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Research Paper

Female Condom: Knowledge, Perceptions and Practices among Female College Students

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ABSTRACT:- While the female condom empowers females to protect themselves from sexually transmitted infections (STIs), HIV & AIDS and unwanted pregnancy, its use has been, hitherto, low particularly in developing countries. The study sought to determine knowledge, attitudes and practices of female students concerning the female condom. A descriptive research design was used with a sample of 50 female students from Africa University who were recruited through systematic sampling.Data was collected using self-administered questionnaires and analysed using descriptive statistics in form of frequent tables, figures and content analysis.
The study revealed that all the respondents had heard of the female condom and70%of the respondents felt that the female condom is useful. However, female condom usage was very low only 2(4%) of the respondents who had used condoms. Factors like male decision (72%) fear of retention of condom (38%), perception, religion, culture and gender impacted negatively on the use of the female condom. Logistical factors such as female condom distribution which affected availability and accessibility of the female condoms were also predictors of utilisation. Negative attitudes and perceptions towards the female condom by the male partners can be reduced by involving them in female condom awareness and education programmes. Female condom advocacy should be an integrated component of the overall behaviour change communication packages for HIV and AIDS.

KEYWORDS:- College students, Female Condom, Knowledge, Perceptions, Practices

I. INTRODUCTION

While the condom was developed around 1642 (1;2) the female condom was approved in 1993 heralding a new era in empowerment of women in negotiating for safer sex (3-5). It is a contraceptive device used by women that protects against both pregnancy and sexually-transmitted infections (STIs) including HIV infection (6).Usage rates of female condoms are low throughout Sub-Saharan Africa(7-9). Zimbabwe introduced the female condom in 1997, but acceptance was slow(5).The major reasons cited for failure to use the method were unavailability, religion and partner refusal, females above 40 years of age (3-5;10) . Unplanned pregnancies, STIs and HIV/AIDS are consequences of unprotected sexual intercourse. In 2013 alone there were 2.1 million new HIV infections, 500 million STIs and 80 million unplanned pregnancies (11). The 27 billion condoms which were expected to be used in 2015 were expected to offer 225 million couple-years protection from unintended pregnancies (11).

Sub- Sahara Africa remains the worst affected region in the world with over 25.8 million people in the Sub-Sahara region living with HIV infection. Globally, 36.9 million people are living with HIV & AIDS. Zimbabwe is the5th highest in the prevalence rate of HIV/AIDS worldwide. About 25% of people between 15-49 years are HIV positive and 56% of these are women (12). Women are likely to be infected with HIV/AIDS more than men because of their sexual anatomical differences. Women are receivers and subjected to lacerations and bleeding during sexual intercourse, this enhances ample time for viral penetration. For socio-cultural reasons, young girls are forced into marriage. Their tender age subject them to vulnerability in contracting STI's and HIV. The HIV prevalence for Zimbabwe is estimated to be 18% among females and 12% among men while the national combined prevalence was 15% (13). Women in Zimbabwe as in many African countries are often

unable to insist on safe sex with their partners. This results in women failing to negotiate for safe sex leading to high HIV/AIDS prevalence, STI's and unplanned pregnancies (3-5;10;14-16).

In conjunction with the increase of HIV/AIDS among college students, it has been cited that there has been an increase in STI's among college students. A report on 789 students from 10 colleges and universities in Africa, the youngest students being 18 years, revealed that 66% were infected with STIs(17).According to Africa University Student Affairs, the number of unplanned pregnancies among female students from the period of August 2007 to February 2009 was 35. This study sought to ascertain the knowledge levels attitudes and practices of Africa University female students concerning the female condom.

II. MATERIALS AND METHODS

A cross-sectional survey was used to explore knowledge, attitudes and practices on the female condom targeting female students at Africa University. Africa University community is dominated by sexually active young adults drawn from different African cultural backgrounds. Systematic sampling, using the resident students as a sampling frame, was used to recruit 50 participants comprising resident female student. Self-administered questionnaires were used to collect data from the female students. The questionnaire had 30 items in four sections which were socio-demographic, knowledge, attitudes and practices on the female condom.The study was cleared by Africa University Research Ethics Committee. Informed consent was also sought from all the participants.

