya noted that from the respondents contacted for the study, the median age for sex debut was 15 years for females and 12.5 years for males. This corroborates with a study done in the United States of America (USA) which found that almost half of high school students were sexually active (CDC, 2012; as cited in Haley, Puskar, Terhorst, Terry, & Charron-Prochownik, 2013). According to Ndati (2013), seven out of ten girls and eight out of ten boys had engaged in sex before 20 years of age. Kenyan adolescents and youths are sexually active; reports have shown that 70% of pregnancies in Kenya are in ages 15 to 24 years (NACC, 2015).

New Infections High among the Youth

Adolescents comprise a substantial number of new infections of STIs all over the world. A study in the US showed that 50 percent of new infections of sexually transmitted diseases were among the adolescents (Weimstock, Berman & Cates, 2004 as cited in Ritchwood, Ford, DeCoster, Lochman, & Sutton, 2015). A report on the Kenya Aids Strategic Framework released in April 2016 indicated that HIV prevalence among the youth is significantly high and number of new infections is on the rise (Githugo, 2016). NACC (2015) reported that 29 percent of new infections in Kenya were among the youth.

Low Condom Use Despite a lot of Awareness Creation

Studies done in Kenya have confirmed low condom use despite easy access to condoms and having sufficient knowledge about the use of condoms. A study by Coma (2014) revealed that although 72% of respondents reported to have access to condoms, only 11.1% males and 26.3% females reported condom use in their last sex encounter. This corroborates with studies done in the USA among high school students that showed that despite knowledge on effectiveness of condoms, nearly 40% of youths were sexually active but not using condoms (Haley et al., 2013). Previous studies in Kenya have shown that the knowledge about HIV/AIDS is high. Ndati‟s (2013) study established that four in every five 15 to 19 years old were aware that someone who looks healthy could be infected with the AIDS virus.

Conceptual Framework

Factors affecting condom adoption hypothesized to affect judgments of risk behaviour include youth‟s attitude towards condom use, subjective norms, youth‟s belief,

socio-economic factors, and cultural practices and myths as shown in Figure 2.1. These factors are expected to change people‟s intentions towards performance of behaviour. This study assumes that judgment of whether or not to use condom during sexual intercourse is directly affected by the intentions of the two parties involved. These intentions are the result of attitudes, subjective norms and perceived behavioural control as outlined in the TPB. In addition, other factors influencing intention to use condoms include cultural practices and socio-economic aspects. Exposure to mass media campaigns and counselling are possible intervening variables that could influence the relationship between the independent and dependent variables. Independent Variable

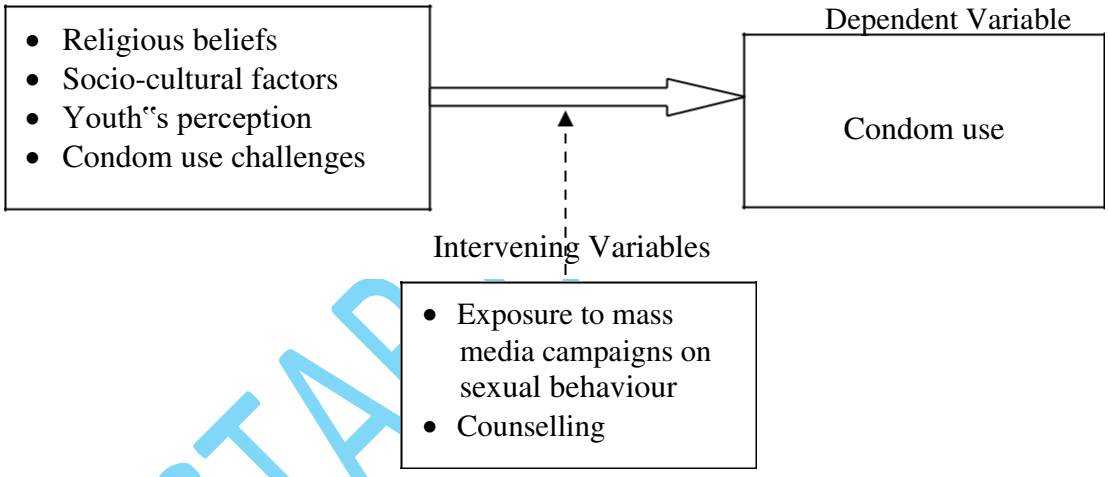

Figure 2.1: Conceptual Framework

Source: Nganda (2018)

Discussion

There are many factors that influence decisions regarding risky behaviour such as smoking, unprotected sex, drug abuse, driving under influence of alcohol, and speeding among others. Engaging in unprotected sex is one of the severe risk behaviours,

especially considering that the number of people either living with HIV/AIDS or died from HIV/AIDS is quite high.

As aforementioned in this literature, youths are quite vulnerable to risky behaviour since they are sexually active and are not using protection as expected hence the high rate of HIV prevalence among 15 to 24 years olds. This is despite the many mass media campaigns that have been done to convince them to either abstain from sex or use condoms. This leads to questions of whether the awareness creation done on condom use has achieved the expected result. Youths are high media consumers hence it is safe to assume that the mass media campaigns on condom use have reached them. Therefore, it can be said they are aware of the dangers of unprotected sex and that they know the value of using condoms. Yet they are not using the condoms.

As informed by the TPB, intentions do have a considerable causal effect on behaviour. A change in intention directly affects the behaviour under study. It is necessary to find out whether campaigns on condom use have been focusing on changing youths intentions towards condoms use. Condom adoption is influenced by attitudes, subjective norm and PBC as outlined in the TPB. For instance, carrying condoms is a planned behaviour that clearly shows intention to use condoms (Shilo & Mor, 2015). This makes it apparent that when condom carrying becomes an accepted behaviour among the youth, condom adoption will be high hence their use will increase.

Summary

This chapter presented the theory of planned behaviour which is the theory that informed this study. In addition, the chapter reviewed both general and empirical literature on past studies conducted on condom use especially among the youth. It also

presented a conceptual framework on the key variables and concluded with a discussion on the study topic. The next chapter delves into research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

Studies in social sciences mainly rely on descriptive research methods, because the aim is to report what is happening without controlling the variables (Kothari, 2004). Behaviour change communication lies under social sciences hence descriptive research methodology is the one commonly used. For instance, Mufune (2005) used descriptive research method in a study on condom myths in Namibia. The study by Mufune (2005) used interviews with key informants and focus groups to examine views of the target population towards condoms. Further, Ndati (2013) used the descriptive method to study knowledge and behaviour patterns in relation to HIV/AIDS among high school students in Kenya. This study therefore used descriptive research methods to examine the factors that influence youth‟s decisions to use or not use condoms without controlling any of the variables.

This chapter presents the process used in data collection, data analysis and data presentation based on the set objectives and questions. It explains in detail the research design used, population and sampling procedures, tools used in data collection, techniques used to analyze the data and ethical considerations that were observed during the study to answer the research questions posed in chapter one.

Research Design

This research adopted descriptive research design. According to Mugenda (2008), a descriptive research design is a powerful tool in generating hypotheses to establish the degree of subjects under study. It is useful in exploring reasons for the presence of

disparities and coming up with recommendations on how to address the disparities. Descriptive research design was useful in describing the relationship between the independent, dependent and intervening variables. It guided the collection of the data to ensure relevancy to the study from the identified sample frame in order to ensure reliability.

The literature reviewed in chapter two of this study showed that youth are sexually active (NACC, 2015) and that there is low condom use among the youth as evidenced by the significantly high HIV prevalence among them (Githugo, 2016). Consequently, the researcher was interested in finding out the relationship between the factors that affect condom use and the sexual behaviour of the youth.

Population

The target population of this study was selected from youth aged between 15 and 24 years living in Kibera Slum. As defined by Mugenda and Mugenda (1999) a population is the entire group of objects or individuals who share an observable characteristic.

Target Population

Target population is seen as the total number of members in a given area where the researcher wishes to apply the findings of the study (Mugenda & Mugenda, 1999). To ensure meaningful accomplishment of this study, Kibera Slum was selected as the area of study. Kibera Slum is in Kibra Constituency and considering that the slum covers nearly the whole of the constituency, for the purpose of this study Kibra Constituency was taken to mean Kibera Slum. The youth in Kibera Slum represented the target population. These youths share the same residential area, have reasonably similar access to mass media

channels and are faced by the same challenges. The total population of Kibra Constituency in 2015 was 201,293 and the youth population was estimated to be 50,000 (KNBS, 2015). Kibra Constituency has five wards and their population is presented in Table 3.1.

Table 3.1: Kibra Constituency Population per Ward

Ward	Population	Estimated Youth population	Percentage
Laini Saba	28,172	7,000	14%
Lindi	52,456	13,000	26%
Makina	34,805	9,000	17%
Woodley	31,500	8,000	16%
Sarang‟ombe	54,310	13,000	27%

Source: Kenya National Bureau of Statistics (2015)

Kibera Slum was selected as the area of study because it was the largest slum in Kenya and had high youth population, was conveniently reachable by the researcher and HIV prevalence had been reported to be high.

Sample Size

The sample for this study was drawn through both proportionate stratified sampling and purposive sampling in order to give every respondent an equal opportunity of being selected while ensuring that the sample was relevant for the study. The target population comprised five strata based on the administrative wards under Kibra Constituency. Respondents were selected from each of the strata based on the total size of each of the strata and whether they possessed the attributes the researcher was interested in studying. This ensured good and statistically sound representation of the respondents from the strata and increased the possibility of gathering data that was relevant for the study.

The sample size was calculated based on Yamane‟s formula (Yamane, 1967). This formula was preferred based on Gbegi and Adebisi‟s (2015) recommendation that it is suitable when dealing with a predetermined population.

$$n = \frac{N}{1 + N(e)^2}$$

Where,

n=the sample size

N=the size of population (50,000)

e =the acceptable margin of error (5%)

95% confidence level and p=0.5 are assumed

Given the target population (N) as 50,000 and assuming an error margin of 5%, and a confidence level of 95% the resulting sample size (n) is computed as:

$$n = \frac{50{,}000}{1 + 50{,}000(0.05)^2} = \frac{50{,}000}{126} = 396.825$$

The researcher worked with a sample size of 400 respondents. Based on the ward population percentages (KNBS, 2015) the sample consisted of 56 youths from Laini Saba, 104 youths from Lindi, 68 youths from Makina, 64 youths from Woodley and 108 youths from Sarang‟ombe. This formed the sample that was served with questionnaires.

