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Full Length Research Paper

Male perspective(s) on condom use: Context of STI/HIV prevention in the University of Ghana community

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This study examined the influence of condom use on men's sexual behaviour in the University of Ghana community. In all, 600 men were sampled for this study using stratified and simple random sampling techniques. The ages of respondents ranged from 17 to 74 years with a mean age of 24 years. The study found that while 80% men have ever used condom, a little over 50% of them used condom at their last sexual encounter. The study established that education and condom use is not related (p> 0.05).

Key words: Male perspective, condom use, sexually transmitted infections/diseases, HIV and AIDS, University of Ghana.

INTRODUCTION

Since the emergence of HIV and AIDS in the 1980s and its rapid spread in Sub-Saharan Africa [current statistic is 22.5 million people living with HIV (NACP, 2009a), the need for prevention against sexually transmitted infections (STIs), including HIV and AIDS, is now an additional reason for concern. HIV and AIDS continues to pose a major challenge to the economic development of Africa because of its infection rate (about 70%) (NACP, 2010). The statistics, such as the fact that only 18.5% of people living with HIV in Southern Africa, 58% use modern contraceptive use illustrate the seriousness of the epidemic and the urgent need for action (PRB, 2008; UNAIDS, 2008). Though Ghana's current statistics [(1.9% of people living with HIV and AIDS with 14% of married women using modern contraception) GDHS, 2009] gives better prospects for Africa, there is still much to do as that country's national response programmes are not making a significant impact. In fact, to Ghana's national prevalence rate increased from 1.7% in 2008 to 1.9% in 2009 (NACP, 2010).

The literature suggests that, traditional expectations related to masculinity and male sexual behaviour increases the risk of infection among men in Ghana (Adomako et al., 2009; Anarfi, 2006; Faryorsey et al., 2006; Szabo and Short, 2000; Tsikata, 2007). Typical male roles that call for men to be sexually dominant e.g. by having high numbers of sexual partners, and which encourage high risk taking e.g. the refusal to seek medical care for sexually transmitted infections) are often associated with behaviours that increase men's risk of HIV infection (Anarfi, 2006; WHO, 2007). Aomreore and Alikor (2008) espoused from their survey of a group of third year senior high students (N= 1800) in Port Harcourt, Nigeria that, though sexual intercourse was at a prevalence of 61%, only 36.9% of these sexually active students used condom. Prince and Bernard (1998) attested to Aomreore and Alikor's assertion that, male students were more sexually active compared to female students. Consequently, condom use is seen as more pronounced among younger age groups and men in particular, compared to females (Nuwaha et al., 1999). In this regard, gender becomes significant predictors of ever had sex and condom use among men. Heeren et al. (2009) also argued that, pleasure-seeking was an important determinant of condom use among undergraduates' students and that, intention to use condom is a significant predictor for its subsequent use. In another survey in Antananarivo, Malagasy among some university students (N=320), Rahamefy et al. (2008) also revealed that, though about 80% of participants reported sexual debut at an average age of 19 years only 5.7% of them reported consistent condom use with reasons for nonuse mainly motivated by stable relationships.

Condom use by men is really consistent and that mere knowledge of condoms does not necessarily guarantee its usage (Ntata et al., 2008). Another contentious issue in the literature is the relationship between condom use during first sex and its consistent use. Ma et al. (2009) in their study of some Chinese university students (N=1850) maintained that frequent condom use was less likely practiced by men who had ever had non-vaginal sex than those who had not. In other words, male students who had ever had vaginal intercourse were more likely to use condom than those who engaged in anal intercourse. In this vein, the persuasive function for sexual intercourse among students becomes an inherent feature in their quest to search for its impulsive sanction (e.g. STD/HIV infection or pregnancy). In Ghana for instance, not much attention had been paid HIV/AIDS because of the consistent increase in sexual promiscuity and allegations of sexual harassment among students and workers on University campuses (Manuh et al., 2007). For instance, Tagoe and Aggor (2009) revealed from their behavioural surveillance that, though large number of University students in Ghana engaged in pre-marital sex, condom use was not consistent particularly when the relationship was stable. Considering the nature of such traditional gender norms, it underscores the importance of involving men in efforts towards STI/HIV and AIDS prevention (WHO, 2007). Thus the need to investigate the influence of condom use on men's sexual behaviour in solving HIV and AIDS related issues in heteronormative relationship in Ghana. Specifically, the study sought to find knowledge of STI/STD among men; knowledge, practice and condom decision making among men; and influence of condom use on STI/HIV prevention of men. Findings from this study are for policy formulation aimed at expanding protective behaviour among sexually active men particularly for disease (STI/HIV and AIDS) prevention.