III. RESULTS

1.1 Socio-demographic characteristics of participants

The study participants comprised of 30(60%) young women (women 15- 24 years) and 20(40%) older women from across the 7 faculties. There was a noticeable age disparity in the knowledge, attitude and utilisation of the female condom amongst young women older women, with young women demonstrating more knowledge, positive attitude and utilising the female condom more than the older. Figure 1 below shows the distribution of the respondents according to faculties.

Fig 1. Below is a summary of the faculty affiliation of the respondents. Fifteen respondents (30%) were from the Faculty of Humanities and Social Sciences while 10 (20%) were from the Faculty of Education and 1 (2%) from the Institute of Peace, Leadership and Good Governance. The findings reflect that the majority of the respondents were undergraduates who constituted 98% and graduates constituted 2%.

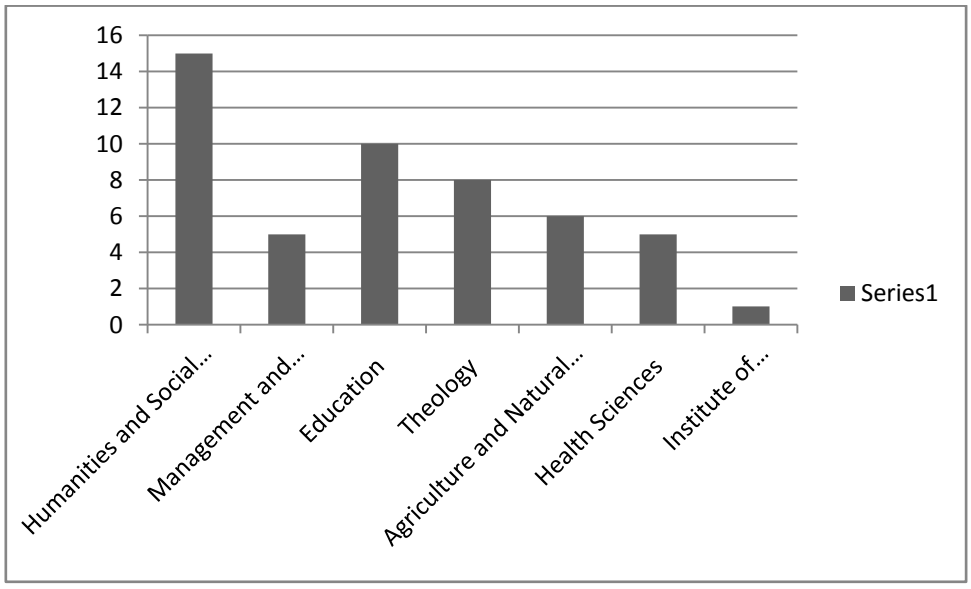

Figure 1. Distribution of respondents according to Faculties N= 50.

3.2 Knowledge concerning female condom

All respondents acknowledged that they had heard about the female condom. This suggests that female students have access to female condom information. Accessibility to female condom information has been made possible through the internet. Thirty-five(70%)of the respondents had diverse knowledge on the female condom. These respondents could precisely describe the female condom, its mode of action and benefits of using the female condom.Forty-five (90%)of the respondents acknowledged the usefulness of the female condom.

3.3 Attitudes concerning the female condom

Forty (80%) of the respondents stated that religion gives no support concerning female condom education and usage. The respondents said religion views sex and condom education as being unethical and immoral hence gave little support towards condom usage.

About 42 (84%) respondents felt that there is gender inequality in sexual decision making. For a woman to ask a man to use a condom would be seen as trespassing the man's control over sex.

With respect to personal views concerning the female condom, the majority of the respondents 45 (90%), felt that the female condom is an initial step towards women empowerment. About 76% of `the respondents felt that their male partners did not support them to use the female condom. The study revealed that 4% of men were supportive to female condom use.

Benefits of the female condom were said to include prevention of HIV/AIDS, sexually transmitted infections and pregnancies.