Sampling Techniques

Sampling is the process of choosing participants from the population so that they can be studied and the findings generalized to the total population (Gliner, Morgan, & Leech, 2009). Sampling is a very important process because it helps a researcher save time and cost and control quality by assessing only a few participants instead of struggling to reach everyone in a population (Gliner et al., 2009). In selecting a sample, 31

caution should be taken to ensure that the sample is representative of the target population so that the results of the study are „generalizable" to the population. „Generalizability" of results means that whatever is true for the selected sample will be true for the target population (Sumser, 2001). A sample must look like what it is representing.

Purposive sampling was put to use in this study. Purposive sampling was preferred to deliberately ensure that the sample composition was relevant to the proposed study (Gravetter & Forzano, 2012). In deciding the total sample for this study, the consideration for gender and area of residence was most important in order to ensure a representative sample. The researcher sought assistance from the local chiefs and *Nyumba Kumi* leaders on identifying the youth who were staying within their area.

The target population comprised five subgroups based on the administrative wards. The sample was drawn from the five wards. From the target population, once the researcher had decided on the total number of respondents to be picked per subgroup, the researcher used purposive sampling to select the respondents from each subgroup as it had been pre-determined.

Data Collection Instruments

Data was collected using questionnaires. This research relied on the youth as the main source of data. This was in line with Hodges" (2010) view that most social and health research studies rely on people as their primary source of data. The questionnaires were used to find out youths" sexual behaviour, their views on condom use, factors determining condom use decisions and their attitudes and perceptions towards condoms.

The questionnaires were structured in order to eliminate bias and to ensure that all respondents had the same questions.

Questionnaires

Data collection involved administration of detailed questionnaires that had a series of questions designed to elicit information from the respondents. Most of the questions were closed-ended to enable coding of the responses. The questionnaires were then distributed door to door in the targeted areas. During the distribution of the instrument the purpose of the research was explained to the respondents. The use of questionnaires was expected to ease the process of data collection as all the selected respondents were reached in time.

Data Collection Procedures

Once the researcher had received approvals from both Daystar University and the National Commission for Science, Technology and Innovation (NACOSTI), three research assistants were recruited and briefed on the purpose of this study. The researcher recruited the three research assistants from people who were not living in or near Kibera. In addition, the researcher clearly briefed them on how to collect data with emphasis on protecting the confidentiality and privacy of the responses received from the respondents.

Questionnaires were translated to Kiswahili for the sake of respondents who did not understand English very well. Questionnaires were printed and divided according to the subgroups identified earlier. *Nyumba Kumi* leaders were approached to guide the researcher to the houses where the youths stay in each of the area. Potential respondents were identified and asked to confirm whether they live in Kibera and whether their age was between 15 and 24 years. This was followed by a detailed explanation of the purpose

of study by the researcher or research assistant in addition to informing them that their participation was voluntary, that they should not write their names or any form of identification on the research tool, and that their responses would be kept confidentially. The respondents who were in agreement were given a questionnaire to fill. The filled questionnaires were handed to the researcher on a daily basis for safe keeping.

Pretesting

For the purpose of this research, the research instrument was pre-tested for reliability and validity. The pretesting was done at Mathare Slum; this was to enable refining of the questions so that they captured the objectives and make it possible for the respondents to answer them with ease. It also helped in knowing if the questions were suitable for the set objectives. Mathare Slum in Nairobi was selected because it shares several audience characteristics with the target area, and it shares the same disease burdens and risk factors as Kibera (Corburn & Karanja, 2014). Validity was confirmed through consistency of the responses to the questions.

Data Analysis Plan

Quantitative approach was used for data analysis. The quantitative data from the questionnaires was coded and analyzed using Statistical Package for Social Sciences (SPSS) version 24.0. It was presented in form of tables and graphs based on the stated research questions. Data generated from the open ended questions in the questionnaires was categorized in themes, summarised and reported in narrative form based on the responses received.

Validity and Reliability of the Instruments

Validity is the accuracy and meaningfulness of inferences, which are based on the research results (Mugenda & Mugenda, 1999). It is the degree to which results obtained from the analysis of data actually represent the variables of the study. On the other hand, reliability is the ability of a research instrument to consistently measure characteristics of interest over time. Mugenda and Mugenda (1999) advocated that there is reliability of an instrument if a researcher administers a test to a subject twice and gets the same score on the second administration as the first test.

Ethical Considerations

The researcher made every effort to ensure that the respondents understood the nature of the study to be carried out and how it might affect them. That way the respondents knew what to reasonably expect from the study (Creswell, 2003). The researcher explained to the respondents about the research and clarified that the study would be used for academic purposes only. In addition, the researcher made it clear to the respondents that they had the right to ask questions or seek clarifications during any point of the study and that their privacy would be respected.

The researcher ensured anonymity during data collection. As recommended by Creswell (2003), the researcher disassociated the names of the participants from the responses given during recording and coding of responses. In addition, the researcher made it clear to the respondents that while filling the questionnaires, they could avoid indicating their names or any form of identification on the questionnaire papers.

At the time of carrying out this study, the researcher informed the respondents that their participation was voluntary and that they were free to withdraw at any time of

their choice. As recommended by Creswell (2003), respondents in a study should not be coerced into participation. In case of the withdrawal of a respondent, the researcher got a replacement. The respondents were also assured by the researcher that their responses would be treated with utmost confidentiality. The researcher has ensured that any information gathered during this study is not made available to anyone who was not part of the study. The researcher ensured any data related to this study was safely kept.

Lastly, the researcher sought approval from relevant bodies such as Daystar University"s Ethics Review Board (ERB) and National Commission for Science, Technology and Innovation (NACOSTI) before starting to conduct the research.

Summary

This chapter has presented a detailed methodology of the research method that was used to conduct this study. It has provided a detailed presentation on the research design, the study population, sampling methods, data collection instruments, data analysis and the ethical considerations that guided this study. The next chapter is on data presentation, analysis and interpretation.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Introduction

This chapter presents data, its analysis and interpretation based on the study objectives as outlined in chapter one. This covers data on factors affecting communication of condom use among the youth, their perceptions on condom use and last challenges that the youth face in adopting condoms.

Presentation, Analysis and Interpretation

Response Rate

The researcher issued 400 questionnaires to youth living in Kibera Slum, out of which 356 questionnaires were returned duly filled. As depicted in the Table 4.1, this represents 89% response rate.

Table 4.1: Response Rate

Response Rate	Frequency	Percentage
Total number invited	400	100%
Total number of responses	356	89%

Response rate, according to Mugenda and Mugenda (1999) is vital in determining the representativeness of the selected sample. Though they recommend that a researcher should try achieving the highest response rate possible, their view was that a response rate of above 70% was good enough for data analysis and reporting. This affirmed that the response rate of 89% achieved in this study was sufficient for data analysis.

Demographic Data

This section covers the age of the respondents, their marital status, education level attained, occupation and relationship status.

Age of the Respondents

This study sought to find how old the respondents were. The findings show that 61.2% of the respondents were aged between 15 and 18 years, 27% were aged between 19 and 21 years while 11.8% were aged between 22 and 24 years.

Table 4.2: Age of Respondents

Age	Frequency	Percentage %
15-18 years	218	61.2
19-21 years	96	27.0
22-24 years	42	11.8
Total	356	100.0

The findings indicate that the target area had a high concentration of young people. The majority (88%) of the respondents were aged between 15 and 21 years. The researcher observed that the population size decreased with increase in age. According to these findings, HIV/AIDS could infect anyone irrespective of their age. However, the impact of the infections among the youth could be worse such that if young people aged 15 got infected and did not get any help, there was a high possibility that a whole generation could be wiped out.

Gender of the Respondents

The respondents were asked to indicate their gender. The findings indicated that 51.1% of the respondents were female while 48.9% were male. This means that though the female respondents were slightly more, the population seemed to be almost balanced in terms of gender.

Table 4.3: Gender of Respondents

Gender	Frequency	Percentage %
Female respondents	182	51.1
Male respondents	174	48.9
Total	356	100.0

These findings mean that HIV/AIDS is a disease that could affect any gender, whether male or female. However, young people were at risk a higher of HIV/AIDS infections.

Education Level of the Respondents

The study sought to find out the education level of the respondents. Finding the level of education was important in understanding whether condoms use decisions were influenced by educational level. The results indicated that 40.4% of the respondents had attained primary school education, 34% had attained secondary school education, 21.3% had certificate level education, 4.3% had attained diploma level education while no respondents had a university degree.

Table 4.4: Respondents by Education Level

Education Level	Frequency	Percentage %
Primary	144	40.4
Secondary	121	34.0
Certificate	76	21.3
Diploma	15	4.3
Degree	0	0.0
Postgraduate	0	0.0
Other	0	0.0
Total	356	100.0

The findings in Table 4.4 indicate that the majority of the respondents did not have post-secondary education. Seventy-four percent had either primary or secondary level of education compared to 25.6% who had either certificate or diploma level education. This confirmed that slums suffered from poor education levels thus affecting the residents‟ economic status and ability to make. The level of education attained could affect condom use decisions in that, increase in education level would probably increase comprehension hence better judgements of risk behaviours leading to favourable decisions on condoms use.

Occupation of the Respondents

To understand the economic status of the respondents, the researcher asked them to indicate their occupations. From the results shown in Table 4.5, 44.7% of the respondents indicated that they were casual labourers, 34.3% were students, 18.5% were looking for employment while 2.5% were running their own businesses.

Table 4.5: Respondents by Occupation

Occupation	Frequency	Percentage %
Student	122	34.3
Casual labourer	159	44.7
Running own business	9	2.5
Looking for employment	66	18.5
Others	0	0
Total	356	100.0

From these findings, the majority of the respondents indicated that that they were either students, casual labourers or unemployed. This means that they did not have a reliable source of income.

Relationship Status of the Respondents

The respondents were asked to indicate whether they were in a relationship in any sexual relationships. From the results, 31.7% of the respondents indicated that they were in a relationship while 68.3% stated otherwise.

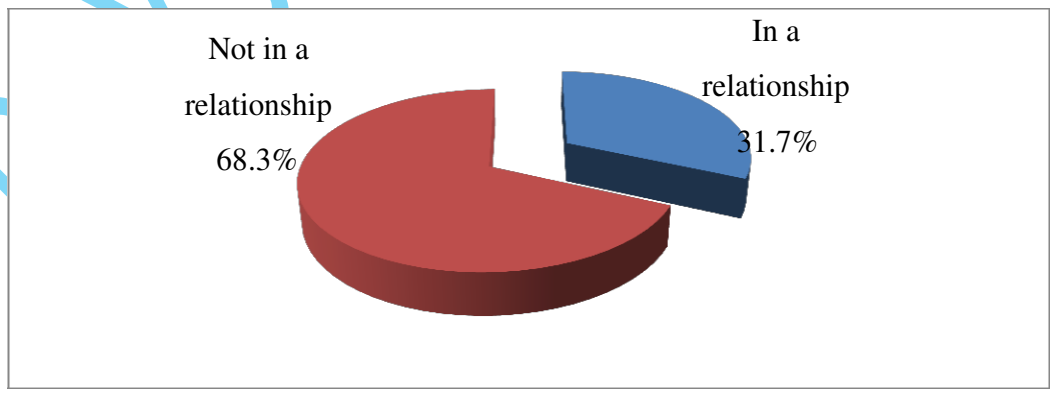

Figure 4.1: Relationship Status of the Respondents

For the 113 respondents who indicated that they were in a relationship, when they were asked to choose the type of relationship, majority of the respondents at 60.2% indicated that they were not in a serious relationship, 18.6% were married, 11.5% were in relationship that they expected would lead to marriage and 9.7% did not respond to the question.