METHOD OF RESEARCH

University of Ghana was the site from which the study participants were enrolled. It had a student population of about 42,692 representing 58.78% (male); 41.22% (female) and staff strength of about 5004 representing 76.96% male and 23.04% females (UG, 2009a). Reasons for choosing the University included: sexual promiscuity and several allegations of sexual harassment and rape cases (Manuh et al., 2007), low (13.7%) prevalence of condom use among students on campus (Tagoe and Aggor, 2009), and the need to sustain prevention efforts targeted at the age groups 15-24 and 25-49, especially among educated men (UG, 2009b). The study design was a cross sectional survey involving perspectives of males who use condoms with those who do not use condoms in their sexual encounter. The design allows for the collection of baseline information on knowledge of STI/STD among men; knowledge, practice and condom decision making among men; and influence of condom use on STI/HIV prevention of men.

This study employed quantitative research approach. The significance for chosen a quantitative approach to this study was because the method helped the study to identify variables predicting condom use and aided the researcher measure relationships between these factors. Another reason for the adoption of this method was basically for 'generalizability' and prediction and of variables (Marshall and Rossman, 1980). Considering that this study was time bound (conducted within 8 months) and with Fraenkel and Wallen (2002) assertion of convenient sampling for social researchers, a 2% sample of the male population (for students and staff of the University) on campus was taken. This was done for possible generalization. The sample size calculated was thus 579 (but approximated to 600) (Tables 1 and 2).

Sampling procedures for this study included stratified random sampling techniques. The adoption of this technique was largely due to the fact that the sampling frame for the entire study population was available and randomly distributed throughout the population. It was also because the various halls of residence and categories of staff have different socio-demographic characteristics and attributes. According to Kumekpor (2002: 148), stratified sampling is a technique where the "universe is divided into layers or components or strata, and each stratum is sampled separately, according to the proportion in which the various strata are present in the universe". It helps to carry out in depth investigations of specific characteristics (such as population size, residence, sex and beliefs) of particular aspects of the population, while making a general study of the three different populations as whole Kumekpor (2002: 149). In order to have large cells for meaningful statistical analysis and discussions, the survey resorted to use only students by residence halls see Tables 3 and 4 for computations.

The variables examined as factors for perspectives on condom use were broadly categorized as socio-demographic; knowledge of STI/STD; Knowledge, practice and condom decision making; and Influence of condom use on STI/HIV prevention. The socio-demographic variables included age, marital status (single, married, divorced or widowed), education, religion and occupation (i.e. whether a student or a staff). Knowledge and practice of condoms included condom knowledge and use, attitude towards condom use. Additionally, variables relating condom decision making comprised condom use with casual and regular partners, reasons for use or nonuse of condom and consistency of condom use in the last 12 months of 'intercourse'. Influence of condom use on STI/HIV prevention was also measured on the basis of knowledge of condom use and STI/HIV prevention through counseling and testing. The selection of this method was informed by the ease of administration and eliciting response, validity and reliability of the instrument used (questionnaire), practical limitations of time (thus 8 months of research work) and the quantitative of this study. Another reason was against the backdrop of a typical male role of toughness and risk taking (WHO, 2007), especially considering possible exaggeration and overstatement by men about their sexual behaviour. As a measure therefore, the survey took precautionary measures by seeking the use of more close ended questions to limit too much talks and reduce exaggeration to the barest minimum. It was also due to the preposition that, adult men are more likely to over report condom use to seem more socially responsible. Consequently, close ended questions were more suitable for this study.

