

Female Condom Use Among Sexually Active Women In Selected Townships In Chipata District, Zambia

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Abstract

The main objective of the study was to establish the use of the female condom among sexually active women, thereby answering the main research question on: Were sexually active women using the female condom? Thus, to date, the female condom is the only technology available that women can use as an alternative to the male condom. However, studies reveal that the female condom has encountered surprisingly little serious attention since its inception in 1984. Going by the numbers of women with HIV worldwide, it was expected that the female condom should be expansively accessible, 36 years after its inception. This expectation has not materialized; instead, the female condom has been marginalized in the international response to HIV/AIDS. Philosophical paradigm was pragmatism that informed the mixed method of the study and the mixed method of inquiry was convergent parallel. The target population was sexually active women and sample size was 80 women, selected by purposive sampling. Qualitative was analyzed by the inductive logic of constructing from the specifics to generalization while quantitative data was analyzed by deductive logic of constructing from the generalization to specifics. A questionnaire was used to collect data. The study reveals that even although women were aware of female condoms and their related benefits, there was low use of the commodity by women. However, the study established that women liked using male condoms as compared to female condom. Further the reveals that education status, culture, sourcing of female condoms, availability of information and dissemination were major factors affecting low use of female condom.

Key Words: Female Condom; HIV/AIDS; Male Condom; Sexually Active Women;

1. Introduction

The main objective of the study was to establish the use of the female condom among sexually women, thereby answering the main research question on: Were sexually active women using the female condom? Worldwide, about 40 million people are living with HIV/AIDS, and per annum, 3 million new infections and 2 million deaths related to AIDS occur (Beksinska *et al*, 2018). Zambia in particular is having a generalized HIV/AIDS epidemic, with a national HIV occurrence rate of 11.1 percent among adults aged 15 to 49 (Zambia Demographic and Health

Survey (ZDHS), 2018; Siziya *et al.*, 2017). The main manner of HIV transmission is in the course of heterosexual sex and mother-to-child transmission. In Zambia, as is the circumstance in other developing countries in the sub-Sahara region, majority of women suffer disproportionate effects of HIV/AIDS (Wiyeh *et al.*, 2020; ZDHS, 2018). These have repercussions for the welfare of women of reproductive age. In 2017, 650,000 of the 1.5 million adults, aged 15 and over, living with HIV in Zambia were women (United Nations AIDS-UNAIDS 2018).

The HIV occurrence among young women was more than twice that of young men. To this effect, 5.8% of young women were living with HIV in 2017, compared to 2.7% of young men (UNAIDS, 2019). Thus, to date, the female condom is the only technology available that women can use as an alternative to the male condom (Wiyeh *et al.*, 2020; Beksinska *et al.*, 2019; Moore *et al.*, 2015). However, studies reveal that the female condom has encountered surprisingly little serious attention since its inception in 1984 (Walsh, 2019; Beksinska *et al.*, 2019; Cheng, 2019; Beksinska *et al.*, 2018; Ting *et al.*, 2018; United Nations Population Fund-UNFPA, 2016; Eaton & Hoesley, 2015; Gallo *et al.*, 2025; Joanis *et al.*, 2015; Maswanya *et al.*, 2015). Going by the numbers of women with HIV worldwide, global hold up for women's reproductive and sexual health and rights and the empowerment of women, it was expected that the female condom should be expansively accessible, 36 years after its inception. This expectation has not materialized; instead, the female condom has been marginalized in the international response to HIV/AIDS (Mome *et al.*, 2018; Beksinska, *et al.*, 2015). It is against this background that the study sought to establish the use of the female condom among sexually active women in Chipata district in Zambia.

2. Methodology

The philosophical paradigm was pragmatism that informed the mixed method of the study and the mixed method of inquiry was convergent parallel. The target population was sexually active women and sample size was 80 women, selected by purposive sampling. Qualitative data was analyzed by the inductive logic of constructing from the specifics to generalization while quantitative data was analyzed by deductive logic of constructing from generalization to specifics. A questionnaire was used to collect data.

3. Findings and Discussion

The findings and discussion were based on the research questions, thereby providing answers that informed the conclusions. The outline of the findings and discussion is presented in sections A, B and C.

3.1 SECTION A

The following is the first research question that informs the conclusion of the study

Were sexually active women using female condoms?

