

University of Malawi

Kamuzu College of Nursing

**A DISSERTATION SUBMITTED FOR A BACHELOR OF SCIENCE
DEGREE IN NURSING (GENERIC)**

**A STUDY TO EXAMINE THE USE OF CONDOMS AMONG THE
RELIGIOUS WOMEN AND WOMEN INVOLVED IN CASUAL SEX**

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DECLARATION

I hereby declare that this dissertation is completely a result of my own investigation. This work has not been accepted in substance for any other degree and is not being concurrently submitted in candidature of any other degree

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DEDICATION

To my Mum Beatrice, late Dad Joster, sisters Tapiwa and Tawonga and finally brothers
Neddie and Joster Junior with love and appreciation.

Treza.

ACKNOWLEDGEMENT.

I would like to convey my gratitude to Professor Kathleen Norr and Professor Jimmy Norr for guidance and support during the development of this proposal.

Sincerely gratitudes are also extended to Mrs. Zimba for providing endless guidance to enable this work to be produced.

Thanks should also go to my parents and fellow students for their support and encouragement. May the almighty God bless them always.

Abstract

This is a correlational study whose purpose was to determine condom use among religious women and those women involved in casual sex. It was also to determine the relationship between religion and condom use as well as the relationship between casual sex and condom use. A convenient sample of 263 women was used of which 68.10% were female bank workers, 31.9% were female college students (teaching and nursing students) in Lilongwe and Blantyre districts. Data collection was done using a questionnaire and data analysis was done on computer using a statistical package for social science (SPSS) for windows.

Findings in general showed that relationship between religion and condom use was significant ($P = .0485$) while the relationship between casual sex and condom use was insignificant ($P = .0695$). Recommendations proposed include health authorities, spiritual work and nurses to work hand in hand in the fight against HIV/AIDS by providing the right information pertaining to condom use to people hence preventing the spread of the disease.

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ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome.
CCAP	Church of Central African Presbyterian
HIV	Human Immunodeficiency Virus.
KCN	Kamuzu College of Nursing.
SAFAID	Southern African AIDS Information Dissemination Service Bulletin
UNAIDS	Joint United Nations Program of HIV/AIDS
UNFPA	United Nation Populations Funds.
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund.
STI	Sexually Transmitted Infection.
WHO	World Health Organization.

CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND.

In the 1980s a new pandemic-Acquired Immunodeficiency Syndrome (AIDS) emerged as a threat to the health, development and survival of millions of individuals, families and communities throughout the world. According to Panos, (2000), currently, across the world, 17 million men and 16 million women have contracted Human Immunodeficiency Virus (HIV). In Africa, Panos (2000) further reports that more women than men have the virus and worldwide, women are becoming infected at a faster rate than men. In Malawi, the first AIDS case was discovered in 1985 (UNAIDS, 2000). By the end of 1999, 760,000 people between 15 and 49 were living with HIV/AIDS and almost all-adult cases are the result of sexual transmission. The more sexual partners people have the higher the risk of contracting and transmitting the virus if condoms are not properly used (Ibid. 2000). As of now, this disease has no cure or vaccine (Mouli, V.C. 1992).

1.2. STATEMENT OF THE PROBLEM

Despite AIDS being a threat worldwide, many people still have sexual encounters without any intention of forming a relationship (Berer, M. et al 1993). According to Forman, M et al (2000), women are more vulnerable to HIV/AIDS and other STI than men. In a research done by Chu, S. Y. et al (1990), it was estimated that AIDS is a fifth leading cause of death for all women aged 15-44 years in U.S.A. In Malawi, some women describe themselves as business girls or working girls and invariably stress that the exchange of sex for money is work. This type of behaviour contributes a lot to the

spread of HIV/AIDS hence ideas for promoting condoms should be considered (Ibid. 1993).

According to Gregson, S. et al (1995), there are a number of factors that influence condom use among women as Ibid. (1995) points out that some religions hinder its people from using condoms in HIV prevention. According to Herold & Mewhinney (1993), casual sex is another factor that influences condom use in a way that those people involved in such a practice are much more willing to use the condoms to prevent themselves from contracting HIV. On the other hand, Foreman, M. et al. (2000), noted that those women involved in casual sex are easily influenced not to use condoms by their partners. A number of studies have been conducted on barriers of condom use but there is no data on effects of religion and casual sex on condom use in Malawi.

Therefore, it was in this context that I decided to explore more on condom use among religious women and those women involved in casual sex.

1.3. SIGNIFICANCE OF THE STUDY

The study will be of benefit to the government at large to identify strategies of promoting condom use among religious and casual sex women.

Nursing education will use the information to prepare nurses so that they are better equipped to deal with factors that promote or hinder condom use among religious women and women involved in casual sex.

Nurses will use the right information they will get from the government to promote condom use hence preventing further spread of HIV/AIDS.

1.4 OBJECTIVES

1.4.1. GENERAL

The main objective of this study was to determine the relationship of religion and casual sex to condom use.

1.4.2. SPECIFIC

- ◆ To determine whether religious women use condoms.
- ◆ To determine whether women involved in casual sex use condoms.
- ◆ To determine the relationship between religion and condom use.
- ◆ To determine the relationship between casual sex and condom use.

Hypothesis:

- ◆ People involved in casual sex are more likely to use condoms than those who are not.
- ◆ Women involved in casual sex are more likely to use condoms than those who are not.

1.5. OPERATIONAL DEFINITIONS

Religion is a controlling influence on ones life, one is devoted or committed to (Hornby, 1991).

Casual sex was considered as having sex with somebody you have never met before (just meeting by chance). having more sexual partners and changing sexual partners frequently.

Condom use is the use of a rubber device which is placed on the erect penis during intercourse to prevent pregnancy or transmission of STI and HIV/AIDS (NFWCM. 1995).