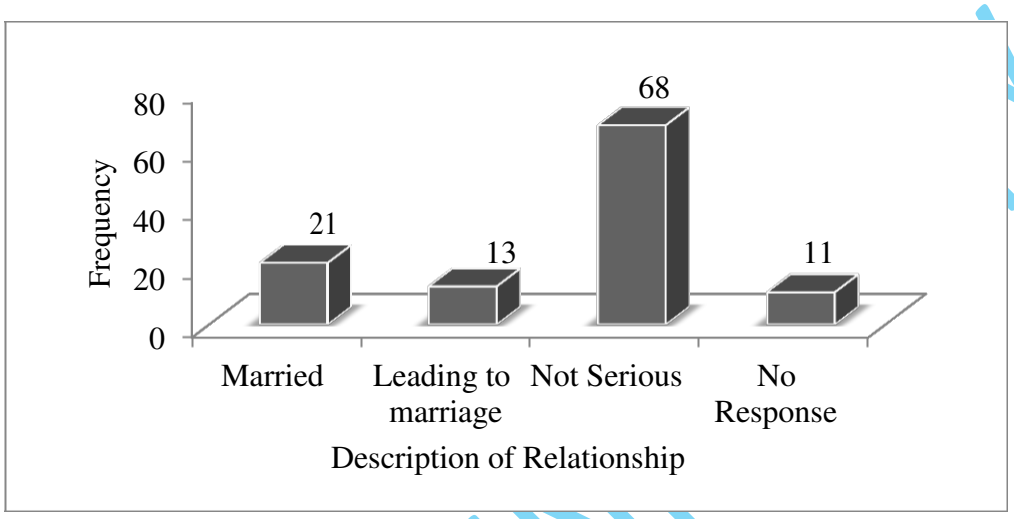

Figure 4.2: Respondent Description of the Relationship

Sexual Activity of the Respondents

The study sought to find out the sexual activity of the respondents in order to determine whether there was any need for condoms. From the findings in Figure 4.3, the majority of the respondents at 50.4% stated that they were sexually active. 28.3% indicated they were not sexually active while 21.3% opted not to respond to the question.

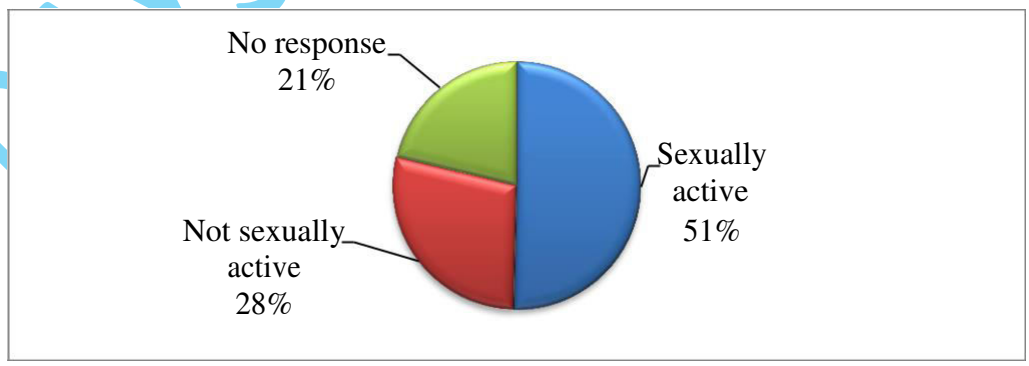

Figure 4.3: Sexual Activity of the Respondents

Respondents‟ Last Sexual Encounter

The respondents were asked to indicate when they last had a sexual encounter. A majority of the respondents at 66% indicated that they had their last sex encounter either a week or a month before the date of the study. This means that the youth who took part in this study were sexually active.

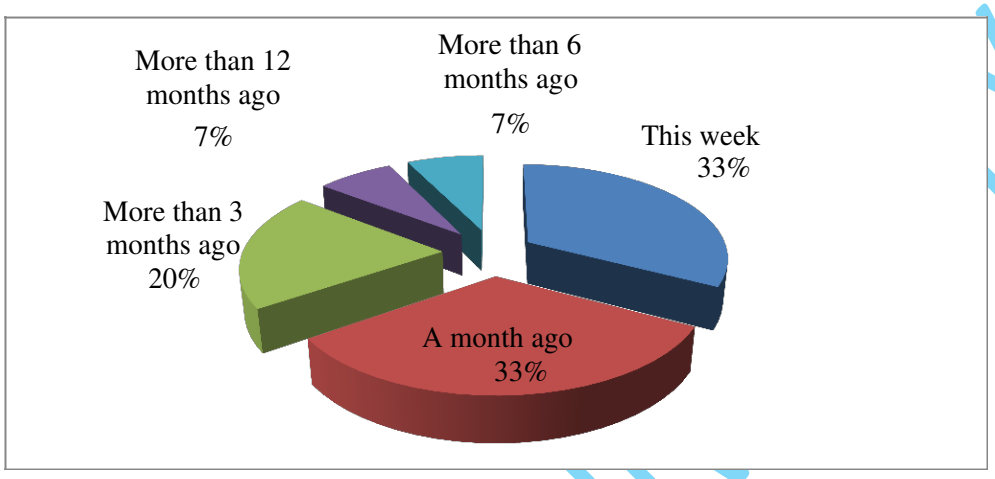

Figure 4.4: Respondent's Last Sex Encounter

Social-Cultural Factors and Religion Influence on Condom Use

To examine the effect of the selected factors on condom use, the researcher first sought to find out whether the respondents had heard about condoms, the source of information and the nature of the information.

Whether the Respondent had Heard about Condoms

With regard to condom awareness, the study established that the majority of the respondents at 98% of the respondents had heard about condoms while 2% did not respond to the question. This meant that condom knowledge was very high among the youth though there were concerns whether the knowledge had been acted upon.

Table 4.6: Respondents Heard About Condoms

Heard about condoms	Frequency	Percentage %
Heard about condoms	349	98.0
Not heard about condoms	0	0.0
No response	7	2.0
Total	356	100.0

This showed that the youth were aware of condoms and it could be assumed that they were aware of their potential in preventing the spread of diseases.

Social Factors

The respondents were asked to identify their source of information on condoms. From the findings, the majority of the respondents at 72.2% indicated that their source was teachers, 66% acquired the information from friends, 57.3% learnt about condoms from television, 44.7% heard about condoms from radio, 38.2% read about the information from newspapers, 33.9% got the information from parents, 33.9% learnt about condoms from magazines, 25.6% read about condoms from billboards and 19.1% got the information from places of worship.

Table 4.7: Respondents Source of Information about Condoms

Source of Information about Condoms	Frequency	Percentage %
Parents	121	33.9
Teachers	257	72.2
Friends	235	66.0
TV	204	57.3
Radio	159	44.7
Newspapers	136	38.2
Magazines	121	33.9
Billboards	91	25.6
Church/mosque/temple	68	19.1

These findings indicate that teachers, friends and television were the leading sources of information on condom use for the youth implying that social institutions such as schools, places of worship, homes and peers were the best sources of information

among the youth. The fact condoms were hardly mentioned in places of worship, only 19.1% of the respondents indicated their source of information on condoms to be places of worship. This could be due to the reason that many religious groups advocated for abstinence among the youth, found sex to be an unholy topic or even operated in cultures where public discussions on sex were taboo.

The study further sought to find out whether the information received from different sources was for or against condoms. The study results indicated that information received mainly from television (72.3%) and friends (55.3%) was in favour of condom use. On the other hand, information received from parents (38.2%) and teachers (38.2%) was against condom use.

Table 4.8: Information Sources' View about Condom Use

Source of information	For	Against	Both	Neither	No Response
Parents	27.8	38.2	14.9	12.9	6.2
Teachers	33.9	38.2	21.3	4.6	2.0
Friends	55.3	12.8	19.1	10.6	2.0
TV	72.3	8.5	10.6	4.3	4.3
Radio	44.7	14.9	29.8	6.4	4.3
Newspapers	53.2	17.0	19.1	6.4	4.3
Magazines	40.4	17.0	29.8	4.3	8.5
Billboards	40.4	17.0	10.6	25.5	6.4
Church / mosque / temple	14.9	25.5	27.7	25.5	6.4

The findings mean that young people looked up to their parents hence their opinion on whether they should use condoms or not contributed greatly to condom use habits among the youth. The youth found it hard to use condoms when their parents and teachers were against them.

Cultural Factors

In trying to find out the influence of culture on condom use, the researcher asked the respondents to indicate their culture. However, most of them opted not to indicate

their cultural orientation. This was understandable considering that data collection was done at a time when there was tribal tension in most slums in the county. However, when asked to indicate the stand of their culture on sex among the youth, 46.8% of the respondents indicated that their culture was neutral on issues regarding sex among the youth, 34% indicated that their culture was against sex while 19.1% felt that their culture supports sex among the youth.

Table 4.9: Cultural Stand on Sex

Cultural Stand on Sex	Frequency	Percentage %
For	68	19.1
Against	121	34.0
Neutral	167	46.8
Total	356	100.0

These finding shows that the majority of the youth lacked a clear understanding of the teachings of their cultures on sex issues. The fact that the slum was in an urban setting where cultural practices were not as pronounced as much as in the village could explain the gap. In addition, the influence of the different cultures in the slum could have been watered down by influences from the western countries. According to Campbell and MacPhail (2002), culture should be able to clearly dictate to the youth what is expected from them on sexual matters.

The respondents were asked to indicate the names their cultures had given to condoms. Some of the names mentioned were "*kondonye*" (socks), "*kondule*" (balloon), "*mubira*" (ball), "*ompira*" (stretchy material), "*juala*" (paper bag), "*kashuol*" (use and throw away) among others. These names showed that from a cultural point of view, condoms were not taken seriously as gadgets that could prevent the transmission of dangerous diseases like HIV/AIDS.

Religion

The religion of the respondents was considered as another factor influencing condom use among the youth. The respondents were asked to indicate their religion. The results revealed the majority (82%) of the respondents were Christians. This meant that the residents of Kibera Slum were mostly Christians.