By providing the response to the first research question, opinion was sought from the respondents and the results are indicated in the following Tables.

3.1.1 Willingness to Use Female Condom

Women make up almost half the people living with HIV globally. This state of affairs crafts it essential to get better defense feat targeting women: the female condom is an excellent intention. It is anticipated that global policy makers respond affirmative to the female condom, a remedy tool which provides double defense. Table 1 shows the willingness of the respondents to use female condoms. Results indicate that 36.2 % of the respondents indicated willingness to use female condoms while the majority, 63.7% indicated unwillingness to use female condom. Those who indicated unwillingness to use female condom indicated they had no idea about female condom while others said they had no specific reason.

Table 1: Willingness to Use Female Condom

		Willingness to sue female condom			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.2	1.2	1.2
	Disagree	50	62.5	62.5	63.8
	Agree	25	31.2	31.2	95.0
	Strongly Agree	4	5.0	5.0	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.1.2 Female Condom Use in the Last One Year

Table 2 presents respondent position on whether they had used a female condom in the last one year. The reveals show the majority of the respondents, 63.8% indicated disagreement of not having used a female condom in the last one year while 36.2% agreed to have used a female

condom. Those who indicated that they had not used a female condom in the past one year gave the following reasons: They had no knowledge in using a female condom; It was not important to use a condom because they used other contraceptives measures for family planning; Female condoms were cumbersome to use because they were difficult to insert, uncomfortable and sometimes came out during the sexual act; and that female condoms were terrifying and too big

Table 2: Female Condom Use in the last One Year

Respondent has used a female condom in the last one year					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.2	1.2	1.2
	Disagree	50	62.5	62.5	63.8
	Agree	25	31.2	31.2	95.0
	Strongly Agree	4	5.0	5.0	100.0
	Total	80	100.0	100.0	

Source: Filed Data

3.1.3 Male Condom Use in the Last One Year

Table 3 indicates the stance of the respondents on using a male condom in the last one year. Results indicate that the majority of the respondents, 95% had used a male condom while 5% had not used a male condom in the last one year. Those who indicated using a male condom in the past one year explained that it was socially normal to have sex with male partner using a condom. First choice for male condoms was particular as motivation for not using the female condoms among sexually active women.

Table 3: Male Condom Use in the Last One Year

Respondent has used male condom in the last one year					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	4	5.0	5.0	5.0
	Agree	76	95.0	95.0	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.1.4 Summary of Responses on Condom Use

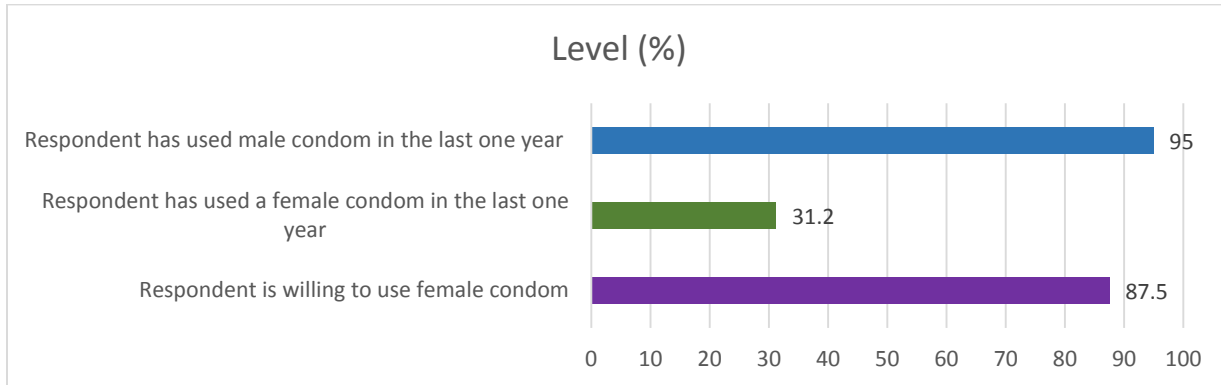


Figure 1: Summary of Responses on Condom Use

3.2 SECTION B

The following is the second research question that informs the conclusion of the study

What was the knowledge of sexually active women on the use of female condoms?