Statistical analyses were done using Statistical Package for the Social Scientist (SPSS version 16) software. Appropriate measures of centrality (e.g. mean and median age) were calculated. For comparison of variables, a chi square test (for occupation and age at sexual debut, hall of residence and condom use, education and condom use, etc.) was computed and frequencies summarized in tables with significance level stated as 'p value'. The confidence level was 95%. This method of analysis was chosen because of its appropriateness to the kind of questions asked and the responses given (for example, a Yes or No answers). The study conformed to the required ethical guidelines regarding the use of human subjects. An ethical clearance (NMIMR-IRB CPN 028/09-10) was sought from the Institutional Review Board (IRB) of the Noguchi Memorial

Table 1. Male population (students and staff), 2009.

Category	Population (μ) of males
Students	25095
Senior members	819
Senior staff	877
Junior staff	2155
Total	28946

Source: University of Ghana, Legon (2010).

Table 2. Computations of sampled respondents to be interviewed.

Respondents	Populations of males	Sample
Students	25095	520
Staff	3851	80
Total	28946	600

Source: fieldwork, 2010.

Table 3. Residential and staff categories on campus (males), 2009.

Variable	Male populations
Hall of residence	
Akuafo	976
Commonwealth	1574
Legon	1123
Mensah Sarbah	771
Graduate hostel and Legon Annex C	300
Total	4744
Staff category	
Senior members	819
Senior staff	877
Junior staff	2155
Total	3851

Source: University of Ghana, Legon (2010).

Institute for Medical Research (Appendices 1 and 2).

Table 4. Stratified sampling for male students in residence and staff.

Variable	Male populations
Hall of residence	
Akuafo	107
Commonwealth	172
Legon	123
Mensah Sarbah	85
Graduate hostel and Legon Annex C	33
Total	520
Staff category	
Senior members	17
Senior staff	18
Junior staff	45
Total	80

Source: Fieldwork, 2010.

RESULTS

Demographic characteristics

About 80% of the respondents had either completed Senior High, Vocational or Technical school education (Table 5). This is because a large number of the sample comprised of the undergraduate population on campus. The mean age was 24.1 with about 90% of the respondents between ages 19-29 years. There were more (33.1%) male students resident in the Commonwealth Hall than all the other halls of residence. This was because the hall was an all male hall and therefore, had larger representation in this sample considering the target group for this study. About 90% of the respondents in this survey were Christians. Nine out of every ten men had never married (Table 5). The majority of the student' respondents were in their first and second year of studies.

Education and number of sexual partners

The study found that education has no influence on condom use and the numbers of sexual partners the men were likely to have ($p > 0.05$) (Tables 6 and 7).

Knowledge of STI/STD symptoms

Students and staff at the University of Ghana had a fair knowledge of almost all the sexually transmitted diseases (STDs) presented them during the survey. Knowledge of chlamydia was the least common (7.1%) while knowledge of gonorrhea was very high (91.7%). About 60% of men also knew that 'Pain on Urination' was a symptom of a sexually transmitted infection. About 16% also knew that 'swellings in the groin' was a symptom of STIs (Fig 1). Almost all (96.4%) of the men knew that STI/STDs were transmitted through unprotected sexual intercourse.

Knowledge, condom practice and decision making

More than half (73.4%) of respondents knew about condoms. 'Champion' condom was the most popular brand of condom among men at the university (Table 8). A large number (78.5%) of men reported that they had ever used a condom and a little over half (65.8%) used condoms at their last sexual encounter. About one out of every five men used a condom whenever they were

Table 5. Demographic characteristic of respondents.