Table 4.10: Respondents' Religion

Respondents‟ Religion	Frequency	Percentage %
Christianity	295	82.9
Hinduism	9	2.5
Islam	36	10.1
Budhism	0	0
No response	16	4.5
Total	356	100.0

The study further set out to establish the view of the different religions towards condom use as understood by the youth. The respondents indicated that a majority of the religions were against the use of condoms as supported by 63.3% of Christians, 66.6% of Muslims and 75% of the Hindu.

Table 4.11: Religion's View about Condom Use

Religion	For	Against	Neither	None
Christianity	17.0	63.4	12.2	7.4
Islam	16.7	66.6	16.7	0.0
Buddhism	0.0	0.0	0.0	100.0
Hinduism	0.0	75.0	25.0	0.0

Importance of Religion to the Youth

The study sought to determine how important religion‟s view with regard to condom use was important to the youth. From the findings, the majority of the respondents at 93.6% indicated that religion was either very important (78.7%) or somewhat important (14.9%) as compared to 6.4% who indicated that religion was either 46

slightly important (4.2%) or not important (2.2%). This shows that religious beliefs and teachings towards condom use had a high chance of influencing whether condoms were used or not.

Table 4.12: Religion's Importance to Respondents

Religion‟s Importance to Respondents	Frequency	Percentage %
Very	280	78.7
Somewhat	53	14.9
Slightly	15	4.2
Not	8	2.2
Total	356	100.0

The fact that 93.6% of the respondents indicated that religion was either "very" or "somewhat" important clearly showed how much religion was valued by the youth. However, the fact that the same youth indicated that they were sexually active when the religious groups were promoting abstinence was an indication that the youth could not be following the teachings of the religious groups.

Perception of Kibera Youth towards Condoms

In trying to understand the perception of the youth towards condoms, the study sought to first establish whether the respondents had ever seen a condom. The majority (97.8%) of the respondents agreed that they had seen condoms before while only 2.2% did not respond to the question.

Table 4.13: Respondents Encounter with a Condom

Encounter with a Condom	Frequency	Percentage %
Ever seen a condom	348	97.8
Never seen a condom	0	0.0
No response	8	2.2
Total	356	100.0

The fact that the majority of the respondents had seen condoms signifies that condoms availability was not a major challenge even in slums. However, when the

respondents who had mentioned to be sexually active were asked whether they had ever used a condom, a majority at 72.3% indicated that they never used a condom while 23.4% who indicated that they had used condoms. This confirms that there was low condom use among the youth despite them being sexually active.

Table 4.14: Respondent Making Use of a Condom

Making Use of a Condom	Frequency	Percentage %
Has ever made use of a condom	42	23.4
Has never made use of a condom	132	72.3
No response	8	4.3
Total	182	100.0

The respondents were further asked whether they used condoms in their last sexual encounter. The findings revealed that 17% indicated that they used a condom in their in their last sexual encounter while 61.7% declined to respond to the question. The fact that the majority (61.7%) of the respondents declined to respond whether they had used a condom could mean that they had not used condoms hence were shied to open up.

Table 4.15: Respondents' Use of a Condom during Last Sexual Encounter

Use of Condom During Last Sexual Encounter	Frequency	Percentage %
Used a condom	31	17.0
Did not use a condom	39	21.3
No response	112	61.7
Total	182	100.0

The study further requested the respondents to give reasons why they used a condom during sexual intercourse. The majority of the respondents at 63.8% indicated that they used condoms to prevent themselves from STIs such as HIV/AIDS, 32% used a condom for protection and 25.6% indicated stated that they used condoms to avoid pregnancy.

Table 4.16: Reason to Use a Condom

Reason to Use a Condom	Frequency	Percentage %
Prevent STIs/HIV	20	63.8
Avoid pregnancy	8	25.6
For my protection/safety	10	32.0

The study further sought to examine whether respondents would carry a condom even when they had not planned to engage in sexual activity. The majority of the respondents at 57.4% indicated they would not carry a condom while 42.6% indicated they would carry a condom. Some of the reasons given by the respondents choosing not to carry condoms were that condoms could make them sexually aroused, they could be thought to be prostitutes and that they did not feel comfortable carrying the condoms.

Table 4.17: Would Respondents Carry a Condom

Would Respondent Carry a Condom	Frequency	Percentage %
Yes	152	42.6
No	204	57.4
Total	356	100.0

Youths Vulnerability to HIV/AIDS

The study sought to establish how the youth perceived their vulnerability to HIV/AIDS. The respondents were asked to rate their perceived HIV risk as “high”, “medium”, “low” or “no risk”. Thirty-one percent perceived their risk ass high, 8.5% indicated that their risk was medium, 2% rated their risk as low while 53.2% stated that they had no risk at all.

Table 4.18: Respondents’ Assessment of Risk for Contracting HIV/AIDS

Respondents‟ Assessment of Risk	Frequency	Percentage %
High risk	58	31.8
Medium risk	15	8.5
Low risk	4	2.0
No risk	97	53.2
No response	8	4.5
Total	182	100.0

The majority of the youth considered themselves to be invulnerable to HIV/AIDS. The fact that 55.4% of the respondents indicated that their risk of infection was either zero or low even when they were sexually active and not using condoms pointed to the possibility that the youth considered themselves to be invulnerable to the risk of getting infected with HIV/AIDS.

Respondents‟ Opinion to Sexual Activity

The researcher sought to examine the opinion of the youth towards sexual activity. From the findings, the majority of the respondents at 85.1% either disagreed or strongly disagreed with having many sexual partners, 74.7% felt that relationships could continue without being sexually active, 44.6% were of the opinion that people in relationship should always use condoms, 31.8% were indifferent on the effect of the opinion of their family members towards their sexual behaviour, 50.20% of the respondents disagreed with the suggestion that the opinion of their friends mattered most while 49% either strongly disagreed or disagreed with the suggestion to always use condoms despite relationship status.

Table 4.19: Respondents' Opinion on Sexual Activity

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Response
It is okay to have several sexual partners	70.2	14.9	4.2	2.2	8.5	0.0
No relationship can continue without sex	38.5	36.2	8.5	4.2	10.6	2.0
People in relationships should use condom always	19.1	10.7	23.6	17.1	27.5	2.0
The opinion of my family regarding my sexual behaviour matters most	12.6	21.6	31.8	14.6	16.9	2.5
The opinion of my friends regarding my sexual behaviour matters most	8.1	42.1	23.4	12.8	10.7	2.8
I would insist on using a condom every time I have sexual intercourse irrespective of my relationship with the other person	32.0	17.0	19.1	8.7	21.3	1.9

Findings in Table 4.19 further indicate 44.60% of the respondents either agreed or strongly agreed that generally people in relationships should always use condoms compared to 29.8% who either disagreed or strongly disagreed. However, when the question was made specific to the respondents, the majority (49%) either disagreed or strongly disagreed on insisting to use condoms despite the status of the relationship compared to only 30% who either agreed or strongly agreed.

To understand the views of the respondents towards communication on sexual matters, the researcher sought to get the opinion of the youth towards communication from parents, friends, teachers and through mass media channels.

Opinion on Communication with Regard to Sexual Activity

The study sought to examine the opinions of the youth with regard to communication on sexual activity.

Table 4.20: Respondents' Opinion on Communication Regarding Sexual Activity

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Response
Parents should be more open in discussing sexual matters with their children	10.7	2.2	21.1	19.1	46.9	0.0
I would use a condom if my teachers told me to	23.3	44.9	12.8	14.6	4.4	0.0
Seeing an advert on benefits of condoms is able to change my sexual decisions	19.1	6.5	31.9	23.3	19.1	0.0
I would use a condom if my friends said they were using condoms in their relationships	17.4	40.2	32.3	5.6	4.5	0.0
My friends opinion regarding condoms matters more than that of my parents	25.3	33.7	8.7	6.7	25.6	0.0
Adverts about condoms in our media are able to convince me to start using condoms	16.3	19.6	34.5	22.7	7.0	0.0

The respondents who either agreed or strongly agreed that parents should be more open in discussing sexual matters their children were 66% while 68.2% either disagreed or strongly disagreed with the suggestion on using condoms if influenced by their teachers. On influence from media, 42.4% of the respondents either agreed or disagreed

with the statement on whether seeing an advert on benefits of condoms influenced their sexual decisions while 35.9% either disagreed or strongly disagreed that generally adverts on mass media were able to convince them to start using condoms.

With regard to the respondents‟ opinion on peer influence, 57.6% strongly disagreed or disagreed with the suggestion that they would be influenced to use condoms if their friends were using condoms. However, 10.1% of the respondents either agreed or strongly agreed they could use condoms due peer influence. On comparison of influence from friends and parents, 59% of the respondents either strongly disagreed or disagreed their friends‟ opinions mattered as compared to 32.3% who generally agreed that they listened to their parents more.

Challenges Youth Face in Regards to Condom Use.

In this section, the challenges that youth faced that affected their condom use were looked into. The aim was to understand the challenges so that recommendations could be made on how to address them. Literature reviewed in chapter two revealed that some of the challenges the youth faced were embarrassment when buying condoms from shops and supermarkets and that condoms had an offensive smell (Mufune, 2005). The researcher therefore sought to find out the key things that the youth considered when buying a condom. From the results, the majority of the respondents at 73% indicated their priority when buying a condom was as the brand of the condom, 9.7% indicated that they considered price of the condoms while 7.6% prioritised the place where the condoms would be bought.

The brand of the condom the youth were accessing was the biggest concern among the respondents. As noted in chapter two, concerns had been raised that the free

condoms distributed by government and non-government organizations were of poor quality while the ones considered to be of high quality were sold at prices considered to be high for the youth in slums.

Table 4.21: Respondents' First Consideration When Making a Condom Purchase

Respondents‟ First Consideration	Frequency	Percentage %
Price	35	9.7
Brand	260	73.0
Where to Purchase	27	7.6
No Response	34	9.7
Total	356	100.0

The study sought to find out what challenges the youth faced in regards to using condoms. The responses received were grouped into sub-themes and coded. Key challenges identified included fear of condom bursting as mentioned by 34.8% of the respondents, 17.3% feared to buy condoms publicly, 98% said that condoms were expensive and 7.6% feared that condoms could have side effects and harm reproductive organs. Also some of the respondents indicated that the condoms reduced "sexual sweetness", could cause itching to the users‟ sexual organs and that some people could be allergic to the material used to make the condoms. This reveals that there were many myths that influenced condom use among the youth.