In an attempt to provide the answer to the second research question, opinion was sought from the respondents and the results are indicated in the following Tables.

3.2.1 Awareness on the Use of Female Condom

Table 4 indicates respondents’ opinion on the use of female condom use. Results indicate that the majority of the respondents, 93.8% were aware about female condom use while a proportion, 6.2% were not aware about female condom use. Those who were aware of female condom indicated that they got information from the following institutions such as Health facilities and Non Governmental organizations such as Determined, Resilient, and Empowered. Aids free, mentored self (DREAMS) organization and corridors of Hope

Table 4: Knowledge on the Use of Female Condom

		Knowledge on the use of female condom			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	5	6.2	6.2	6.2
	Agree	70	87.5	87.5	93.8
	Strongly Agree	5	6.2	6.2	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.2.2 Availability of Facilities Providing Information on Female Condom Use

Table 5 provides respondents’ position on the availability of facilities providing information on female condom use. The study reveals that the majority of the respondents, 75% indicated non availability of facilities providing information about female condom use while 23.8% indicated agreement on the existence of facilities providing information about female condom use. One respondent was undecided. Those who indicated that facilities existed mentioned workshops, brochures and leaflets as source of information on female condom use.

Table 5: Availability of Facilities Providing Information on Female Condom Use

Information and orientation on female condom use are available					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	2.5	2.5	2.5
	Disagree	58	72.5	72.5	75.0
	Neutral	1	1.2	1.2	76.2
	Agree	19	23.8	23.8	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.2.3 Access to Information and Orientation on Female Condom Use

Table 6 shows the standing of respondents receiving information and orientation on female condom use. Results indicate that the majority of the respondents, 75% had not received information and orientation on female condom use while 25% had received information and orientation of female condom use. Those who received information explained that they were given information on how to use the female condom correctly and disposal after use.

Table 6: Access to Information and Orientation on Female Condom Use

Respondent has received information and orientation in the use of a female condom					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.2	1.2	1.2
	Disagree	59	73.8	73.8	75.0
	Agree	20	25.0	25.0	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.2.4 Respondents’ Orientation of fellow Respondents on Use of Female Condom

Table 7 shows respondents; opinions on providing information and orienting others on female condom use. Results indicate that the majority of the respondents, 58.8% indicated that they were unable to give information and orient others about female condom use while 41.2% indicated that they were able to give information and orient others on female condom use. Those who were unable to orient others about female condom use said they had little knowledge about the female condom.

Table 7: Respondents’ Orientation of fellow Respondents on Use of Female Condom

Respondent is able to orient others on female condom use					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	7.5	7.5	7.5
	Disagree	41	51.2	51.2	58.8
	Agree	33	41.2	41.2	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.2.5 Benefit of Using a Female Condom

Table 8 indicates respondents’ position on knowing the benefits of condom use. Results show that the majority of the respondents, 91.2% knew the benefits of female condom use while a proportion of 8.8% did not know. Those who knew the benefits of female indicated prevention of transmission of sexually transmitted infections (STIs) and HIV; contraceptive for Family planning; prevention of unwanted pregnancies; and prevention of cervical cancer.

Table 8: Benefit of Using a Female Condom

Table 8 Respondent knows that it is beneficial to use female condom					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	4	5.0	5.0	5.0
	Agree	73	91.2	91.2	96.2
	Strongly Agree	3	3.8	3.8	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.2.6 Summary of Responses on Knowledge to Use Female Condom