Variable	N	%
Age bracket		
19 years or younger	80	13.3
20 - 29 years	450	76
30 - 39 years	35	5.9
40 - 44 years	17	2.9
50 years or older	12	2.0
Total	600	100
Highest level of education		
Middle/JHSa	10	1.7
SHS/Voc/Techb	505	84.2
Post SHS/Nursing/Polyc	19	3.2
University	66	11.0
Total	600	100
Religious denomination		
Christian	539	89.8
Islam	36	6.0
Traditional	2	0.3
Others	2	0.3
No religion	21	3.5
Total	600	100
Marital status		
Never married	542	90.3
Married/living together	54	9.0
Separated/widowed	4	0.6
Total	600	100

Source: Fieldwork, 2010.

available. A small number (2.5%) of men said they used a condom when their partners insisted. Less than half (30%) of those who did not always use a condom said they were too shy to buy condoms (Table 9). Among the 45.2% men who used a condom at last sexual intercourse with their regular partners, a little over half (51%) of them made the decision themselves to wear a condom. About four of every ten men took the decision together with their regular partners to use a condom. Very few men said their regular partners suggested condom use at last sexual intercourse. Out of the over 50% men who did not use a condom at last sex with their regular partners, less than half (44.8%) mentioned 'trust partner' as the main reason (Table 10). Less than one-tenth also said their regular partners objected to condom use. Condom use with regular partners by men on the average was thus, not frequent (25.4%). Contrary to condom use with regular partners by men, appreciable number (74.3%) used a condom with their casual partners at last sex. Out of this, about 65% suggested condom use themselves. For the over 35% men who did not use a condom with their casual partners at last sex, reasons were mainly motivated by trust, non availability and do not like a condom (Table 10).

[a] Middle refers to middle school and JHS refers to Junior High school

[b] SHS refers to Senior High School; Voc refers to Vocational Training and Tech refers to Technical training.

[c] Post SHS refers to Post Senior High School; Poly refers to Polytechnic

Condom use and HIV testing and counseling (CT)

From the survey, about 45% men perceived themselves as being at no risk of HIV infection. Some (30.5%) viewed themselves as being at small risk, while only 6% thought they were at great risk of being infected. Respondents attributed their low risk to the fact that they had 'never had sex' or to the fact that they had one sexual partner. A large number (80.8%) of men had not had an HIV test during the last 12 months. Some of the reasons they gave included from non regular condom used, 'do not want to know', fear of receiving positive test result, and 'do not want to be stigmatized'. Some on the other hand said it was because they had never had sex. Out of the 19.2% men who have had an HIV test, 83.5% said it was voluntary. 33% of these men said they had the test because they wanted to know their status. Others also said it was because they did not use a condom regularly and they were thus afraid that they might already be infected' with HIV. The rest of the respondents (16.5%) went for HIV testing as part of a medical examination or because they were coerced by parents (Table 11).

DISCUSSION

Globally today, women are disproportionately infected and affected by HIV and AIDS (WHO, 2007). Condom use has not worked effectively for the majority of women in Africa to whom abstinence may not be an option (Ntata et al., 2008; Pettifor et al., 2007). In Ghana, two-thirds of adults living with HIV and AIDS are women (GAC, 2010; NACP, 2010). This mostly results through sex with HIV positive men due to unequal power relations between men and women (Anarfi, 2006; Fayorsey et al., 2003; Tsikata, 2007). For example, a wife may be faithful but her husband not and yet she has no power to negotiate condom use with her partner (Anarfi, 2006). The view that men are less able to control their sexuality than women continues to exist, and their promiscuity still seems to win respect in society (Lee and Glynn, 2002). This means that men are encouraged to take chances that can increase their risk of contracting STIs and HIV and AIDS. The survey confirmed with other studies that, there is high rate of sexual activity on university campuses and that large numbers of these students often have their first sexual debut between 15-19 years (Prince and Bernard, 1998; Oti-Boateng, 2006; Ntata et al., 2008; Manuh et al.,

[d] Respondents were afraid to go for HIV testing because they were not using condoms regularly and so feared that they might already be infected.