Pagan is a person who is not a believer in any of the chief religions of the world.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. INTRODUCTION

AIDS is a new and complicated disorder of the defense system in the body (Daniels, 1986). It attacks the sophisticated structure of the immunity leaving the victim susceptible to organisms with which she had previously lived in relative harmony (Ibid. 1986). The disease is caused by a virus of retrovirus family called HIV and the incubation period for this virus ranges from 6 months to 6 years with an average of around 28 months (WHO, 1992). First AIDS case was identified in 1981 (Ibid. 1992). HIV is transmitted through a number of ways such as unprotected sex, blood products and transplacental and perinatal transfer from mother to child (Daniels, 1982). Transmission of the virus can be prevented through good behavior practices such as abstinence, condom use, being faithful to your partner and avoiding polygamy (Mc Creaner, 1992).

HIV/AIDS is currently one of Malawi's health concern (Panos, 2000). The problem is compounded by the fact that it is transmitted through sexual contact, a very private activity involving individuals (Ibid. 2000). Many young people engage in sexual activities which may expose them to the HIV/AIDS (Fife-Shaw, 1992). In the absence of a vaccine or cure, preventive measures such as condom use are the only effective means of reducing the HIV spread (Feldblum & Fortney, 1994).

The review of literature has shown that many studies have been conducted about AIDS and condom use worldwide. Most of these studies focused on preventional ways which

aimed at informing individuals about the risk of HIV and modes of transmission, as well as on increasing knowledge on condom use. The studies also focused on a number of factors influencing condom use such as religion, marital status, education and casual sex. (Bisika & Kakhongwe, 1995). This study will focus on the influence of religion and casual sex on condom use among women.

2.2. WOMEN AND CONDOM USE

Condom use is increasing, but not enough to stop the epidemic. In a country with high rates of HIV infection as Malawi, a condom must be used in every sexual act including long-term relationships (UNAIDS, 2000).

In a study conducted by Foreman, M. & Scalway, T. (2000) on men and HIV in Malawi, it was indicated that young women often do not have adequate life-skills to say no to sex or to insist on condom use. Furthermore, often women do not want to use condoms in the relationships with men of any age if they believe the relationship is long-term; this is true even if they have more than one partner whom they see regularly.

In another study done by Kalale, (2000) revealed that women associated use of condoms/contraceptives with promiscuity. It was interesting to note that with the knowledge on various complication of premarital and extramarital sex, women felt that contraceptives would promote such practices which referred to as promiscuity. The idea came about because of their belief that condoms are for those in bars.

However, Bond, 1994 in the study on student's safe sex argued that carrying a condom should be seen as positive and a sign of responsibility for ones own life.

2.3. RELIGION AND CONDOM USE.

Different religions, religious leaders and church members influence people's sexual attitudes and behavior in one way or another.

In a study conducted by Namate, D. (1997) which looked at condom use in marriage among urban workers and their wives showed that condoms are seen by many in Malawi, as a symbol of immoral sexual activity for both men and women. Condom use for reasons other than birth control within marriage "represents infidelity and is widely viewed as unacceptable (Ibid. 1997).

Furthermore, according to Kalale, J. (2000) who conducted a study in Malawi, which looked at perceptions of parents towards adolescents using contraceptives, the findings revealed that women/mothers believed in what they are taught at the church that people should not have premarital sex..It was also noted that women believed that condoms were encouraging people to have premarital sexual activity as a result they felt that using condoms was against their religious belief.

According to Berer. M. et al (1993, p173), the director of family life for the Roman Catholic Archdiocese of New York City was also against condom use. He was quoted saying, "we do not say "smoke carefully." We say, "Don't smoke." A huge campaign

could work to stop people from having sex. We don't water down principles. AIDS was caused in this country by promiscuity and casual sex".

In addition, Gama, D.B.J.(1999) who conducted a study on impact of AIDS education on condom use towards HIV/AIDS prevention among the youth at Mulanje secondary school said that religion can also be a barrier to condom use. It was noted that among CCAP members, the proportion of condom use is approximately one in every five members. However, it was pleasing to note that the proportion of condom use among the Catholics was one in every two despite the fact that the church preaches against condoms.

2.4. CASUAL SEX AND CONDOM USE

Casual sex is considered as having sex with somebody you have never met before (just meeting by chance), having more partners and changing sexual partners frequently (Mouli, V. C.1992). Considering the high prevalence of HIV/AIDS one would expect that women involved in casual sex would use condoms to protect themselves from contracting the virus. However the literature reviewed indicate that condom use among women remains low. According to Mc Auliffe (1994) who conducted a research on the barriers to behavioral change found that 98% of a sample of high risk groups have heard about AIDS, and 96% of those who have heard of the disease mentioned that AIDS/HIV is transmitted through sexual intercourse. Despite this high level of awareness about the dangers of AIDS and its mode of transmission, the prevalence of condom use for HIV/AIDS prevention was very low.

In another study done by Winslow, (1992) on perceived norms, casual sex and AIDS risk prevention found that 13.7% of the participants who were involved in casual sex were using the condoms all the time, 25.6% said they never used condoms while the rest were using condoms inconsistently.

There are a number of reasons that women give for engaging in unsafe sex.

According to Mc Auliffe (1994) who conducted a research on the barriers to behavioral change in Malawi reported that bar girls believed that people have sexual relations because they want to have children, because it is natural and because of love. In the same study, one of the participant felt that AIDS cannot be prevented because even if a woman is faithful, the man may be unfaithful and have many sexual partners hence contract the HIV which the woman will eventually contract. Others felt that it was impossible to prevent AIDS because men either refuse to use condoms or remove it during the sexual act because it causes discomfort. However, all the bargirls believe they run the risk of getting AIDS through having many partners. Despite this accurate perception of their risk of contracting HIV/AIDS, all the participants indicated that they have not changed their behaviour since they heard about AIDS the reason being that men say that using a condom is like having sex on their own or eating sweets in a wrapper (Ibid.1994).