Summary of Key Findings

i. Many young people were sexually active hence being sure that they could access protection when need arose was of great importance.

ii. The majority of the youth were not comfortable carrying condoms.

iii. Condom knowledge was very high among the youth though there were concerns whether the knowledge had been acted upon

iv. The respondents indicated that the condoms reduced “sexual sweetness”, could cause itching to the users‟ sexual organs and that some people could be allergic to the material used to make the condoms. This reveals that there were many myths that influenced condom use among the youth.

v. Free condoms distributed by government and non-government organizations were of poor quality while the ones considered to be of high quality were sold at prices considered to be high for the youth in slums.

vi. Teachers, friends and television were the leading sources of information on condom use for the youth implying that social institutions such as schools, places of worship, homes and peers were the best sources of information among the youth.

vii. Condoms were hardly mentioned in places of worship, many religious groups advocated for abstinence among the youth, found sex to be an unholy topic or even operated in cultures where public discussions on sex were taboo.

Summary

This chapter covered the analysis, presentation and interpretation of data collected using questionnaires. The next chapter gives a discussion of the key research findings, highlights recommendations based on the findings and outlines areas that should be considered for further research.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter discusses the key findings in line with the study objectives. The aim of this study was to investigate factors that influence condom use among the youth despite the many communication campaigns that have been done to promote condom use and their ability to stop the spread of HIV/AIDS. In addition, the chapter presents the study conclusion, makes recommendations based on the study and proposes areas that should be considered for future study.

Discussion of Key Findings

Influence of Religion and Socio-Cultural Factors in the Uptake of Condoms among the Youth in Kibera

The study established that most of the religions were against condom use among the youth. The findings indicated that more than 60%of the respondents felt that their religion was against condom use among the youth. Perhaps this could be understood from the perspective that most religious groups pushed for abstinence until marriage. While this was the surest way of preventing the spread of HIV/AIDS, the religious groups should accept the reality that many youth were sexually active hence needed to be protected from HIV/AIDS.

The findings of this study agree with findings of a study done in Nigeria where it was discovered that religious beliefs made Christians reject condoms (Adamtey et al., 2014). In the same note, a study done in Zanzibar blamed Islamic belief for low condom use (Adamtey et al., 2014). These two examples confirm religion contributed to non-

usage of condoms. Religious beliefs that viewed condom use as a way of taking life when followed blindly could turn people against condoms without considering why the people were being encouraged to use condoms.

Over 90% of the respondents indicated that religion was either very important or somewhat important hence the teachings of the religious groups on condom use would play a big part on youth approval to either use or not use condoms. Non-usage of condoms seem be more pronounced in countries that are strongly religious. A study conducted in India where the majority of the citizens were Hindu believers showed that over 75% of the sexually active males were not using condoms (Chaudhary et al., 2015). Another study done in Iraq which is largely Islamic found that over 80% of the men surveyed had never used condoms (Ismael & Zangana, 2012).

Further, the Catholic Church has been criticised in the past for opposing condom advertisements (Mwangi, 2015). The reasoning of some of their leaders that condoms among the youth promote promiscuity negatively influences the attitudes of their followers. The Catholics seem to consider the condoms purely as contraceptives thereby prohibiting their use in that they disrupt the production of children (Carey, 2017). The view that condom use promotes promiscuity could be true to some extent.

Reports on condom use indicate that close to 60% of condoms globally are used outside marriage (Chaudhary et al., 2015). However, the religious motivated judgement that condoms are “morally unacceptable” coupled with the stigma that youth who are discovered to be sexually active are faced with is a major hindrance to the fight against the spread of HIV/AIDS. The religious groups should consider that some of their youth members are sexually active before throwing a blanket condemnation on the use of

condoms. According to Tariq and Khan (2017), it is not just the Catholics who are against condom advertisements. A majority of Hindus and Muslims view condom advertisements as offensive (Tariq & Khan, 2017).

Secondly, the findings of this study revealed that the leading sources of information on condoms among the youth were teachers (72.2%), friends (66%) and television (57%). Only 33.9% of the youth mentioned parents as their source of information despite the assumption that parents should play a key role on the sexual behaviour of their children. The theory of planned behaviour postulates that among the factors that influence behaviour is subjective norms. As presented by Conner and Armitage (1998), social circles in terms of cultures, friends and relatives play a major role in determining whether a given behaviour will be performed or not.

According to TPB the approval of social referents is critical in forming intention to perform or not perform a given behaviour. The approval of behaviour by relatives, peers and associates contributes greatly to the choices that are made towards performing that behaviour (Hsu & Huang, 2012). It is worth noting that the information the youth received from the television and friends was mostly supporting condom use while information from parents and teachers was mostly against condom use. When young people are growing up they spend a lot of time with their teachers and parents hence helping shape their attitudes towards several things like sex from a young age (Hsu & Huang, 2012). This study established that the majority of parents and teachers were against condoms was a key contributor to the low condom use among the youth.

The respondents‟ interpersonal relationships with peers, relatives and other individuals they interacted with determined their attitudes towards sex and condom

related issues. This is in line with Bongardt et al. (2015) that social context contributes to the youth‟s view of sexuality. Past studies have found that peer influence on sexual behaviour decreases with age (Brown et al., 1997). As adolescents spend more time with their peers, the increased interactions put pressure on the young people to copy the behaviours of their dominant peers so as to fit into the groups. The influence by social references is more pronounced on younger people than older ones (Bongardt et al., 2015).

The youth in general are more easily influenced by peers than adults (Bongardt et al., 2015). The younger youths will be easily influenced than the older ones. Someone who is 15 years old will be more easily influenced by friends, relatives and teachers on whether to use condoms or not. On the other hand, as the youth get old their resistance to influences from the social referents is more reinforced (Bongardt et al., 2015). Older youth will most probably to a larger extend rely on their own judgements in using condoms and not necessary the influence from the social norms

Peers in most cases form the reference frame within which youth think and act in addition to being the leading source of emotional support (Bongardt et al., 2015). Youth who spend a lot of their time with fellow youth who discuss and engage in sex will have a higher likelihood of engaging in sex than those who don‟t. Consequently, when youth hear stories of sex and condoms from their peers there will probably want to experiment so as not to feel left out.

Whether youths‟ thoughts towards condoms are for or against will be partly influenced by their peers and their inclinations towards condoms (Bongardt et al., 2015). Bongardt et al. further agreed that he larger the proportion of youth in a certain group who are engaging in certain behaviour, the higher the prospect of them influencing others

to adopt their behaviour. People copy behaviours based on whether they consider them as prevalent or desired among the people they look up to.

When a given behaviour is performed by more youth, this increases the tendency to perceive the behaviour as accepted. Studies have shown that youth will engage in the behaviour based on the reasoning that if the others youths are performing the behaviour then it is good (Fekadu & Kraft, 2002). If majority of youth in a group are engaging in sex without using condoms, there is higher possibility that they will influence those who are not engaging in sex or engaging in sex and using condoms to stop using condoms.

In addition, scholars have argued that consideration of social rewards in form of acceptance or rejection determines a youth‟s willingness to engage in a given behaviour (Heilbron & Prinstein, 2008). The thinking that performing a given behaviour will increase a youth‟s acceptance among their friends will easily strengthen their resolve to perform the behaviour. Equally if they feel that not performing the given behaviour will have them rejected by their peers then they will be inclined to performing the behaviour.

In terms of gender, Bongardt et al. (2015) viewed that females are more prone to influences from the social referents compared to males. Girls are more susceptible to influences from their social referents compared to boys. This becomes more pronounced when the youth grow up in socializations that promote sexual freedom among the boys while sexually restricting the girls (Bongardt et al., 2015). Studies have shown that male youth are usually under a lot of pressure from social referents to experiment and experience sex hence they easily follow their peers while the female youth are pressured to abstain by parents and teachers (Bongardt et al., 2015). The girls who are engaging in sex early are seen as deviant because they are engaging in a behaviour that is restricted

hence have a tendency to easily influence other girls to join in the behaviour. This is especially so among adolescents and early youth years when deviancy behaviour seems to be encouraged among peers.

Lastly, findings from this study revealed that the respondents were not keen on the values and beliefs of their cultures towards sex among the youth. This could be justified by the fact that the youth are living in a cosmopolitan urban setting hence cultural values may not be strictly adhered to. In addition, the influence of culture to young generation has been greatly reduced by the multicultural interactions within which the urban youth are growing in. Close to 50% of the respondents indicated that their culture was neutral on sex among the youth, this could signal that either the youth are not aware of the demands of their cultures or that the cultures are losing their clout in dictating how young people should behave. Though according to the TPB, culture provides experiences that help in forming attitudes, among the youth of Kibera the influence of culture is not significant.

The ability for a couple to confidently communicate regarding sexual risk and negotiate condom use in a set up where both genders feel they have an equal voice is a key contributor to safe sex (Matseke et al., 2012). However, the equality in sexual decision making seems like a mirage considering the cultural norms that tend to view men as dominant over women. Cultures that promote one gender controlling sexual health decisions such as condom use act as an impediment to condoms use (Leddy et al., 2016). Where culture encourages males to exhibit dominance over women on sexual matters condom use will be low.

While culture as a factor in condom use did not come out significantly in this study, perhaps due to the tribal tension that was prevailing during the time of data collection, this should not be taken to mean generally culture is not a major contributor. For instance, a study done in KwaZulu-Natal Province in South Africa found that the use of condoms was equated with confirmation of infidelity (Adamtey et al., 2014). Perceiving condom use as a sign of proving infidelity among partners to a great extent discourages condom use because most people want to be viewed as faithful by their partners.

Perceptions of Kibera Youth Towards Condom Use

The researcher found out that most of the youth were aware of condoms and many of them had seen condoms. However, only a small portion of the sexually active youth had used condoms. The findings of this study show that only 23.4% of the respondents had ever used condoms and only 17% used a condom in their last sex encounter. Most of the respondents indicated that they understood condoms could prevent the transmission of HIV/AIDS.

The majority of the respondents were shy to indicate whether they had used a condom the last time they had sex. Though the researcher assumed that the respondents were afraid of answering the question because they had not used a condom the last time they had sex, this shows that many young people found matters concerning sexuality to be too sensitive to be openly discussed. According to Oluga et al. (2010), there are cultures that consider sex a taboo topic especially when it is between people of different ages. The secrecy with which people approach sex discussions is a hindrance to condom use.

This study revealed that the majority of the youth at 57.4% feared carrying condoms especially if they were not planning to have sexual intercourse. The key reason given was that carrying a condom could make one be perceived as being a prostitute. As ateated by Shilo and Mor (2015), carrying a condom is a planned behaviour that she be accepted by the youth. An individual‟s perception of ease or difficult in a performing a given behaviour is key contributor to decision of whether the behaviour would be performed or not (Conner & Armitage, 1998). TPB proposes that individuals are more likely to perform behaviours that they perceive to have control over.

