

---

## Knowledge, Perceptions and Attitudes of Students towards Female Condoms. A Case Study of Bulawayo Polytechnic

KURETE FAITH  
SVODZIWA MATHEW

Department of Adult and Continuing Education  
Bulawayo Polytechnic, Bulawayo  
Zimbabwe

### **Abstract:**

*Women are generally at greater risk and are twice more likely to be infected than men through unprotected sexual intercourse. The fact that most sexual relationships in Africa are controlled by men is one reason for the increase in HIV and AIDS prevalence among women regardless of their knowledge about the epidemic. The study seeks to examine the knowledge, perceptions and attitudes of the female condoms (FC) among students at Bulawayo Polytechnic. This study therefore builds on various studies conducted around female condoms among male and female students. The study also seeks to ascertain whether or not women feel empowered by the use of the female condoms and use of the female condoms. This research used a cross sectional analysis study design employing a mixed method approach based on a combination of quantitative and qualitative techniques to analyze primary and secondary data. The majority of the respondents had not used a female condom. Knowledge levels are low hence negative attitude towards female condom. Women are not empowered to be in control of sexual matters. Institutional mechanisms should be put in place to support and increase in communication and promotion of female condoms through the media and other sources to complement the information respondents receive about FC from their peers. Stakeholders should also actively support interventions to increase the uptake and use of FC.*

**Key words:** Knowledge, Perceptions, Attitudes, Female Condoms

## **1.0 Introduction**

It is estimated that 40 million people are living with HIV and AIDS in Sub Saharan-Africa. While the epidemic affects both men and women, research notes that 60 percent of new infections occur among women and girls, (Avery, 2008:13). Women are generally at greater risk and are twice more likely to be infected than men through unprotected sexual intercourse. The fact that most sexual relationships in Africa are controlled by men is one reason for the increase in HIV and AIDS prevalence among women regardless of their knowledge about the epidemic (Bandura, 2005: 23). Traditional laws also have suppressed women and made them dependent on men for economic survival. Women's vulnerability is heightened by limited access to education and social norms that deny them healthy sexual practices and control over their sexuality, (Chirwa,2011: 21).

Zimbabwe was the first country in Africa to advocate for and successfully bring female condoms to its people. In 1997 the female condoms (FC) was launched in both the private and public sector of Zimbabwe. The basis of this study is therefore to explore the knowledge, perceptions and attitudes of students towards the female condom at Bulawayo Polytechnic.

### **1.1 Problem Statement**

Allen (2005) argues that while women prefer female condoms as this puts them in charge and takes almost the same time to use as the male condom, the cost of the female condom deters the take up rates. Hall (2012) also noted that the female condom is not promoted via the mass media, but only through partnerships with the Ministry of Health and Child Care for distribution. In this regard it can therefore be noted that a lack

of exposure to female condoms can result in low demand and uptake among women.

The need for this study is based on Hatton (2007) observation that, while global statistics indicate the severe impact of HIV and AIDS on women, they are not included in practical approaches and studies to combat the spread of HIV. They note that, “experiences in HIV and AIDS research, programming and policy indicate that globally we are missing women, (Titley,2007). Therefore there is great need to explore why women are missing in HIV and AIDS research and policy programmes.

The study seeks to examine the knowledge, perceptions and attitudes of the female condoms among students at Bulawayo Polytechnic. This study therefore builds on various studies conducted around female condoms among male and female students. The study also seeks to ascertain whether or not women feel empowered by the use of the female condoms and use of the female condoms. The study is located within the overarching concept of participatory development and draws on empowerment theory. Participatory development emphasizes participatory approaches to stimulate dialogue that enables people to be actively involved in processes that affect their lives. While research has demonstrated that the female condom is an effective and a desired dual protection tool (against pregnancy, HIV and other sexually transmitted infections, little is known about these factors that influence acceptability and accessibility of the device. This justified the purpose for this study.

## **1.2 Research Questions**

- What are the perceptions of student's towards the female condoms?
- Determine the knowledge levels of students on the use of the female condoms?
- What are the experiences (attitudes) of women of reproductive age with the use of the female condom?

- What are the factors that influence acceptability of the female condom among students at Bulawayo Polytechnic?

### **1.3 Objectives of Study**

#### **1.3.1 General Objective**

The general objective of this study was to determine the knowledge, perception and attitudes of students towards the female condoms. The study also explored factors influencing acceptability, accessibility and utilization of the female condom at the institutions.

#### **1.3.2 Specific Objectives of the Study**

- To establish the perceptions of Bulawayo Polytechnic towards use of the female condom.
- To determine the knowledge levels of the students on the use of the female condoms.
- To identify factors that influence accessibility of the female condoms.
- To identify the attitudes of the students towards female condoms use.

## **2.0 Research Methodology**

The research strategy was essential in assisting to explore and discuss the Knowledge, perceptions and attitudes of students towards the female condoms. In this section the following aspects were presented thus research design, data collection and data analysis. This section also has an overview of ethical considerations and the measures which were to be observed to protect the rights of the study.