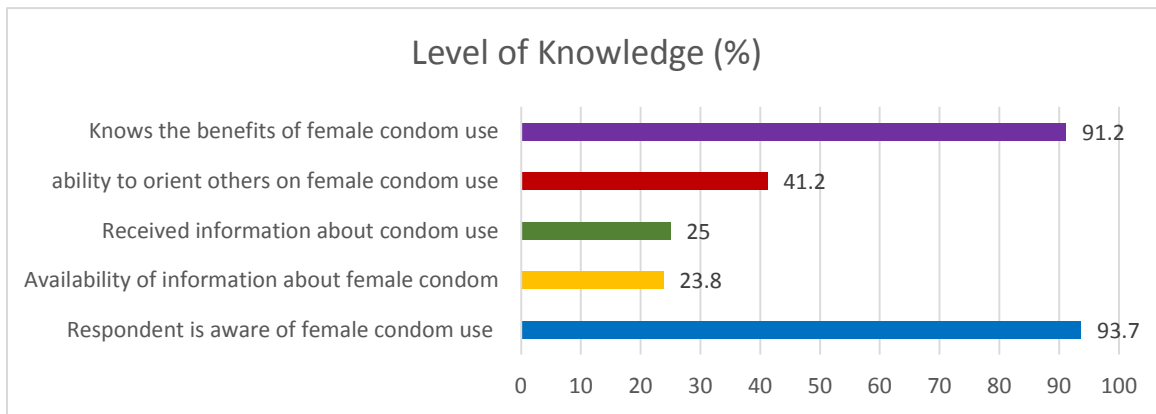


Figure 2: Summary of Responses on Knowledge to Use Female Condom

3.3 SECTION C

The following is the third research question that informs the conclusion of the study

What were the factors affecting the use of female condom among sexually active women?

In order to provide the answer to the third research question, opinion was sought from the respondents and the results are indicated in the following Tables.

3.3.1 Age

Table 9 presents the position of the respondents on age affecting female condom use. The study reveals that the majority of the respondents, 93.8% indicated disagreement that age affected the use of female condom while 5% agreed and 1.2% was not decided. Those who agreed that age was a factor in condom use explained that the elderly found it difficult to use female condom because of genital and hormonal changes.

Table 9: Age

Age affects the use of female condoms.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	75	93.8	93.8	93.8
	Neutral	1	1.2	1.2	95.0
	Agree	4	5.0	5.0	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.3.2 Education

Table 10 shows respondents’ opinion on education effect on the use of female condom. Results indicate that the majority of the respondents, 90% affirmed that education affected the use of female condom while 10% did not agree. It was explained that because those with lower levels of education found it difficult to comprehend the instructions to read instructions of how to use the condom and they were very conservative and/or prone to remnants of traditions.

Table 10: Education

Education affects the use of female condoms.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	72	90.0	90.0	90.0
	Disagree	8	10.0	10.0	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.3.3 Marriage

Table 11 indicates the standing of the respondents on marriage affecting the use of female condom. The study reveals that the majority of the respondents, 78.8% disagreed that marriage affected female condom use while 20% agreed that education status affected female condom use and 1.2% was neutral. Those who agreed that marriage was a factor in female condom use explained that sexual partners refuse to use female condom as it reduces sexual sensation and enjoyment, noisy as in squeaking and it was not necessary in marriage.

Table 11 Marriage

Table 12. Marriage affects the use of female condoms.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	63	78.8	78.8	78.8
	Neutral	1	1.2	1.2	80.0
	Agree	16	20.0	20.0	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.3.4 Supply of Female Condoms

Table 12 presents respondents position on supply of condoms affecting the use of female condoms. Results show that the majority of the respondents, 71.2% indicated that supply of female condoms affected the use of female condoms while 18.8% indicated that supply did affect the use of female condoms and 10% were undecided. Those who indicated that supply was a factor in female condoms gave the reasons such as female condoms were not widely distributed and they were only found at health centers and bars but not in places where they can easily be accessed; and female condoms were not publicized like male condoms

Table 12 Supply of Female Condoms

Supply of female condoms affects the use of female condoms					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	15	18.8	18.8	18.8
	Neutral	8	10.0	10.0	28.8
	Agree	57	71.2	71.2	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.3.5 Cost of Female Condoms

Table 13 shows opinion of the respondents on the cost of condoms affected the use of female condom. Results indicate that the majority of the respondents, 81.3% were undecided on cost affecting condom use. Further, 17.5% disagreed that cost of the condom affected female condom use while 1.2% indicated agreement. Those who indicated that cost was a factor in condoms use explained that unavailability increased the cost of female condom as they were not stocked in shops.

Table 13: Cost of Female Condoms

Table 14 Cost of female condom affects the use of female condoms					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	14	17.5	17.5	17.5
	Neutral	65	81.3	81.3	98.8
	Agree	1	1.2	1.2	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.3.6 Religion

Table 14 shows respondents’ position on religion affecting the use of female condoms. Results indicate that the majority of the respondents, 80% indicated that religion did not affect female condom use while 18.8% indicated agreement and the minority, 1.2% was undecided. Those who indicated that religion was a factor explained as follows: Christians do not approve condom use as it was against their churches doctrines; Female condom was perceived as form of contraceptive and any form of contraceptive under these churches doctrines was considered as sin; and people who use condoms are perceived to have multiple partners and it is a sin.