Table 6. Education and number of sexual partners.

Variable	No. of sexual partners during the past 12 months (%)								χ^2(df)	p value
Education	**None**	**One**	**Two**	**Three**	**Four**	**> Four**	**Do not know**	**Total**		
Middle/JHS	1 (10)	6(60)	1(10)	2(20)	0(0)	0(0)	0(0)	10 (100)	34.796(18)	0.509
SHS/Voc/tech	23(8.4)	115(42)	84(30.7)	26(9.5)	15(5.5)	10(3.6)	1(0.4)	274(100)		
PostSHS/Nurs./Poly	1(9.1)	8(72.7)	2(18.2)	0(0)	0(0)	0(0)	0(0)	11(100)		
University	2(4.0)	26(52)	11(22)	9(18)	0(0)	2(4)	0(0)	50(100)		
Total	27(17.8)	155(44.9)	98(28.4)	37(10.7)	15(4.3)	12(3.5)	1(0.3)	345(100)		

Source: Fieldwork, 2010.

Table 7. Education, religion and condom use.

Religious denomination		Ever used condom (%)			χ^2 (df)	p value
	Level of education	Yes	No	Total	5.411 (3)	0.144
Christian	Middle/JHS	5(55.6)	4(44.4)	9(100)		
	SHS/Voc/Tech	203(79.3)	53(20.7)	256(100)		
	Post SHS/Nursing/Poly	9(100)	0(0)	9(100)		
	University	37(78.7)	10(21.3)	47(100)		
	Total	254(79.1)	67(20.9)	321(100)		
Islam	SHS/Voc/tech	11(68.8)	5(31.2)	16(100)	0.776 (2)	0.678
	Post SHS/Nursing/Poly	1(100)	0(0)	1(100)		
	University	1(50)	1(50)	2(100)		
	Total	13(68.4)	6(31.6)	19(100)		
Traditional	SHS/Voc/tech	1(100)		1(100)		
	Total	1(50)	1(50)	2(100)		
Other religion	SHS/Voc/tech	1(100)		1(100)		
	Total	1(100)		1(100)		
No religion	SHS/Voc/tech	8(80)	2(20)	10(100)	.244 (1)	0.621
	Post SHS/Nursing/Poly	1(100)	0(0)	1(100)		
	Total	9(81.8)	2(18.2)	11(100)		

Source: Fieldwork (2010).

Table 8. Brands of condoms that men know.

Variable	N	%
Which brands do you know?		
Aganzi	18	3.0
Gold cycle	46	7.7
Rough rider	62	10.3
Don't know	80	13.3
Panther	80	13.3
Champion	212	35.3
Other brands	102	17.0
Total	600	100

Source: Fieldwork (2010).

2007; Tagoe and Aggor, 2009). From this study, attitudes and practice of condom use among men in Ghana is not only shaped by men's knowledge about condom use and HIV and AIDS prevention but by their own social construction (due to 'shy to buy a condom' and or 'do not like condoms') of the kind of reality they perceive (thus, 'no risk at all' or 'small risk' to STI/HIV infection). Wherefore, though some men may have intention to use a condom, they sometimes do without them.

The prevalence of nonuse of a condom at first intercourse with regular partner compared with casual partner was also a very common feature in this study. This was partly explained by the element of trust developed from men's length of sexual relationship with their partners (Maharaj, 2005). Consequently, condom use by men in these stable relationships is rather for fear pregnancy to disease prevention (Maharaj, 2005; Marston and King, 2006; Troth and Perterson, 2000). Thus, though encouraging condom use among men could be critical for

Table 9. Condom practice among males.