2.5. SUMMARY

In short, literature has shown that most women are aware that they are at risk of contracting HIV/AIDS and that condom use is one of the major ways of preventing the spread of the disease but choose or are forced by the circumstances not to use condoms. It

has also been shown that factors such as religion and casual sex influence the use of condoms negatively hence condom use remains low.

CHAPTER THREE

3. CONCEPTUAL FRAMEWORK GUIDING THE STUDY.

This conceptual framework was based on Health Belief Model by Norah J. Pender (1987). This model was developed because it attempts to explain influences on behaviour in relation to wellness (explains why people behave as they do). It helps to look at people as they are and how they perceive something.

This health belief model is a predictive model and identifies variables that must be present in order to increase the likelihood of a person's taking a recommended action to promote health. In this model, there are three major factors that affect one's intention to engage in health preventive behavior. These factors are individual perception, modifying factors and likelihood of action.

Individual perception is divided into two: perceived susceptibility to a disease which refers to the extent to which a person believes may contract a particular disease. Perceived seriousness of a disease which refers to the belief a person holds about the degree of threat to life or to normal body functioning. This depends on the degree to which a person is aroused emotionally about an illness and perceived difficulties may be encountered because of the illness.

Modifying factors include demographic variables such as sex, age, religion, socioeconomic status, sociopsychological variables like personality, social class and peer pressure. It also includes structural variables such as knowledge about the disease,

perceived threat of a disease which is modified by factors already mentioned and lastly cues of action.

Likelihood of actions depends on perceived benefits of preventive action that will lead to the likelihood of taking a recommended preventive health action (refer to figure 1).

3.1. APPLICATION OF THE MODEL TO THE STUDY

From this model, women's choice to use condoms may be influenced by their perceptions. Therefore, depending on perceived susceptibility to the seriousness of the effect of contracting HIV/AIDS, women may be influenced to use condoms (preventive measure) which will outweigh the risks.

The health belief model relates to this study in that it looks at women's perceptions of health, influencing factors and possible alternatives without forcing them to do so. Likewise, this study looks at women's perceptions in using condoms.

Religion and casual sex are some of the modifying factors that may also influence women to behave in a way so that they prevent themselves from contracting HIV/AIDS. For example, some churches preach against condom use hence putting women at risk while other churches promote condom use hence promoting the prevention of the disease.

For those women involved in casual sex, it is expected that they will be more likely to use condoms since they are exposed to different kinds of men whom they do not know.

The modifying factors need to be changed in a way that women should know the benefits of condom use hence they will be more likely to use them.

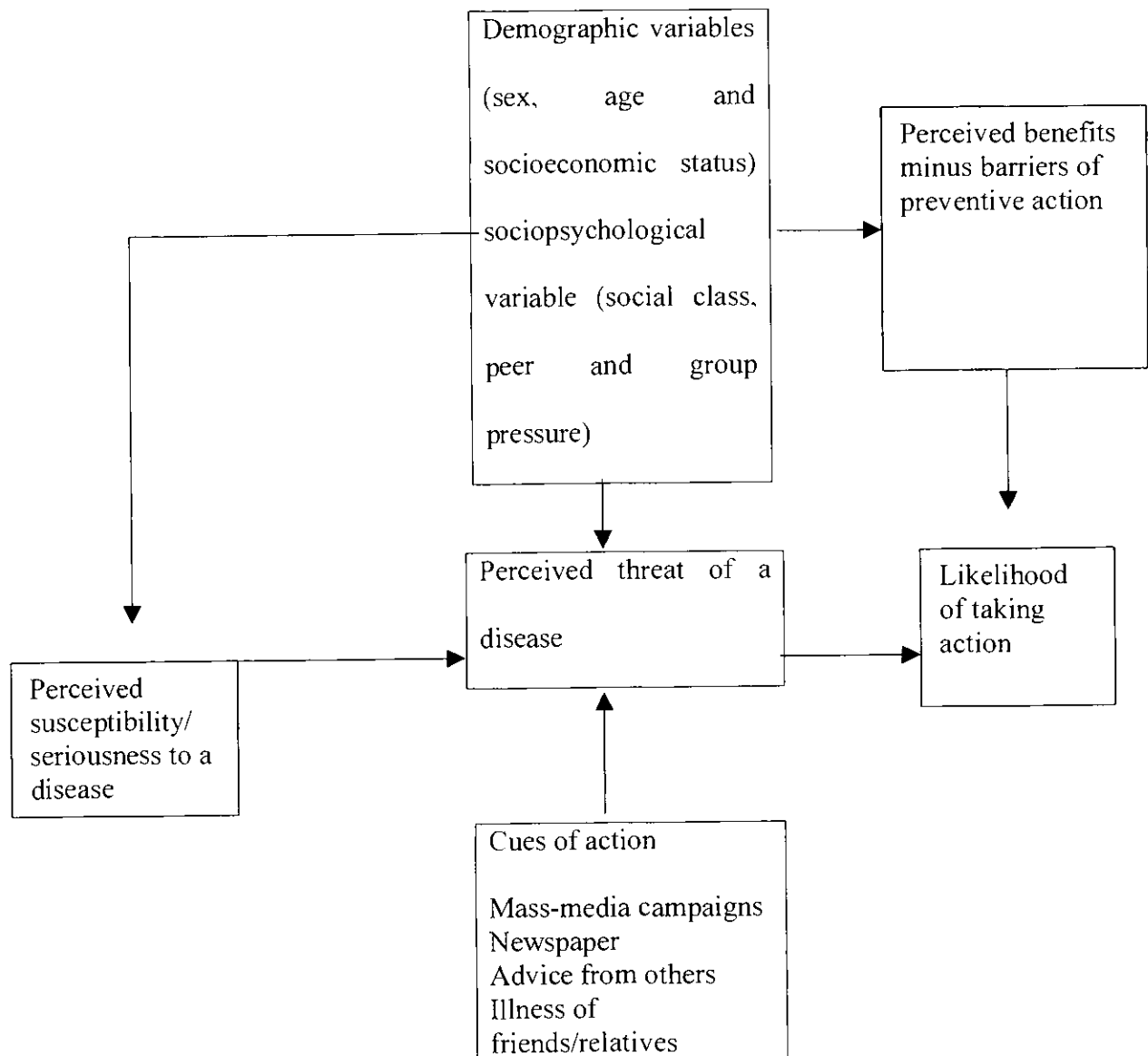
INDIVIDUAL PERCEPTION**MODIFYING FACTORS****LIKELIHOOD****OF ACTION**

Figure 1: (A health belief model by Norah J. Pender)

CHAPTER FOUR

4.0. METHODOLOGY

This section describe the research design, the sampling technique, plan for data collection, reliability and validity measures taken, plan for data analysis used as well as ethical issues that were considered.