Table 14: Religion

Table 15. Religion affects the use of female condoms					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	64	80.0	80.0	80.0
	Neutral	1	1.2	1.2	81.2
	Agree	15	18.8	18.8	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.3.7 Culture

Table 15 indicates respondents’ position on culture affecting the use of female condoms. The study reveals that the majority of the respondents, 52.5% disagreed that culture affected the use of female condoms while 47.5% indicated that culture affected use of female condom. Those who indicated that culture affected female condoms use gave justifications such as female condom use was linked to prostitution; it was believed that women do not propose and/or initiate sex and so there is no need for them to use condoms; it was believed that female condoms bring cancer; culture preaches abstinence, sex is restricted to marriage partners and in marriage there is no need for condom; stigma; condoms are for sex workers; condom use was an alien culture for western countries; and that a woman found with a condom is perceived to be a sex-maniac

Table 15: Culture

		Culture affects the use of female condoms			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	42	52.5	52.5	52.5
	Agree	38	47.5	47.5	100.0
	Total	80	100.0	100.0	

Source: Field Data

3.3.8 Summary of Responses on Factors Affecting Female Condom Use

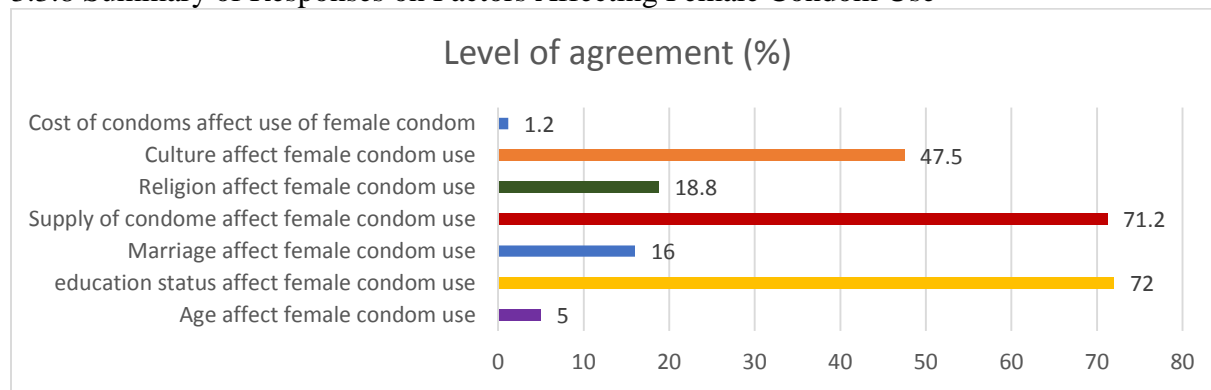


Figure 3: Summary of Responses on Factors Affecting Female Condom Use

3.4 Conclusion

The study reveals that even although women were aware of female condoms and their related benefits, there was low use of the commodity by women. However, the study established that women liked using male condoms as compared to female condom. Further the reveals that education status, culture, sourcing of female condoms, availability of information and dissemination were major factors affecting low use of female condom.

References

Beksinska M, Greener R, Kleinschmidt I, Pillay L, Maphumulo V, Smit J. (2015), A randomized non inferiority crossover controlled trial of the functional performance and safety of new female condoms: an evaluation of the velvet, Cupid2, and FC2. *Contraception*. 2015;92(3):261–7. Available from: <https://doi.org/10.1016/j.contraception.2015.05.008>. (Accessed, 26th July, 2020)