Variable	N	%
Have you ever had sex?		
Yes	354	59.0
No	246	41.0
Total	600	100
Age at first sexual intercourse		
19 years or younger	152	42.9
20-29 years	114	32.1
30 years or older	6	1.7
Do not know	82	23.2
Total	354	100
Ever used a condom		
Yes	278	78.5
No	76	21.5
Total	354	100
Condom use at last sex		
Yes	183	65.8
No	95	34.2
Total	278	100
When to use a condom		
During any sexual act	139	39.3
Sometimes with casual partner	68	19.2
When available	76	21.5
When partner stresses	9	2.5
Preventing pregnancy	6	1.7
Do not know	56	15.8
Total	354	100.0
Reasons for not using a condom		
Too expensive	8	2.2
Shy to buy a condom	88	24.9
Trust partner	27	7.6
Do not like it	80	22.6
Not available	17	4.8
No reason	134	37.9
Total	354	100.0

Source: Fieldwork, 2010.

Table 9. Condom decision making (%).

Variable	Regular		Casual	
Condom use at last sex	**N**	**%**	**N**	**%**
Yes	160	45.2	263	74.3
No	194	54.8	91	35.7
Total	354	100	354	100.0
Who suggested condom use				
My partner	21	13.0	26	9.9
Joint decision	57	36.0	67	25.5
Myself	82	51.0	170	64.6
Total	160	100	263	100
Consistency of condom use				
Never	76	21.5	46	13.0
Every time	80	22.6	32	9.0
Sometimes	90	25.4	210	59.3
Do not know	108	30.5	66	18.6
Total	354	100.0	354	100.0
Reasons for non condom use				
Partner objected	12	6.2	5	5.5
Used other contraceptive	12	6.2	10	11.0
Do not like them	34	17.5	19	20.9
Not available	49	25.3	20	22.0
Trust partner	87	44.8	37	40.6
Total	194	100.0	91	100.0

Source: Fieldwork, 2010.

HIV/STI prevention, the degree to which men see themselves as being at risk of infection will significantly influence men's decision to either abstain or use a condom (Williamson et al., 2009). Additionally, this paper confirms with the work of Corbett et al. (2007) that, HIV testing has no relation with awareness of disease prevention (that is, STI/HIV knowledge). Thus, HIV counseling and testing is a personal decision based on the individual's personal convictions. Thus, though this study found that all respondents during our follow up interviews agreed to voluntary counseling, not many of them were willing to have an HIV test and this was evident in the views expressed by a respondent:

> "If you know, it is good. I would even advice everybody to go for the test except myself (a 48 year old counselor, respondent)".

This paper maintains that, though there is increased pressure for voluntary counseling and testing (VCT) through various efforts such as 'Know Your Status' especially on university campuses in Ghana, there is need to intensify campaign efforts not to undermine the role of Counseling (particularly, among male students). Therefore, health planners should consider decoupling HIV testing from counseling since this could encourage more men to access counseling and consequently effect a life style change.

This paper argues that, it is not statistically correct to argue that, the more educated a man is, the more knowledgeable he is to use a condom. Neither is it factual to posit that, knowledge of STI/STDs means the adoption of safety measures (such as condom use) of disease prevention by men. It is rather possible that more emotional, attitudinal and psychological activities influence the thinking process for a man's cause of action (i.e. either protected or unprotected sex) during sexual intercourse. Wherefore, while much health-related behaviour is under individual control, including the use of condoms, this paper maintains that condom use is an

Table 11. Condom use and HIV testing and counseling.

Variable	N	%
Chances of getting HIV		
No risk at all	269	44.8
Small	183	30.5
Moderate	73	12.2
Great	36	6.0
Do not know	39	6.5
Total	600	100.0
HIV test in the last 12 months		
Yes	115	19.2
No	485	80.8
Total	600	100.0
Voluntarily or required testing		
Voluntary	96	83.5
Required	19	16.5
Total	115	100.0
Reasons for testing HIV		
Non regular use of a condom	22	19.1
Fear of having been infected with HIV	27	23.5
Know your status	38	33.0
Parents forced	5	4.3
Required medical exams	23	20.0
Total	115	100.0

Source: Fieldwork, 2010.