4.1. RESEARCH DESIGN

This was a correlational study to determine the relationships among religious women, women involved in casual sex and condom use. This is the type of study that is used in cases where investigator does not have control of independent variable (Polit & Hungler, 1987).

4.1.1. SAMPLING

A sample is a smaller part of a target population selected in such a way that the individuals selected represent the characteristics of the target population (Dimpsey & Dimpsey, 1982). Sampling is the process of selecting a portion of the population to represent the entire population (Polit & Hungler, 1989).

The subjects were from Blantyre and Lilongwe. These are the big cities where HIV/AIDS is common (Panos/UNAIDS, 2000). The subjects included female students from Kamuzu College of Nursing Lilongwe campus, teacher's training college and women working at Commercial and national banks(Lilongwe and Blantyre campus)

A convenient sample of 263 subjects was used. Dimpsey & Dimpsey, (1982) states that a convenient sample is the one where subjects to be selected are those who are available in the right place and at the right time for the investigators purpose. In this study the participants were visited in their various places and the purpose of the study and the procedure was explained to the individuals who were present and those who were willing to participate signed a consent form to participate in the study.

To avoid biases among students and women at work, it was planned that there should be an equal number of participants from all categories so that none should dominate the other. However this was not possible because some institutions were dominated by males hence few ladies who were found participated.

4.1.2. DEVELOPMENT OF INSTRUMENT

The research instrument was developed in English by Professors J. and K. Norr. This was because the participants who were engaged were conversant with the language. The tool had four sections. Section one included demographic characteristics of the subject. Section two focused on condom use while section three focused on religion sex and section four examined on casual sex. For details, see appendix A

4.1.3. VALIDITY AND RELIABILITY

The instrument used was developed, checked and used before by Professors J. and K. Norr. Although this instrument had been tested for validity and reliability, it was retested

in the Malawian setting by conducting a pilot study. Ten participants not included in the main study were used and the instrument proved to be reliable.

4.1.4. DATA COLLECTION

Data was collected by administering the questionnaire developed by Professor Jimmy Norr and Professor Kathy Norr. The questionnaire was in English and was issued to individual participants at their respective institutions. Data was collected for two weeks. A maximum of thirty minutes was given to each individual participant so that they would understand and be able to fill the questionnaire. The subjects signed consent forms before filling in the questionnaire (See Appendix A).

4.1.5. DATA ANALYSIS

Data entry and analysis was done on computer using a statistical package for social science research (SPSS) for windows. The computer sorted out the data and displayed it in tables and charts. Different themes were analyzed separately and were displayed in frequency tables. Finally, each of the independent variables was related to the dependent variable through crosstabulation. Inherent meanings were then deduced from the themes.

4.2. ETHICAL CONSIDERATION

The principle investigators of the study obtained all required research clearances and the permission from the directors at each site where participants were recruited. During data collection the project was explained and women who wished to participate signed up a

consent form. To ensure confidentiality no names were written on the consent forms as well as the questionnaire so that they remain anonymous. (See Appendix J).

4.3. LIMITATIONS

This study involved women in Lilongwe and Blantyre districts. This did not reflect the distribution of all women population in Malawi hence generalization of the findings is limited.

The study was represented by self-selected participants who could be very unrepresentative

CHAPTER FIVE

5.0. FINDINGS.

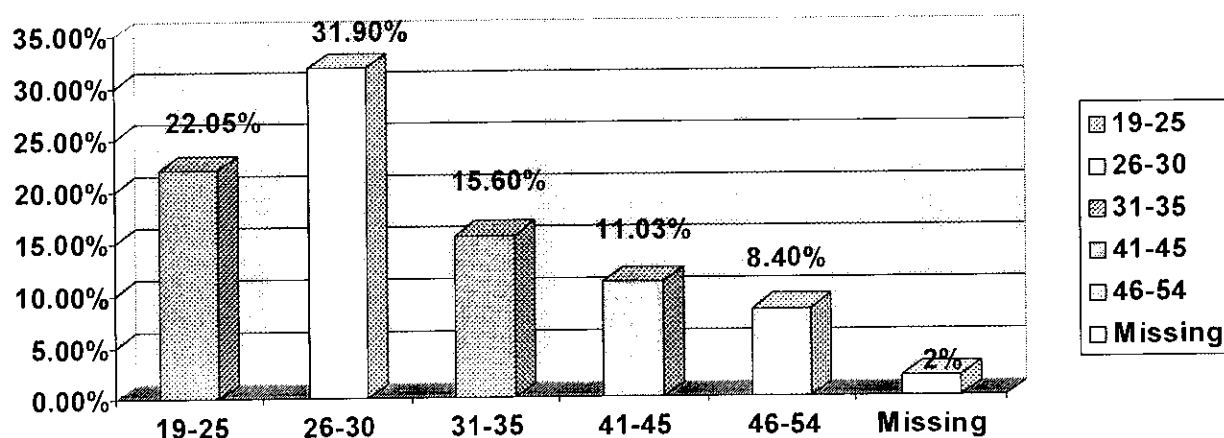
This chapter presents results of the study on the use of condoms among religious women and women involved in casual sex. Tables, charts and Chi-square are used to present the findings. The results focus on demographic data, effects of religion and casual sex on condom use.