- Beksinska ME, Mphili N, Greener R. (2018), A functional performance study of the “Wondaleaf” female condom. *AIDS*. 2018;2018:305.
- Beksinska M, Greener R, Mphili N, Smit J, Kilbourne-Brook M, Coffey PS. (2019), Functional performance study of an adapted design of the woman’s condom: a crossover, non inferiority, randomized clinical trial. *Eur J Contracept Reprod Heal Care*. 2019;24(3):233–9.
- Beksinska M, Smit J, Mphili N, Greener R, Maphumulo V. (2019).The panty condom: a pilot study of the function and acceptability of an alternative female condom design. *Int J STD AIDS*. 2019;30(11):1080–6.
- Cheng Y. (2019), China female condom (FCc) functionality study against an equivalent marketed female condom (FC2). *Fertil Steril*. 2019; 112(3):e308.
- Chun HM, Carpenter RJ, Macalino GE, Crum-Cianflone NF. (2015), The Role of Sexually Transmitted Infections in HIV-1 Progression: (2015), A Comprehensive Review of the Literature. *J Sex Transm Dis*. 2015:176459, Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26316953>. (Accessed, 27th July, 2020)
- Eaton EF, and Hoesley CJ. (2015), Barrier Methods for Human Immunodeficiency Virus Prevention, *Infect Dis Clin North Am*. 2015;28(4):585–9. Available from: <https://www.sciencedirect.com/science/article/pii/S0891552014000592?via%3Dihub>. (Accessed, 25th July, 2020)
- Gallo MF, Kilbourne-Brook M, Coffey PS. (2015), A review of the effectiveness and acceptability of the female condom for dual protection, *Sex Health*. 2015; 9(1):18–26.
- Joanis C, Beksinska M, Hart C, Tweedy K, Linda J, Smit J. (2015), Three new female condoms: Which do South-African women prefer? *Contraception*. 2015; 83(3):248–54, Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21310287>. (Accessed, 27th July, 2020)
- Maswanya ES, Moji K, Aoyagi K, Takemoto T. (2015), Sexual behavior and condom use in female students in Dar-es-Salaam, Tanzania: differences by steady and casual partners. *East Afr J Public Health*. 2015;8, 69(2):–76, Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22066289>. (Accessed, 28th July, 2020)
- Mome RK, Wiyeh AB, Kongnyuy EJ, Wiysonge CS. (2018), Effectiveness of female condom in preventing HIV and sexually transmitted infections: a systematic review protocol. *BMJ Open*, 2018;8(8):e023055, Available from: <http://www.ncbi.nlm.nih.gov/pubmed/30082362>, (Accessed, 23rd July, 2020)
- Moore L, Beksinska M, Rumphs A, Festin M, Gollub EL. (2015), Knowledge, attitudes, practices and behaviors associated with female condoms in developing countries: a scoping review. *Open Access J Contracept*. 2015;6:125–42.
- Ting RS-K, Wong EL, Tnay JK-S. (2018), A pilot study on the functional performance and acceptability of an innovative female condom (Wondaleaf®) in Malaysia. *Open Access J Contracept*. 2018;9:11–20.
- Siziya S, Mulenga D, Mazaba ML, Njunju EM, Kwangu M. (2017) Condom use at last sexual intercourse among female teenagers in Zambia: results from the Zambia Demographic and Health Survey, 2013-2014. *Health Press Zambia Bull*. 2017;1(3)
- UNAIDS, (2019), Putting HIV prevention among adolescent girls and young women on the fast-track and engaging men and boys, Geneva, 2019, Available from:

- http://www.unaids.org/sites/default/files/media_asset/UNAIDS_HIV_prevention_among_adolescent_girls_and_young_women.pdf. (Accessed, 24th July, 2020)
- UNAIDS (2018), Available from:http://www.unaids.org/sites/default/files/media_asset/unaid-data-2018_en.pdf. (Accessed, 24th July, 2020)
- UNFPA-United Nations Population Fund (2016) Prequalification Program for Female Condoms, Available from: <https://www.unfpa.org/resources/prequalification-programme-female-condoms> (Accessed, 26th July, 2020)
- Walsh TL, Snead M.C, St. Claire BJ, Schwartz JL, Mauck CK, Freziers RG. (2019) Comparison of self-reported female condom failure and biomarker-confirmed semen exposure, *Contraception*, 2019; 100(5):406–12.
- Wiyeh, AB., Momes, KB., Mahasha, PW., Kongnyuy, EJ and Wiysonge, CS. (2020), Effectiveness of the female condom in preventing HIV and sexually transmitted infections: a systematic review and meta analysis, <https://doi.org/10.1186/s12889-020-8384-7> (Accessed, 24th July, 2020)
- Zambia Demographic and Health Survey (ZDHS), 2018, Zambia Statistics Agency