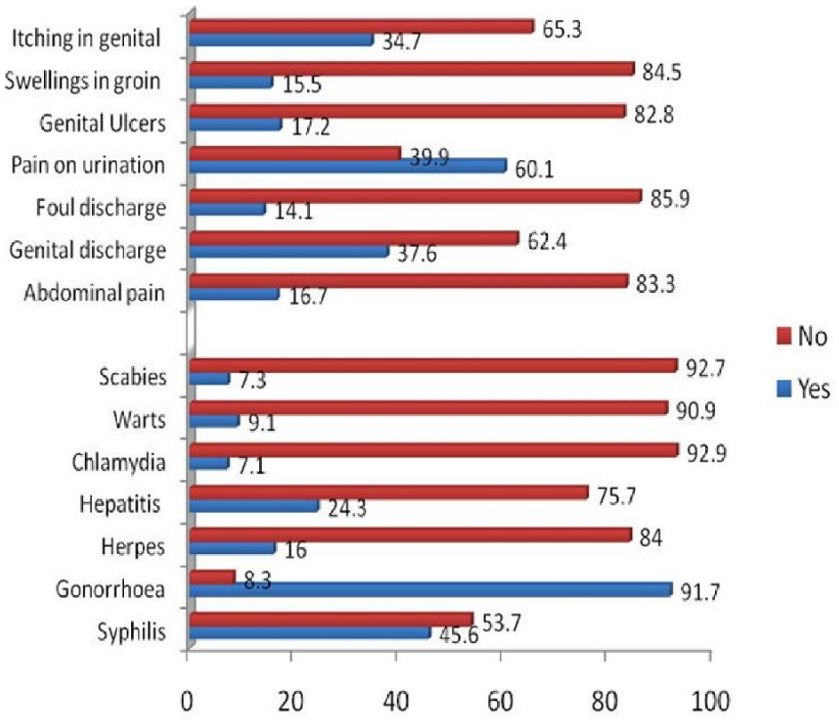

Figure 1. Knowledge of STI/STD symptoms. Source: Fieldwork, 2010.

overt behaviour that involves both parties (male and female) at different stages of the act (of sex) and that, changing the attitudes of one person (woman or man) is not sufficient for disease (STI/HIV) prevention. Consequently, we suggest a renewed emphasis on condom use through intensified and continuous STIs/ HIV and AIDS education efforts targeted at men and women with emphasis on consistency irrespective of whether it is a casual encounter or with a regular partner. There is also the call to intensify education to include professionalism from condom vendors and other operators of pharmaceutical shops in attending to customers when they visit such places to buy condoms. Similarly, condom manufacturers should improve condom quality to increase its pleasurable nature to encourage its use especially by men. Lastly, health professionals in giving out condoms for free (as a campaign strategy) should also consider the quality and pleasurable nature of the sort of condoms they give out or share. This is to encourage men to use condoms as much as they keep their sensation alive.

Conclusively, this paper concurs that, though the ability to think may be embedded in the mind, the mind hails from the socialization of consciousness (thus, health consciousness) Mead (1982). Despite wanting sex, a lot of men are still shy about putting condoms on in front of a sex partner. This is because these days, getting hold of condoms is easy but in the heat of the moment, men are often more reluctant to put the brakes on and apply a condom or even suggest using one. With the increasing spread of diseases (e.g. HIV and AIDS), men have had to take a more active role in STD and HIV and AIDS prevention, suggesting that condom use should be a higher priority for men.

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Appendix 1: Ethical clearance.