A majority of the youth did not consider themselves to be at risk of HIV/AIDS infection. The findings showed that 55.2% of the respondents assessed their risk of HIV/AIDS infection as either “low” or „no risk”. This is despite the fact that studies have shown that new infections are high among the youth compared to other groups. Perceiving their risk as low affected the respondents‟ intention to use condoms because they did not see any reason to protect themselves. Caldwell and Mathers (2015) stated that the tendency to view risk of infection as low which is common where youth feel they are in committed relationships raises the risk of one getting infected because though they may be sure of their own faithfulness it is not possible to guarantee that of their partners.

Challenges the Youth Face in Adopting Condoms

The key consideration that the majority of the youth who took part in this study made when purchasing condoms was the brand of the condom. This shows that the condoms supplied through social marketing services for free were not well received by the youth who were brand conscious and in most cases considered them as being of poor

quality. Yet, another challenge that the researcher identified was that the cost of the condoms was viewed as high by some of the youth.

Other challenges that were brought up included the fear of condoms bursting during intercourse; concern that it was embarrassing to buy condoms, that condoms reduced "sweetness" and they had negative side effects. The fear that condoms could burst during use shows that youth felt that the condoms would not serve the purpose well. For condoms to function well they had to be used properly and consistently. This would be hard to be achieved if the youth did not believe in their ability to use condoms well.

The respondents of the study considered it embarrassing to buy condoms. It was a major challenge for the youth to line up in a supermarket or chemist to buy a condom out of the fear that they would be judged as being promiscuous. According to Chaudhary et al. (2015), the fear of buying condoms is not a problem in Kenya alone. A study done in Ethiopia revealed that although respondents were aware of the potential of condoms in reducing the spread of infections, close to 45% of them indicated that they were not comfortable buying the condoms from shops. Mufune (2005) in a study done in Namibia also found that many people shy away from buying condoms because of the lack of confidentiality.

A number of myths hindered the youth form adopting condoms. Nishtar et al. (2013) stated that there are youth who fear that condoms are laced with chemicals that can potentially cause infections to their sexual organs. When youth believe these myths and misperceptions then it becomes easy for them to have excuses for not using condoms. When youth receive these kind of myths in the absence of right information on the ability of condoms, their attitudes towards condoms become unfavourable. As put forward by

the TPB, when attitude towards condoms is either unfavourable or negative, then the intention to use condoms decreases (Kautonen et al., 2015).

Kibera youth faced financial problems hence were not in a position tobuy condoms for protection. Financial challenges are potential threats to condom use. Economic insecurity increases vulnerability to getting infected with HIV/AIDS and reduces the ability to negotiate condom use especially among women (Caldwell & Mathews, 2015). Unemployment levels in slums like Kibera are usually quite high. This is usually fuelled by low levels of education coupled by lack of resources to engage in meaningful business. With the financial challenges experienced by the youth living in slums like Kibera condom are not a priority hence the incidences of their use is quite low. In addition, the female youth especially where they have no source of income may easily result to prostitution and may lack the ability to negotiate for condom use.

There were other challenges to condom use among the youth, which although they were not mentioned by the respondents during data collection are worth mentioning. According to Grasso et al. (2016), the most common challenges during condom use include condom breakage, slippage, incorrect use, and incomplete use. The ability of condoms in preventing the transmission of HIV/AIDS can only be realised when condoms are used consistently and properly. As indicated by Grasso et al. (2016), some people have reported that they remove the condom midway the sexual intercourse while others fail to use it properly.

Slippage and breakage can be blamed on not handling the condoms well before use or not inserting it in the right way. Grasso et al. (2016) blamed the above challenges to inexperience and lack of knowledge. Their recommendation, as suggested by Grasso et

al. (2016) was that the youth should be given clear instruction on the correct use of condoms. This can be achieved through forums to demonstrate the correct usage of the condoms to the youth. In addition, the youth should be guided on how to pay attention to attributes like size hence reducing incidences of slippage and breakage.

Conclusions

The study made the following conclusions:

i. The Kibera youth were sexually active and were not using condoms which raised their risk of HIV infection. Out of the 356 respondents who filled questionnaires, 51% indicated that they were sexually active and only 23.4% of the sexually active respondents indicated that they had ever used a condom.

ii. Teachers, parents and religious groups according to the youth were seen to be against condom use. The intention of the youth to use condom was influenced by the views of the people they looked up to such as parents, teachers and religious leaders. The fact that these social referents were against condom use by the youth contributed to non-usage of condoms among the youth.

iii. Youth"s perception that they were at low or no risk of HIV/AIDS infection greatly reduced condom use intention among the youth.

iv. Condom use among the youth was influenced by myths and misconceptions. Youth believed that condoms caused harm to their sexual organs while others thought that the use of condoms reduced the pleasure they got from the intercourse.

v. Some youth thought that condoms were not of good quality hence could burst while others found it embarrassing to buy the condoms. When youth believed on these myths, it negatively affected their condom use intentions.

Recommendations

Based on the study findings, the following recommendations were made:

i. Communicators should address the myths and misconceptions about condoms. Telling the youth to use condoms without first addressing the myths will bear little or no fruits. Communication interventions should aim at first dealing with the myths.

ii. The government should partner with condom manufactures not to produce new condom brands for free distribution but to ensure the already well-known brands are available to the youth at costs that they can afford.

iii. The government should make effort to provide condom brands that have high acceptance among the youth. Subsidizing the brands that are already available in the market and are well known could be a great way of promoting condom use among the youth.

iv. Parents, teachers and religious groups should be primary targets for communication interventions that are focussed on increasing condom use among the youth.

v. Parents and teachers should be open to discuss the sexual behaviour of their children and for those sexually active they should be introduced to condoms to prevent them from HIV/AIDS infections.

vi. Communicators should focus on making sure that the youth are aware that they are at high risk of HIV/AIDS infection.

vii. Campaigns to create awareness on condoms among the youth should emphasize why the youth should use condoms- because they are at high risk.

viii. Behaviour change campaigns should be tailored to suit to the specific audiences that they are targeting. Communicators should consider aspects like education levels, socio-economic and religious beliefs of the target audience.

ix. Social marketing organizations should provide the youth with instructions and guidance on how to properly use condoms. This will reinforce the self-confidence of the youth in their ability to use condoms.

x. The youth should rise beyond the fear of embarrassment and make condom carrying an accepted behaviour. Increase in willingness to carry condoms would signify intention to use condoms hence increase in the number of people using condoms.

Areas of Further Research

The purpose of this study was to examine the factors that contribute to low condom adoption to prevent the transmission of HIV/AIDS among the youth in Kibera Slum. This purpose has been fulfilled under the three objectives of this study which were to study influence of religion and socio-cultural factors in the uptate of condoms, to examine youth perception towards condoms and identify the challenges youth face in using condoms.

This study identified parents, teachers and religious groups as leading obstacles to the success of condom campaigns. This study only relied on the youth as the source of

data. Consequently, the researcher recommends a study on the attitudes of parents, teachers and religious groups towards condom use by the youth. The researcher further recommends a study on condom use among youth in rural areas. This current study only focused on youth living in urban areas specifically Kibera Slum. It would be of interest to find out what factors influence condom use among the youth in rural areas or other informal settlements in urban areas.

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APPENDICES

Appendix A: Questionnaire

Dear Respondent,

My name is Jeremiah M. Nganda, a post graduate student at Daystar University under the School of Communication, Languages and Performing Arts. Currently I am working on my Master‟s thesis on Factors Affecting Communication of Adoption of Condom use for the Prevention of HIV/AIDS Transmission among the Youth of Kenya‟s Kibera Slum. The goal of this study is to advance understanding of how behaviour change communication can be tailored to bring a positive effect among the youth. I therefore request you to truthfully answer the following questions; this will help me in carrying out an accurate study. This study is purely for academic purposes and all information received will be treated with utmost confidentiality.

Kindly read the questions carefully and give your honest answer. Carefully follow the instructions in each question. Please do not write your name on this questionnaire or indicate any form of identification.

Thank you.

Part A: General information

Please tick (√) the one that best describes you.

1) What is your gender: a) Male ☐ b) Female ☐

2) What is your age? Below 15 years ☐ 15-18 years ☐ 19 – 21 years ☐
22-24 years ☐

3) Where do you stay? a) LainiSaba ☐ b) Lindi ☐ c) Makina ☐ d)Woodley ☐
e) Sarang‟ombe ☐ f) others (specify) _____

Part B: Socio-cultural factors and religion influence on condom use

Please tick (√) the one that best describes you.

4) Highest education level completed: a) Primary School ☐ b) Secondary School ☐,
c) Certificate ☐ d) Diploma ☐ e) Degree ☐ d) Postgraduate ☐ e)
Others (specify)_____

5) What is your occupation? a) Student ☐ b) Casual labourer ☐ c) Running own business ☐ d) Looking for employment ☐, e) Other (specify)_____

6) (i) Are you in a relationship? a) Yes ☐, b) No ☐

(ii) If you answered Yes in question 6 (i) above, is the relationship sexually active?

a) Yes ☐ b) No ☐

(iii) If yes you answered yes in 6 (ii) please tick the one that best explains your relationship

a) I am married ☐

b) I am in a serious relationship that may lead to marriage ☐

c) I am not in a serious relationship ☐

d) Others (specify) _____

(iv) State how long you have been in the status you indicated in 6 (iii) above? _____

7) At what age did you start dating? _____

8) (i) Have you ever had sex at anytime in your life? a) Yes ☐, b) No ☐

(ii) If you answered **yes** in 8 (i) above, at what age was your first sexual intercourse? ___

9) When was the last time you had sexual intercourse? a) This week ☐, b) A month ago ☐

c) More than 3 months ago ☐, d) More than 6 months ago ☐, e) More than 12 months ago ☐

10) Have you heard about Condoms? a) Yes ☐ b) No ☐

11) What was your source of information on condoms? (you can tick more than one)

a) Parents ☐ b) Teachers ☐ c) Friends ☐ d) TV ☐ e) Radio ☐ f) Newspapers ☐

g) Magazines ☐ h) Billboards ☐ i) Church / Mosque / Temple ☐

j) Others (specify) _____

12) Was the message you have heard for or against condom use? Please tick as appropriate

Source of information	For	Against	Both	Neither
Parents				
Teachers				
Friends				
TV				
Radio				
Newspapers				
Magazines				
Billboards				
Church / Mosque / Temple				

13) (i) Which religion do you belong to? a) Christianity ☐ b) Islam ☐ c) Budhism ☐

d) Hindiusm e) Others (specify)_____

(ii) If you selected Christianity in 13(i) above, what is your denomination? _____

14) What is your religion"s stand on condom use among the youth?

a) Support condoms use ☐ b) Is against condom use ☐ c) Is neutral ☐ d) None ☐

15) How important is religion to you?

a) Very important ☐ b) Somewhat important ☐ c) Slightly important ☐

d) Not important at all ☐

16) (i) State your cultural background _____

(ii) What is your culture"s stand on sex among the youth?

a) For ☐ b) Against ☐ c) Neutral ☐

17) At what age does your culture permit sex among the youth _____

18) What is your culture"s stand on condom use among the youth?

a) Support condoms use ☐ b) Is against condom use ☐ c) Is neutral ☐

19) How important is your culture"s stand on condom use to you?

a) Very important ☐ b) Somewhat important ☐ c) Slightly important ☐

d) Not important at all ☐

20) What name does your culture give to condoms?_____

Explain what the name means

_____

Part C: Youths perception and attitude towards condoms

Please tick (√) where appropriate

21) Have you ever seen a condom in your lifetime? a) Yes ☐ , b) No ☐

22) Have you ever used a condom during sexual intercourse? a) Yes ☐ , b) No ☐

23) (i) Did you use a condom the last time you had sexual intercourse? a) Yes ☐ , b) No ☐

b) (ii) If yes in question number 23 (i) above, whose initiative was it to use a condom? a) Self ☐ Partner ☐

24) Why do you think people are advised to use condoms during intercourse?