5.1. DEMOGRAPHIC DATA

5.1.1. AGE

The age of the participants ranged from 19-54 as shown in the figure 2.

FIGURE 2:AGE DISTRIBUTION



5.1.2. MARITAL STATUS

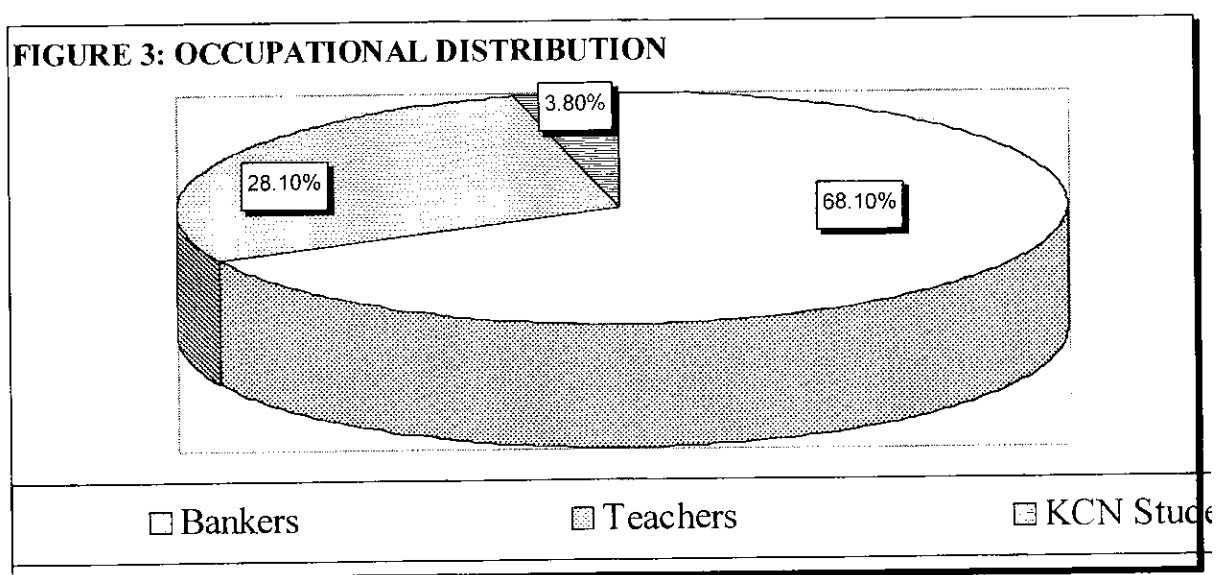
Just above half of the subjects 58% (n=153) were currently married. For details see figure below.

TABLE 1: MARITAL STATUS DISTRIBUTION

MARITAL STATUS	FREQUENCY	PERCENTAGE
Currently married	153	58.2%
Never married	52	19.8%
Separated/ divorced	23	8.7%
Widowed	19	7.2%
Missing	16	6.08%
TOTAL	263	100%

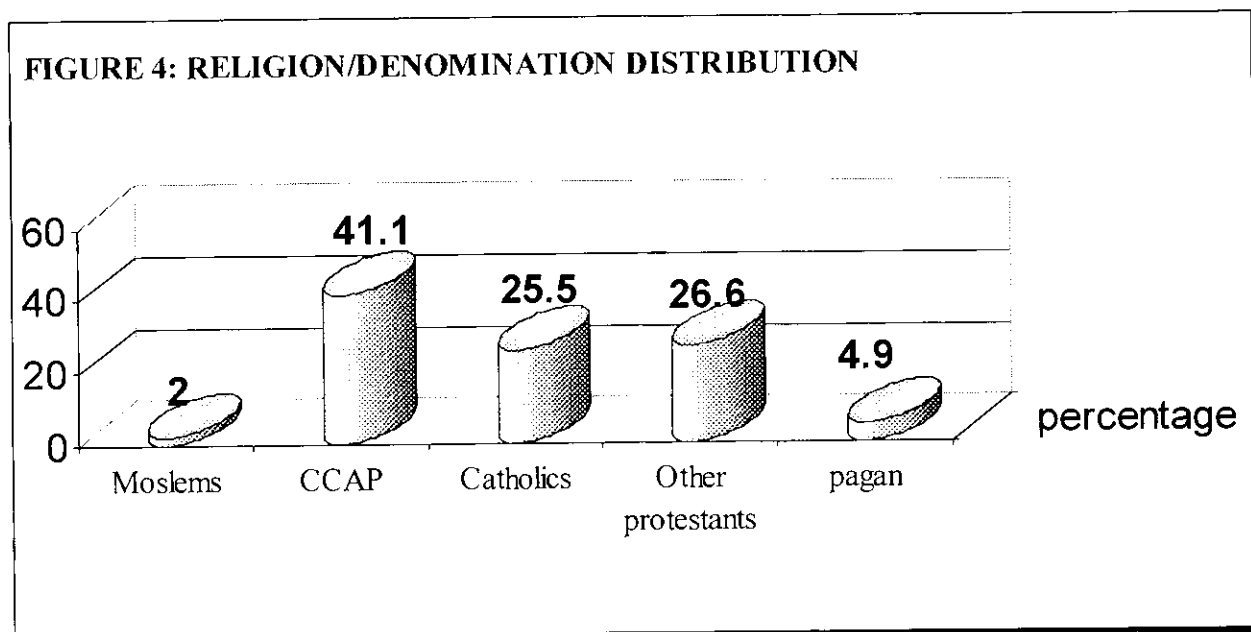
5.1.3. OCCUPATION

The majority of the subjects were bankers represented by 68.1% (n=179). See figure 3.



5.1.4. RELIGION/DENOMINATION

Most of the subjects 41.1% (n=108) belong to CCAP denomination. See figure 4 below.



5.2. WOMEN AND CONDOM USE

The figure below shows that only 7.6% (n=20) were always using condoms.