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH
INSTITUTIONAL REVIEW BOARD

(UNIVERSITY OF GHANA)

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Telex No: 2556 UGL GH

P.O. Box LG581
Legon
Ghana

My Ref. No: DF.22

16th November, 2009

Your Ref. No:

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824 **IRB 0001276**

NMIMR-IRB CPN 028/09-10 **IORG 0000908**

On 16th November, 2009, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB), conducted expedited review and approved your approved your protocol titled:

TITLE OF PROTOCOL : **Male Perspective on Condom Use: Context of STI/HIV Prevention in the University of Ghana Community**

PRINCIPAL INVESTIGATOR : **Daniel Yaw Fiaveh**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 15th November, 2010. You are to submit annual reports for continuing review.

Signature of Chairman: .....
Rev. Dr. Samuel Ayete-Nyampong
(NMIMR – IRB, Chairman)

cc: Professor Alexander K. Nyarko
Director, Noguchi Memorial Institute
for Medical Research, University of Ghana, Legon

Appendix 2. Consent form.

Title: Male Perceptive on Condom Use: The Context of STI/HIV Prevention in the University of Ghana Community

Principal investigator: Daniel Yaw Fiaveh

Address: Department of Sociology, University of Ghana

Introduction

This Consent Form contains information about the research named above. In order to be sure that you are informed about being in this research, we are asking you to read (or have read to you) this Consent Form. You will also be asked to sign it (or make your mark in front of a witness). We will give you a copy of this form. This consent form might contain some words that are unfamiliar to you. Please ask us to explain anything you may not understand.

Reason for the research

You are being asked to take part in research to investigate the influence of condom use on the sexual behaviour of men.

General information about the research

The study is a behavioural-based cross sectional survey involving perspectives of males who use condoms with those who do not use condoms in their sexual life. A sample of 2% of the total population (28,946) is taken. Additionally, 10 depth interviews are conducted. The variables to be examined as factors for STI/HIV prevention are broadly categorized as socio-demographic, behavioural variables and knowledge of sexually transmitted infections.

Your part in the research

If you agree to be in the research, you will be required to give your personal experience on sexual behaviour and condom use in the context of disease prevention. Follow-up will be conducted if necessary.
Your part in the research will last about one month. About 600 men will take part in this research within the University of Ghana community.

Possible benefits

Findings will help focus educational efforts aimed at expanding protective behaviour among sexually active men. Suggestions could invariably serve women interest, considering men's role as primary route of HIV transmission to women.

If you decide not to be in the research

You are free to decide if you want to be in this research. Your decision will not affect the health care you would normally receive.

Confidentiality

We will protect information about you and your taking part in this research to the best of our ability. You will not be named in any reports. Someone from the IRB might want to ask you questions about being in the research, but you do not have to answer them. A court of law could order medical records shown to other people, but that is unlikely.

If you miss a scheduled visit, we may contact you at home by phone, mail or in person to schedule another visit and to see if you still want to take part in the research. When this contact is made you will not be identified as being in this research.

Compensation

You will not be paid, since you do have the right to take part voluntarily.

Alternatives to participation

You do not have to participate in the research in order to receive counseling and testing.

Leaving the research

You may leave the research at any time. If you choose to take part, you can change your mind at any time and withdraw.

Your rights as a participant

This research has been reviewed and approved by the IRB of Noguchi Memorial Institute. You may contact Mr. Fiaveh Yaw Daniel on +233208479785 in case of any difficulty or clarifications. You may equally contact [Rev. Dr. Ayete-Nyampong, Chairperson, NMIMR-IRB, mobile 0208152360] if you have any questions about your rights as a research participant.

Volunteer agreement

The above document describing the benefits, risks and procedures for the research title “Male Perceptive on Condom Use: the Context of STI/HIV Prevention in the University of Ghana Community” has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

_____ _____

Date Signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

_____ _____

Date Signature of Witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____ _____

Date Signature of Person Who Obtained Consent