_____

_____

25) Would you carry a condom even when you have not planned to have sexual intercourse? a) Yes ☐ b) No ☐

Explain your answer

_____

26) If you were asked to assess your own risk of HIV infection what would your assessment be?

a) High risk ☐ b) medium risk ☐ low risk ☐ d) no risk ☐

Please explain your answer

_____

27) On a scale of 1 to 5 please indicate the extent to which you agree or disagree with the following statements (1. strongly disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly agree). *Please tick one per question*

Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
It is OK to have several sexual partners					
No relationship can continue without sex					
People in relationships should use condom always					
The opinion of my family regarding my sexual behavior matters most					
The opinion of my friends regarding my sexual behavior matters most					
I would insist on using a condom every time I have sexual intercourse irrespective of my relationship with the other person					

28) On a scale of 1 to 5 please indicate the extent to which you agree or disagree with the following statements (1. strongly disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly agree). *Please tick one per question*

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Parents should be more open					

in discussing sexual matters with their children					
I would use a condom if my teachers told me to					
Seeing an advert on benefits of condoms is able to change my sexual decisions					
I would use a condom if my friends said they were using condoms in their relationships					
My friends opinion regarding condoms matters more than that of my parents					
Adverts about condoms in our media are able to convince me to start using condoms					

PART D: Challenges faced by the youth in condom use

Please tick (√) where appropriate

29) If you needed to buy condoms, what would you consider first?

a) price of condom ☐ b) condom brand ☐ c) where to buy from ☐

30) In your view, how reliable are condoms in preventing transmission of HIV /AIDS?

a) Very reliable ☐ b) somewhat reliable ☐ c) not sure ☐ d) slightly reliable ☐

e) not reliable ☐

31) If you used condoms the last time you had sexual intercourse, where did you get them from? a) Bought from shop ☐ b) Bought from a supermarket ☐ c) Bought from a chemist ☐ d) Received from a health centre ☐ e) Collected from condom dispenser ☐

f) Partner ☐ g) Others (specify) _____

33) How easily accessible are condoms to you when you need them?

a) Very accessible ☐ b) somewhat accessible ☐ c) slightly accessible ☐ e) not accessible ☐

34) Are condoms comfortable for use by youth? a) yes ☐ no) ☐

Explain your answer

_____

_____

35) Kindly answer the following in your own words

(i) What is HIV?_____

(ii) What is AIDS? _____

(iii) In what ways can people prevent themselves from HIV / AIDS?

_____

_____

(iv) What challenges do you think the youth face in condom use?

_____

_____

(v) In your view, what should be done to lower HIV rates in Kenya?

_____

_____

Thank you

Appendix B: Questionnaire Translated to Kiswahili

Kwa mhojiwa ,

Jina langu ni Jeremiah M. Nganda mwanafunzi wa somo la juu katika Chuo cha Daystar chini ya Idara ya Mawasiliano, Lugha na Sanaa. Kwa sasa nasomea shahada ya uzamili kuhusiana na **maswala yanayoathiri mawasiliano ya matumizi ya mipira ya kondomu kwa kuzuia kusambaa kwa virusi vya ukimwi miongoni mwa vijana katika mtaa wa mabanda wa Kibera nchini Kenya.**

Lengo la utafiti huu ni kupanua ufahamu wa jinsi mabadiliko ya mienendo ya mawasiliano yanaweza kutumika kuleta athari mwafaka miongoni mwa vijana. Kwa sababu hiyo, nakuomba kujibu maswali yafutayo na kwa uhakika ili kuniwezesha kufanya utafiti ulio kamili. Makusudi ya utafiti huu ni kwa minajili ya masomo. Maelezo yatayopatikana yatahifadhiwa kikamilifu na kwa siri.

Tafadhali soma kwa umakini maswali na kutoa majibu yako kikamilifu. Tafadhali, zingatia masharti kwa kila swali. Usiandike jina lako kwenye hojaji hii au kuashiria lolote litakalokufichua.

Ahsante

Sehemu ya A: Maelezo ya jumla

Tafadhali weka alama (√)panapokufaa

1) jinsia yako : a) Mme ☐ b) mke ☐

2) umri wako? Chini ya miaka 15 ☐ 15-18 ☐ miaka 19 – 21 ☐

Miaka 22-24 ☐

3) unaishi wapi ? a) Laini Saba ☐ b) Lindi ☐ c) Makina ☐ d)Woodley ☐

e) Sarang"ombe ☐ f) kwingine (fafanua) _____

Sehemu ya B: Maswala ya kijamii- utamaduni na athari za kidini kuhusiana na matumizi ya mipira ya kondomu

Tafadhali weka alama (√) panapokufaa.

4) Kiwanga cha juu cha elimu ulichofikia: a) shule ya msingi ☐ b) shule ya sekondari ☐

c) Cheti ☐ d) Diploma ☐ e) Digrii uzamili ☐

f) mengine (fafanua) _____

5) unafanya kazi gani? a) mwanafunzi ☐ b) kibaruac) biashara yako mwenyewe ☐

d) unatafuta kazi ☐ e) mengine (fafanua) _____

6) (i) je, una uhusiano kimapenzi? a) Ndio ☐, b)la ☐

(ii) endapo ulijibu NDIO katika swali la 6 (i) hapo juu, je, uhusiano wenu unahusu ushiriki wa ngono ? a) Ndio, ☐ b) la ☐

(iii) endapo jibu lako ni ndio katika swali 6 (ii) tafadhali chagua mojawapo wa yafuatayo inayoelezea uhusiano wenu

a) nimeoa ☐

b) niko kwenye uhusiano thabiti ambao unaweza kunipelekea kuoa ☐

c) Siko kwenye uhusiano thabiti ☐ __

d) mengine (fafanua) _____

(iv) fafanua muda wa uhusiano wenu katika swali la 6 (iii) hapo juu? _____

7) ulianza uhusiano ukiwa na umri wa miaka mingapi ?

_____

8) (i) je, umewahi kushiriki ngono maishani mwako? a) Ndio, ☐ b) la ☐

(ii) endapo umejibu ndio katika swali la 8 (i) hapo juu , je, ulianza kufanya kitendo chako cha kwanza cha ngono ukiwa na miaka mingapi? _____

9) ulifanya kitendo cha ngono mara ya mwisho lini ? a) Juma hili ☐ b) mwezi mmoja uliopita c) Miezi 3 iliyopita ☐ d) zaidi ya miezi 6 iliyopita ☐ e) Zaidi ya miezi 12 iliyopita ☐

10) je, umewahi kusikia habari kuhusu kondomu ? a) ndio ☐ b)la ☐

11) Ni kwa njia ipi ulipata habari kuhusu kondomu? (unaweza kuweka zaidi ya alama moja

a) wazazi ☐ b) walimu ☐ c) marafiki ☐ d) TV e) Redio ☐ f) magazeti ☐

g) Majarida ☐ h) mabango ☐ i) kanisa / Msikiti / hekalu ☐

j) mengine (fafanua)

☐

_____

12) Ujumbe uliopata ulikuwa unaunga au kupinga matumizi ya kondomu? Tafadhali chagua panapofaa

Chanzo cha habari	**KuungaKupingaYote mkono**			**Yote mawili**
wazazi				
walimu				
marafiki				
TV				
Redio				
Magazeti				
Majarida				
mabango				
Kanisa / Mskiti / hekalu				

13) (i) unafuata dhehebu gani? a) Kikristo ☐ b) Uislamu ☐ c) Budha ☐ d) kihindu ☐

e) mengine (fafanua) _____

(ii) endapo ulichagua ukristo 13(i) hapo juu, unafuata kanisa lipi?

_____

14) Ni upi msimamo wa kania lako kuhusu matumizi ya kondomu miongoni mwa vijana?

a) naunga mkono matumizi ya kondomu ☐ b) linapinga matumizi ya kondomu ☐ c) haliungi au kupinga matumizi ya kondomu d) halijachukua msimamo wowote

15) Je, dhehebu lina manufaa gani kwako?

a) Muhimu sana ☐ b) muhimu kiasi ☐ c) muhimu kwa kiasi kidogo ☐

d) halina umuhimu wowote ☐

16) (i) fafanua asili ya utamaduni wako

_____

(ii) fafanua msimamo wa utamaduni wako kuhusu ushiriki wa ngono miongoni mwa vijana ? a) unaunga ☐ b) unapinga ☐ c) katikati ☐

17) Ni katika umri gani ambapo utamaduni wako unaruhusu kijana kuanza ushiriki kitendo cha ngono ? _____

18) je, utamaduni wako umechukua msimamo upi kuhusiana na matumizi ya kondomu miongoni mwa vijana?

a) unaunga mkono ☐ b) unapinga ☐ c) hauungi wala kupinga ☐

19) ni umuhimu upi ulioko kuhusu msimamo wa utamaduni wako dhidi matumizi ya kondomu?

a) muhimu sana ☐ b) muhimu kiasi ☐ c) muhimu kidogo ☐ d) hauna umuhimu wowote ☐

20) ni jina lipi ambalo utamaduni wako umelipa kondomu ? _____

Fafanua maana ya jina hilo

_____

Sehemu ya C: mtazamo na taswira ya vijana kuhusu kondomu

Weka alama ya (√) panapofaa

21) je umewahi kuona kondomu maishani mwako? a) ndio ☐ b) la ☐

22) je, umewahi kutumia kondomu unapofanya mapenzi? a) ndio, ☐ b)la ☐

23) (i) je, ulitumia kondomu mara ya mwisho ulipofanya mapenzi? a) ndio, ☐ b) la ☐

(ii)endapo jibu ni ndio kwenye swali la 23 (i) hapo juu,ni nani aliyekuhamasisha kutumia kondomu ? a) mwenyewe ☐ b) mpenzi wangu ☐

24) unafikiria ni kwa nini watu wanashauriwa kutumia kondomu wanapofanya mapenzi?