TABLE 2: CONDOM USE DISTRIBUTION

CONDOM USE	FREQUENCY	PERCENTAGE
ALWAYS	20	7.6%
SOMETIMES	43	16.3%
NEVER	87	33.1%
INAPPLICABLE	113	43%
TOTAL	263	100%

5.3.RELIGION

5.3.1.RELLIGIOSITY

Among 263 subjects 235 women were religious. Among the religious women 41.4% (n=109) considered themselves to be more religious while 53.6% (n=141) were less or above average. See table 3 below.

TABLE 3: RELIGIOSITY DISTRIBUTION

HOW RELIGIOUS	FREQUENCY	PERCENTAGE
MORE RELIGIOUS THAN MOST	109	41.4%
LESS OR ABOVE AVERAGE	141	53.6%
INAPPLICABLE	13	4.9%
TOTAL	263	100%

5.4. CASUAL SEX

5.4.1. HAD SEX WITH SOMEONE NOT SEEN AGAIN

Only five people (1.9%) were involved in casual sex while 39 (14.8) were not. See figure below

TABLE 4: CASUAL SEX DISTRIBUTION

HAD SEX	FREQUENCY	PERCENTAGE
YES	5	2%
NO	39	14.8%
INAPPLICABLE	219	83.3%
TOTAL	263	100%

5.5. RELATIONSHIP BETWEEN VARIABLES

In crosstabulations, Chi-squares were used to validate data.

TABLE 5:RELATIOSHIP BETWEEN CONDOM USE AND RELIGIOSITY

USE CONDOM	HOW RELIGIOUS		PAGAN	TOTAL
	LESS OR AVERAGE	MORE		
ALWAYS	4.3% (n=6)	11% (n=12)	15.4%(n=2)	7.6%(n=20)
SOMETIMES	18.4%(n=26)	11%(n=12)	38.5%(n=5)	16.3%(n=43)
NEVER	33%(n=47)	33.9%(n=37)	23%(n=3)	33.1%(n=87)
INAPPLICABLE	44%(n=62)	44%(n=48)	23%(n=3)	43%(n=113)
TOTAL	100% (n=141)	100% (n=109)	100%(n=13)	100%(n=263)

This table shows the relationship between condom use and religiosity. ($X^2=6.230$, $df=4$, $P=.0915$)

TABLE 6: THE RELATIONSHIP BETWEEN DENOMINATION AND CONDOM USE

CONDOM USE	RELIGION					
	MOSLEM	CCAP	CATHOLIC	OTHER PROTESTANT	PAGAN	TOTAL
ALWAYS	0% (n=0)	10.2% (n=11)	6% (n=4)	4.3% (n=3)	15.4% (n=2)	7.6% (n=20)
SOMETIME	0% (n=0)	17.6% (n=19)	20.9% (n=14)	12.9% (n=9)	7.7% (n=1)	16.3% (n=43)
NEVER	60% (n=3)	30.6% (n=33)	22.4% (n=15)	47.1% (n=33)	23% (n=3)	31.1% (n=87)
INAPPLICABLE	40% (n=2)	41.7% (n=45)	50.7% (n=34)	35.7% (n=25)	23% (n=3)	43% (n=113)
TOTAL	100%(n=5)	100% (n=108)	100%(n=67)	100%(n=70)	100% (n=13)	100% (n=263)

This figure shows the relationship between religion and condom use. ($X^2=10.744$, $df=4$, $P=.0485$)

TABLE 7: THE RELATIONSHIP BETWEEN CASUAL SEX AND CONDOM USE

	CASUAL SEX		
CONDOM USE	YES	INAPPLICABLE	TOTAL
ALWAYS	40% (n=2)	0%	.8%(n=2)
SOMETIMES	0% (n=0)	0% (n=0)	0% (n=0)
NEVER	60% (n=3)	0%(n=0)	1% (n=3)
INAPPLICABLE	0% (n=0)	100% (n=258)	99.2%(n=258)
TOTAL	100%(n=5)	100% (n=258)	100% (n=263)

This figure shows the relationship between condom use among those women who have had with other people not seen again. ($X^2=6.947$, $df=4$, $P .0695$)

CHAPTER SIX

6.0 DISCUSSION

6.1 INTRODUCTION

The discussion focuses on the findings on demographic data and condom use among religious women and those women involved in casual sex. The study's conclusion and recommendations are presented and issues for further studies are cited.

6.2. DEMOGRAPHIC DATA

The age of the women who participated in the study ranged from 19-54 years. This represented a group of women who are sexually active. WHO (1990) stated that this age group is by far the most susceptible or vulnerable to HIV/AIDS by virtue of their stage of growth and development. It also considered this age the most productive in the society such that the incapacitation of these young adults diminishes the economic growth of the nation.

Marital status appears to be a significant determinant of the risk of HIV infection for women (Gregson et al, 1995). In this research this variable was also tackled. The results showed that most of the participants were at one time married 80.2% (n=211) and only 19.8% (n=52) had never been married before. Of the 58.2% (n=153) who were currently married, the results revealed that some were still involved in extramarital affairs hence further predisposing themselves to HIV/AIDS.

6.3. WOMEN AND CONDOM USE

This research has revealed that only 7.6% (n=20) of the subjects always used condoms. These results are supported by UNAIDS, (1999) whose research on the HIV/AIDS epidemic in Malawi found that only 24% of the women (subjects) were using condoms.

There are several reasons that could lead to low condom use among these women. The first could be the fact that most of the participants 58.2% (n=153) were married hence they resorted to not using condoms since they have long term relationships as it was pointed out in Panos, (2000). The other reason could be the fact that women associate condom use with promiscuity as it was discovered in a research done by Kalale, 2000. In her research on perceptions of parents towards adolescents using contraceptives, it was found out that women believe that condoms encourage people to have sexual activity. Further more, the fact that young women often do not have adequate life skills to say no to sex or to insist on condom use could also lead to lower percentage of condom use among women. According to USAID, (2000), it was discovered that other women who want to use condoms dare not ask their partners to do so because they are afraid of upsetting their partners, who may be the only source of food and shelter for themselves and their children. The other reason could be that, in Malawian culture, the fact that men are accorded superior status, they influences women's power to make decisions concerning sexual issues (Gama, 1999).