3.4 Condom use

Thirty-eight(76%) of respondents stated that they are not free to negotiate for female condom usage with their partners and 40 (80%) of the respondents acknowledged that they had used condoms during sexual intercourse.However with regard to which type of condom the respondents had used, 38 (76%) of the respondents had used the male condom. The proportion of female condom use was 4%. Regarding user friendliness of the female condom, 48 (96%) expressed that they did not know since they had not used the female condom before.

3.5 Factors contributing to low usage of the female condom

Reasons cited by respondents of their reluctance to use female condoms are summarized in Table *I* below. The commonest reason was unwillingness of the male partner (72%) and fears that the condom could be retained in the vagina after sexual intercourse (38%). Five (10%) said that the female condom is not comfortable to touch.

Table I: Reasons for reluctance to use the female condom.

Reason	Frequency	Percentage
Unwillingness of male partner	36	72
Difficult to insert	7	14
Local irritation	9	18
Fear of retention	19	38
Unavailability	6	12
Uncomfortable to touch	5	10
Afraid of being labelled as promiscuous	21	42

II. DISCUSSION

1.2 Influence of socio-demographics

The study revealed a significant age disparity in the knowledge, attitude and utilisation of the female condom amongst young women and older women, with young women demonstrating more knowledge, positive attitude and utilising the female condom more than the older. Similar findings were reported by Chizororo and Natshalaga in Zimbabwe. In their study 93% of women liked the condom especially young women aged 20-39 years (83%), compared to older women aged 40 years and above (11%) (18).Both women and men liked the dual role of contraception and protection against STIs including HIV/AIDS played by the female condom. There is need further research into the reasons why older women trail behind in accessing and utilisation of the female condom. This could be partly explained by the fact that young women are readily receptive to new technologies even in reproductive health as compared to their older counterparts who are often more concerned about the issues of stigma.

1.3 Knowledge on the female condom

All the respondents had general knowledge about the female condom contrary to the UNFPA survey, (2005) which reported that, female condom awareness and understanding are still very low in spite of the efforts made by different nations to promote its usage.The variation could be explained in terms of the degree of accessing educative information on various communication channels. University women are exposed to more

channels of media advocacy as compared to the general populace. Level of education has impact on how a person acquires new information and what she knows.

A study in Zimbabwe by (19) revealed similar finding to this study. Knowledge of the female condom was low at 36.3% and most respondents (83.5%) had not used it (19) . Of the 16.5% who used the female condom only 4.1% used it consistently. Female condom uptake was very low at 16.1% and knowledge of the method was associated with its uptake (chi square = 86, $p < 0.05$)(19). A regression coefficient ($R^2 = 0.095$, $p < 0.05$) showed that female condom awareness accounts for 9.5% of the variance in uptake. This study revealed that women with increased level of awareness on the method are likely to use it. Therefore, healthcare providers need to strengthen health education on female condoms and make them readily available.(19).

Inconsistent and incorrect female condom use and the likelihood that condoms are discontinued in longer-term partnerships are some of the challenges impeding the condom program's successes in the fight against sexually transmissible infections and HIV (20). The female condom remains the sole female-initiated method of dual protection against unintended pregnancy and sexually transmissible infections (STIs), including HIV. Unless and until provider training on the female condom is greatly improved, broader acceptance of this significant public health contribution to preventing HIV/AIDS and unwanted pregnancy will not be achieved (21).Post abortion care programs have been recommended as entry point for introducing the female condom as a contraceptive method for the prevention of both repeat unwanted pregnancies and STI/HIV infection (22).

1.4 Attitude and perceptions concerning the female condom

Female condoms are very useful in the prevention of STI's, HIV/AIDS and unplanned pregnancies. Study findings revealed that a diversity of attitudes and perceptions impact on the utilisation of female condoms. Some religious groups view condom usage as an avenue to increase promiscuity among the youths hence even in well-established Mission Colleges like Africa University, there are no structured programmes that cater for sex education and condom usage. Some religions have fully established doctrines against use of contraception and others discourage it on assumption that it defies the natural order of God, which is human multiplication.