_____

_____

25) je, utabeba kondomu hata wakati ambapo hujapanga kufanya tendo la ngono?

a) ndio, ☐ b)la ☐

fafanua jibu lako_____

26) endapo utaulizwa kufanya tathmini ya hatari zinazokukabili dhidi ya kupata maambukizi ya virusi vya HIV, je, tathmini yako itatoa jawabu lipi?

a) Hatari kubwa ☐ b) hatari ya kadri ☐ c) hatari ya chini ☐ d) hapana hatari ☐

tafadhali fafanua jibu lako _____

27) katika mizani ya 1 hadi 5 tafadhali onyesha kiwango cha kukuabli au kutokukubali kuhusiana na taarifa zifuatazo (1.nakubali kwa dhati , 2. sikubaliani, 3. Nakubaliana kiasi 4. Nakubali , 5. Nakubali kabisa). *chagua jawabu moja*

Taarifa	Sikubali kabisa	sikubali	Nakubali kwa kiwango	nakubali	Nakubali kabisa
Je, ni vyema kuwa na wapenzi kadhaa wa ngono					
Hapana uhusiano unaoweza kuendelea bila ya kuwa na uhusiano kimapenzi					
Watu walio katika uhusiano watumie kondomu kila mara					
Maoni ya familia yangu kuhusu mienendo yangu kimapenzi yana umuhimu mkubwa					
Maoni ya marafiki wangu kuhusu mienendo yangu kimapenzi yana umuhimu mkubwa					

Ningehimiza matumizi ya kondomu kila mara ninapofanya mapenzi na mpenzi wangu					

28) katika mizani ya 1 hadi 5 tafadhali onyesha kiwango cha kukubali au kutokubali kuhusiana na taarifa zifuatazo (1.nakubali kwa dhati , 2. sikubaliani, 3. nakubaliana kiasi 4. nakubali , 5. nakubali kabisa). *chagua jawabu moja*

Taarifa	Sikubali kabisa	sikubali	Nakubali kwa kiwango	nakubali	Nakubali kabisa
Wazazi wawe wazi zaidi wakati wanapojadiliana maswala ya ngono na watoto wao					
Ningetumia kondomu endapo walimu wangu watanishauri kufanya hivyo					
Kwa kuona tangazo kuhusu faida za kondomu kutaniwezesha kubadilisha mawazo yangu kuhusu kondomu					
Nitatumia kondomu endapo marafiki wangu watasema wanaitumia wakati wa uhusiano wao					
Maoni ya marafiki wangu kuhusiana na maswala ya kondomu yana uzito sana kuliko yale ya wazazi wangu					
Matangazo kuhusu kondomu kupitia vyombo vyetu vya habari yanaweza kunishawishi kuanza kuzitumia					

SEHEMU YA D: Changamoto zinazowakabili vijana kwenye matumizi ya kondomu

Tafadhali weka alama (√) panapofaa

29)endapo utahitaji kununua kondomu, utazingatia nini kwanza?

a) bei yake ☐ b) aina yake ☐ c) mahali pa kuinunua ☐

30) kwa maoni yako, ni upi uwezo wa kondomu kuzuia maambukizi ya HIV /AIDS?

a) inaaminika sana ☐ b) inaaminika kiasi ☐ c) sina hakika ☐ d) kwa kiwango inaaminika ☐ e) haiaminiki ☐

31) endapo ulitumia kondomu mara ya mwisho ulipofanya kitendo cha mapenzi, je kondomu hiyo uliipata wapi ? a) niliinua madukani ☐ b) duka la supermarket ☐ c) duka la uuzaji dawa ☐ d) kutoka kituo cha afyae) kutoka chombo cha upeanaji kondomu (dispenser) ☐ f) rafiki alikuwa na kondomu ☐ g) mengine (fafanua)

_____

33) je, una urahisi gani kupata kondomu unapozihitaji ?

a) kwa urahisi sana ☐ b) zinapatikana tu ☐ c) kwa kiwango zinapatikana ☐ d) hazipatikani ☐

34) je, kondomu zina ustarabu kutumiwa na vijana a) ndio ☐ b) la) ☐

Fafanua jibu lako _____

35) tafadhali jibu maswali yafuatayo

(i) nini maana ya HIV?

_____

(ii) AIDS ni nini?

_____

(iii) ni kwa njia gani watu wanaweza kujikinga na HIV / AIDS?

_____

(iv) ni changamoto zipi zinazowakabili vijana kwa matumizi ya kondomu ?

_____

(v) kwa maoni yako, ni mambo gani yanayofaa kufanywa kupunguza kiwango cha maambukizi ya HIV nchini Kenya?

_____

_____

Asante

Appendix C: Research Auhorization

NATIONAL COMMISSION FORSCIENCE,
TECHNOLOGY ANDINNOVATION

Telephone:+254-20-2213471,
2241349,3310571,2219420
Fax: +254-20-318245,318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/17/54882/20471** Date: **6th December, 2017**

Jeremiah M. Nganda
Daystar University
P.O Box 44400-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Factors affecting communication of adoption of condom use for the prevention of HIV/AIDS transmission among the youth of Kenya's Kibera Slum"*** I am pleased to inform you that you have been authorized to undertake research in **Nairobi County** for the period ending **6th December, 2018.**

You are advised to report to **the County Commissioner and the County Director of Education, Nairobi County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

GP Kalerwa

GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nairobi County.

The County Director of Education
Nairobi County.

Appendix D: Research Permit

THIS IS TO CERTIFY THAT:
MR. JEREMIAH M. NGANDA
of DAYSTAR UNIVERSITY, 48226-100
NAIROBI ,has been permitted to conduct
research in *Nairobi County*

on the topic: *FACTORS AFFECTING COMMUNICATION OF ADOPTION OF CONDOM USE FOR THE PREVENTION OF HIV/AIDS TRANSMISSION AMONG THE YOUTH OF KENYA'S KIBERA SLUM*

for the period ending:
6th December,2018

.....
Applicant's Signature

Permit No : NACOSTI/P/17/54882/20471
Date Of Issue : 6th December,2017
Fee Recieved :Ksh 1000

.....
Director General
National Commission for Science, Technology & Innovation

CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.
6. This Licence does not give authority to transfer research materials.
7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.
8. The Commission reserves the right to modify the conditions of this Licence including its cancellation without prior notice.

REPUBLIC OF KENYA

NACOSTI

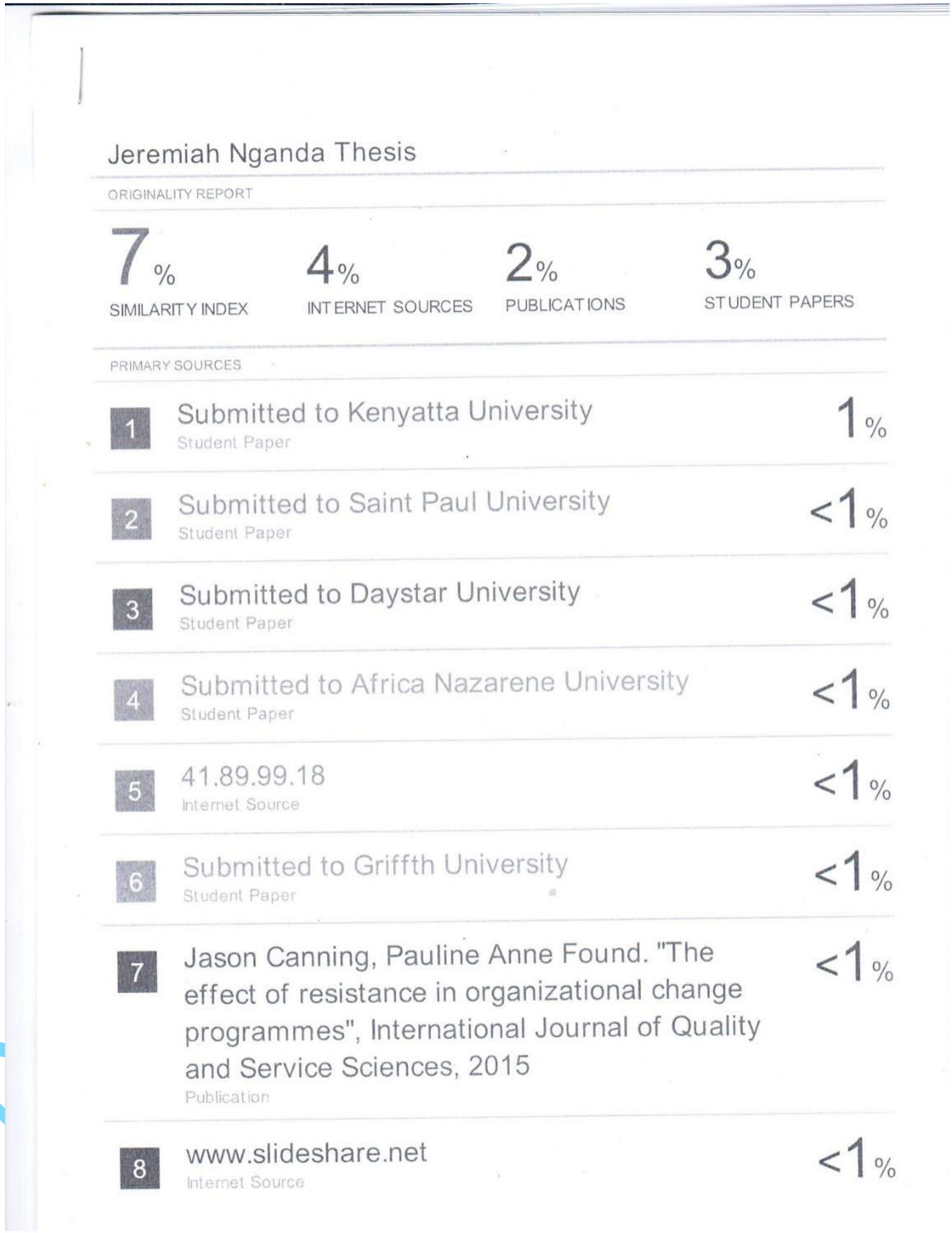
National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT

Serial No.A 16841

CONDITIONS: see back page

Appendix E: Anti-plagiarism Report



Jeremiah Nganda Thesis

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