6.4. RELIGION AND CONDOM USE

The results have revealed that different types of religion affect condom use although the difference is not as much as expected. A variation has been observed on different religions for instance, about 28.7% (n=30) of the CCAP members, 26.9% (n=18) of the Roman Catholics and finally 17.2% (n=12) of the other Protestants were using condoms though not always. Among 13 pagans 23.1% (n=3) were also using condoms while none of the Moslems ever used condoms. These results were supported by what was found in a study done by Gama, (1999) which showed that the proportion of condom use among CCAP members was one in every five. However, his findings on Roman Catholic denomination were contrary to what was revealed in this study. It was discovered that among Roman Catholic members, the proportion of condom use was approximately one in every two members while in this research the proportion is one in every four. The relationship between religion and condom use was statistically significant ($X^2=10.744$, $df=6$, $P=.0485$).

The results further showed that the more religious women are, the more they always use condoms. In other words, out of the women who were less or average religious and used condoms 4.3% (n=6) used condoms always which is almost half of those who were more religious 11% (n=12). One of the reasons could be because religious people associate condom use with promiscuity. This is similar to what Namate, (1996) discovered in her research. Her results showed that condoms were seen by many in Malawi, as a symbol of immoral sexual activity for both men and women. It was further pointed that condoms for many reasons other than birth control within marriage represent infidelity and are widely

viewed as unacceptable. The relationship between the religiosity and condom use was statistically insignificant ($X^2=6.230$, $df=4$, $P=.0912$).

6.5. CASUAL SEX AND CONDOM USE

From the whole sample, it was noted that only five women were involved in casual sex. Out of these five women, 40%($n=2$) were always using condoms while 60%($n=3$) never used condoms. This is supported by Winslow, (1992) whose study on perceived peer norms, casual sex and AIDS risk prevention showed that only a few (13.7%) of the subjects were using the condoms all the time while many (26.5%) never used condoms. The relationship between the two variables was statistically not significant ($X^2=6.947$, $df=4$, $P=.0695$).

However, five women were a small sample to reflect a true picture of those women who participated. This could be because many women are shy to say out that are involved in such a practice which is culturally considered to be bad.

The conceptual framework for this study was based on health belief model. This is a predictive model and identifies variable that must be present in order to increase the likelihood of a person's taking a recommended action to promote health (Pender, 1987).

The model comprises of individual perception which is divided into perceived susceptibility to the disease and perceived seriousness to a disease. The other component is the modifying factors such as age, sex, and religion. These are the factors that influence a person to behave in a certain way. In this study it was hypothesized that more religious

women are less likely to use condoms than those who are not and that women who are involved in casual sex are more likely to use condoms than those who are not. This means that women involved in casual sex are able to accurately perceive their susceptibility of contracting HIV/AIDS while religious women seem not to aware of their susceptibility of contracting HIV/AIDS. On religious part some of the reasons could be the fact that other churches like catholic preach against condom use and the church members decide to abide to the rules. On casual sex, the reason could be the fact that people who are involved may be afraid since they meet different type of individuals whom they do not know.

In short, the health belief model provides an excellent vehicle for testing the mechanism through which religious and women involved in casual sex are less likely to use condoms hence subjecting themselves to a higher risk of contracting HIV/AIDS.

6.6. CONCLUSION

This study has shown that the overall condom use remains low. As it has been reflected in the findings and discussion, out of 263 women 7.6% of them always use condoms, 16.3% were sometimes using condoms while 33.1% never use condoms. To some 43% (n=103) it was not applicable. On religious part, there was no much difference on condom use among women from different denominations except the Moslems who showed that they never use condoms. It has also been revealed that religiosity affects condom use. Across the board, there was a relationship between religion and condom use.

On casual sex, statistically, there was no relationship between casual sex and condom use.

6.7. RECOMMENDATIONS

After analyzing the results the following recommendations were made:

Since most women do not use condoms regardless of religiosity and denomination, the following things should be done:

- ◆ Health authorities must provide religious leaders with basic information relating to the incidence of these diseases in society so that they have an insight on the severity of the problem and be motivated to incorporate such information into their religious instruction.
- ◆ Mosques and Churches should, in addition to highlighting religious teachings, tackle those aspects relating to prevention and control of the spread of HIV/AIDS such as by continuing emphasizing on condom use where people can not abstain.

To those women who are sexually active/involved in casual sex:

- ◆ Nurses who provide health care to sexually active women must help the women modify the behavior to reduce their risk of HIV infection. This can be done by educating them on the impact of HIV/AIDS to the nation, communities and families and also on the importance of preventive behavior so that they should have a clear picture of the magnitude of the problems and consequences.

6.8. ISSUES FOR FURTHER STUDIES

There is need to conduct a bigger study on the effect of religion and casual sex on condom use involving the entire Malawi nation to make the generalization of the findings possible

A study needs to be done on barriers of condom use among casual sex workers.

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APPENDIX A

QUESTIONNAIRE

This questionnaire is designed to probe more on condom use among women involved in casual sex and religious women.

Please write your answers in the space provided, circle the number or tick in the box next to your answers.

All questions may be applicable to you. If not indicate (not applicable) where necessary.

SECTION ONE

DEMOGRAPHIC DATA

1. Age -----
2. Marital status ☐ Currently married
 ☐ Never married
 ☐ Separated/divorced
 ☐ Widowed
3. Occupation -----
4. Do you belong to a religion?

☐ Yes

☐ No
5. What religion or denomination do you belong to?