Male partner's negative attitude towards usage of female condom was reported as a major contributory factor to the low usage rate of the female condom.The reasons cited major reasons cited for failure to use the female condom in Zimbabwe were unavailability (19.8%) and partner refusal (17.8%) (5). This information agrees with Kenya report (2008), which states that 54% of young people do not believe that female condoms protect against HIV infection and sexually transmitted infections. A well-known challenge in female condom usage relates to negotiations with the male partner and some women cited their partner's lack of acceptance of the female condom as the reason for their discontinuing the method. Male partner's acceptance needs to be considered in the usage of the female condom(5;18;23). Hence there is need to consider the views of the male partner before implementation of female condom usage. This implies that intense health education regarding the importance of using the female condom is needed to change the attitudes of men towards the female condom.

The acceptability of the female condom among women other than prostitutes faces two obstacles, the reaction of the woman's regular partner and attitudes to the device itself (appearance, difficulties or uneasiness concerning its use(24). However, some women liked it because it provided dual protection against pregnancy and STDs and sexual pleasure. The moderate level of acceptability to male partners may be overestimated because women whose partners disliked the device would be more likely to discontinue its use (24). Negative perceptions of the device improve with repeated use. Stereotypes, simplifications and strong opinions that threaten to damage the acceptance should be dealt with through correct and consistent messaging.

Female submission and passivity in sexual negotiation is a major barrier to these preventive actions among African women. A study in America on African-American women revealed that the women enthusiastically endorsed the female condom because they felt this condom allowed them control over safe-sex practices without having to challenge the power of their male partners(25).

1.5 Other factors contributing to low usage

Seventy-two percent of the respondents agreed that their gender status inhibit the ability to decide on sexual issues. This information correlates with Susser andStein who states that gender inequalities are major driving forces of the epidemic of HIV/AIDS and has led to prevention of the development of a method over which women have control of their reproductive health(26).Ministry of Health in Zimbabwe aims towards women empowerment in order to reduce HIV/AIDS and unwanted pregnancies. However, the intentions of this drive seem to be achieving contradictory results from those obtained from this research.

Culture came out as a strong predictor of female condom usage. Africa University is Pan African with mixed cultures which dictate each individual's behaviour hence elicits mixed feelings towards the use of female condom. African tradition views it as being unethical and not acceptable to use female condom during sexual interaction (26).

However, both men and women pointed out that it will be difficult to introduce the female condom in married situations due to the stigma associated with condoms in general. Over 80% of women said they will have to seek permission from their partners to use the female condom. Women had problems with inserting the condom and were concerned with lubrication, size and appearance, and how to dispose of used condom. Regarding cost, 77% felt that the female condom is too expensive given that the male condom can be obtained free from health centres. The cost of the female condom could hinder its continued use and would encourage women, especially commercial sex workers, to re-use it.

This low usage rate of female condom is also suggestive that the Africa University clinic distributes more male condoms in the halls of residence as compared to the female condom. This fact was supported by the availability of male condoms only at the time of study.It follows that the female condom has not been widely used among female students at Africa University partly due to the fact that female condoms are expensive, unavailable and inaccessible

4.5 *limitations*

The study was affected by institutional limitations, inability to access some of the required information relating to the study as the access needed to be authorized by the administration of the University. The investigators addressed this limitation by assuring the institutional authority that the information required was purely for academic purposes and that confidentiality would be observed. The study was sensitive and had some cultural connotations. This was addressed by ensuring anonymity confidentiality was afforded in order to get willing subjects and also to avoid biases. The study was conducted at one site with a study sample of 50 female students hence findings cannot be generalized to all universities at national or international level.

V. CONCLUSION

HIV/AIDS, sexually transmitted infections and unplanned pregnancies have remained a threat towards the reproductive health of women especially in the Sub Sahara region. The female condom is an initial step towards women empowerment with regard to matters related to sexual issue. The study brought out factors related to low uptake and utilisation of the female condom and made recommendations on what can be done to increase the publicity of the female condom and enhance its utilisation. Men should be engaged as equal partners in health education related to reproductive issues. There also a high likelihood of a strong multiplier and synergistic effect if female condom advocacy is integrated into all campaigns and advocacy related to HIV/AIDS and STIs.

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