☐ Moslems

☐ CCAP

☐ Catholic

☐ Other Protestants

☐ Not Applicable

SECTION TWO

CONDOM USE

1. Do you and all your partners usually use a condom for sexual relations
 - A. Always use condoms.
 - B. Sometimes use condoms.
 - C. Never use condoms but have sexual relations.
 - D. Do not have sexual relations.

SECTION THREE

RELIGION

1. Compared to other people, how religious do you consider yourself?
 - ☐ More religious than most
 - ☐ Less or above average

SECTION FOUR

CASUAL SEX

Sometimes a person meets someone who may have sexual relations with them, but later they do not meet each other again

1. Has this ever happened to you ?
 - ☐ Yes
 - ☐ No

Thanks for your participation.

APPENDIX B

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

The University Registrar
University Office
P.O.Box 278
Zomba

Dear sir,

REQUEST TO CONDUCT A STUDY AT KAMUZU COLLEGE OF NURSING.

I am a student at Kamuzu College of Nursing undergoing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at Kamuzu college of Nursing. I intend to conduct a study on condom use among religious women and those women involved in casual sex.

The subjects of the study will include students at Lilongwe campus only. The subjects will be required to complete a questionnaire.

I will be grateful if my request meets your favorable consideration.

Yours truly,

Makunje, Treza (Ms).

Supervisor _____ Signature _____

APPENDIX C

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

The Principal
KCN
P/Bag 1
Lilongwe.

Dear madam,

REQUEST TO CONDUCT A STUDY AT KAMUZU COLLEGE OF NURSING.

I am a student at Kamuzu College of Nursing undergoing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at Kamuzu college of Nursing. I intend to conduct a study on condom use among religious women and those women involved in casual sex.

The subjects of the study will include female students at Lilongwe campus only. The subjects will be required to complete a questionnaire.

I will be grateful if my request meets your favorable consideration.

Yours truly,

Makunje, Treza (Ms).

Supervisor _____ Signature _____

APPENDIX D

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

The Principal
Blantyre Teacher's Training College
P.O.Box
Blantyre.

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COLLEGE

I am a student at Kamuzu College of Nursing undergoing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at your college. I intend to conduct a study on condom use among religious women and those women involved in casual sex.

The subjects of the study will include female students only. The subjects will be required to complete a questionnaire.

I will be grateful if my request meets your favorable consideration.

Yours truly,

Makunje, Treza (Ms).

Supervisor _____ Signature _____

APPENDIX E

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

The Principal
Lilongwe teacher's training college
P.O.Box
Lilongwe.

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COLLEGE.

I am a student at Kamuzu College of Nursing undergoing a Bachelor of Science course degree in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at your college. I intend to conduct a study on condom use among religious women and those involved in casual sex.

The subjects of the study will include only female students. The subjects will be required to complete a questionnaire.

I will be grateful if my request meets your favorable consideration.

Yours truly,

Makunje, Treza (Ms).

Supervisor _____ Signature _____

APPENDIX F

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

The Manager
National Bank of Malawi
Blantyre Branch
P.O.Box 945
Blantyre.

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COMPANY

I am a student at Kamuzu College of Nursing undergoing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at your company. I intend to conduct a study on condom use among religious women and those women involved in casual sex.

The subjects of the study will include female bank workers only. The subjects will be required to complete a questionnaire.

I will be grateful if my request meets your favorable consideration.

Yours truly,

Makunje, Treza (Ms).

Supervisor _____ Signature _____

APPENDIX G

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

The Manager
National Bank of Malawi
Lilongwe Branch
P.O.Box 30402
Lilongwe.

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COMPANY

I am a student at Kamuzu College of Nursing undergoing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at your company. I intend to conduct a study on condom use among religious women and those women involved in casual sex.

The subjects of the study will include female bank workers only. The subjects will be required to complete a questionnaire.

I will be grateful if my request meets your favorable consideration.

Yours truly,

Makunje, Treza (Ms).

Supervisor _____ Signature _____

APPENDIX H

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

The Manager
Commercial Bank of Malawi
Lilongwe Branch
P.O.Box 30365
Lilongwe.

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COMPANY

I am a student at Kamuzu College of Nursing undergoing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at your company. I intend to conduct a study on condom use among religious women and those women involved in casual sex.

The subjects of the study will include female bank workers only. The subjects will be required to complete a questionnaire.

I will be grateful if my request meets your favorable consideration.

Yours truly.

Makunje, Treza (Ms).

Supervisor _____ Signature _____

APPENDIX I

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

The Manager
Commercial Bank of Malawi
Blantyre Branch
P.O.Box 714
Blantyre.

Dear sir/madam,

REQUEST TO CONDUCT A STUDY AT YOUR COMPANY

I am a student at Kamuzu College of Nursing undergoing a Bachelor of Science course in Nursing.

In partial fulfillment of the course, I am required to conduct a research study. The purpose of this letter is therefore to ask for permission to conduct the study at your company. I intend to conduct a study on condom use among religious women and those women involved in casual sex.

The subjects of the study will include female bank workers only. The subjects will be required to complete a questionnaire.

I will be grateful if my request meets your favorable consideration.

Yours truly,

Makunje, Treza (Ms).

Supervisor _____ Signature _____

APPENDIX J

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

Dear madam,

CONSENT TO PARTICIPATE IN STUDY.

I am a student at Kamuzu College currently studying a Bachelor of science in Nursing. In partial fulfillment of this course, I am undertaking some research. I intend to conduct a study on condom use among religious women and those women involved in casual sex.

I am therefore requesting you to participate in this study. You will be required to complete a questionnaire I designed. Please feel free to express any pertinent views and ideas that have not been covered by the questionnaire. Such additional information can be written at the back of the questionnaire.

I would like to assure you that all your contributions will be treated in strict confidence. You will not be required to indicate your name on the questionnaire.

Indicate your acceptance to participate in this research by signing the form below.

Thanks for your co-operation and good luck,

Yours faithfully,

Makunje Treza (Ms).

CONSENT FORM

I accept to participate in this study.

Signature -----