## **2.1 Research Design**

This research used a cross sectional analysis study design employing a mixed method approach based on a combination of quantitative and qualitative techniques to analyze primary and secondary data. The primary data was mainly drawn from the target population. The design enabled the documentation of the current situation regarding the objectives under review. The analysis also considered exposure to the program in order to assess exposure to the program in order to assess associations between outcomes and the program.

## **2.2 Data Collection Methods Used**

### **Focus Group Discussions**

It is a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive and non- threatening environment. World Bank (2000) adds that it provides an opportunity to probe the participants' cognitive and emotional responses while observing underlying group dynamics This tool is characterized by a small homogeneous group of people who are brought together to informally discuss specific topics under the guidance of a moderator (Feller, 2006:87). It involves the explicit use of group interaction to produce data and in sites that will be less accessible without the interaction found in a group (Alikin, 2004:70). In this case the researchers were led the discussion so as to keep the discussion focused and to make sure that everyone involved had the opportunity to have voice and thereby reduce the issues of power that are inherent in most societies. This tool was used to extract information on knowledge, attitudes and perceptions of the female condom. This was an appropriate tool as it helps to extract immediate feedback and get a variety of opinions from the participants.

## **Questionnaire**

In order to meet the objective of describing the student's knowledge, attitudes and perceptions regarding the female condom on their sexual reproductive rights, and their sexual behaviors, the researchers used a self-designed questionnaire for the study. Sternberg (2003:20) states that a questionnaire is suitable for "an individual's own account of cognitive processes." Brink (2001:153) states that the strength of a questionnaire is that it "can be distributed to a large sample thereby abundant information can be collected within a short space of time with lesser expense." This is corroborated by Burns and Grove (2005:398); LoBiondo-Wood and Haber (2002:304) as well as Polit & Hungler (1999:349).

## **2.3 Data Analysis and Presentations**

Data analysis is the process of bringing order, structure and meaning to the mass of data collected. De Vos (2002) points out that it is in this phase that the data is presented, interpreted, discussed and generalized. Qualitative researchers collect data in form written or spoken language or in form of written or spoken language or in the form that is recorded in language or in the form that is in vernacular language and then analyze the data by identifying and categorizing the themes (Bazeley 2006). Data analysis involved breaking up the data into manageable themes, patterns or trends that can be identified or isolated or to establish themes in the data (Baker 2006). As a first step of the analysis process all focus group discussions were audio-taped, transcribed, and subjected to qualitative data analysis. Thematic content analysis is a process of breaking down the text into themes and categorizing the patterns in the data. Shona and Ndebele interviews were translated into English and only the English translation was transcribed.

In presenting the results, the research returned to the voices of the participants to describe their experiences as participants. Tables, pie charts and graphs were used to show

information collected and how it was expressed. Comments and analysis were given after presentation of data on each table and graphs. Percentages were used where ever possible to come out with findings, conclusions and recommendations emanating from the study.

## **2.4 Ethics and Human Rights**

Ethical guidelines serve as standards and as the basis on which each researcher ought to evaluate his or her own conduct (De Vos 2002:63). Consistent with the ethical requirement of research, the researcher observed the following ethics; gaining access, informed consent and confidentiality and privacy as well the deception of respondents.

In gaining access to the participants the researcher accessed permission from the Principal in order to conduct the in-depth interviews and focus group discussions. Respondents were given verbal and written consent before participating in the focus group discussions and in-depth interviews. It was made clear that the participants were not under any obligation to participate as individuals and they had the chance to refuse to take part in the study and they could also refuse to answer questions at any point during the survey.

## **3.0 Literature Review**

In April 1997, a study was done on the female condom in Sao Paulo in Brazil. The study designed Family Health International (FHI) focused on the users of the recently marketed female condom in the region. The research established that 92% of the 400 women recruited in the study had used the female condom. The study noted that 2% of the women had tried utilizing the FC but did not manage to insert it adequately. The insertion of the FC was considered easy at first attempt by 44% and difficult by 46%.

In a preliminary study aimed at evaluating the perceptions of the FC among the new user in United States of America, Leeper (1990) reported that the main complaint of the study participants was aesthetics. Other individuals reported cases where the female condom was dislodged during intercourse, the penis entered the vagina outside the female condom (penis misrouting) or the entire device was pushed up into or pulled out of the vagina during intercourse.

A study conducted in Ghana in 2008 revealed that despite high awareness of the FC in the years following the launch, most people currently have limited awareness and knowledge of it, since marketing efforts and product visibility have recently been limited. Minimal efforts are in place to identify and target appropriate sub-groups, so information and supply points are generalized and are not tailored for the likely prospective users. Though early acceptability studies of the FC in Ghana were positive, many in the provider and programming communities perceive that acceptability is low due to concerns that the product is big, messy, noisy, costly and cumbersome to use.

Socio-cultural factors may play a role in dissuading use of the FC. For example gender dynamics may limit women's ability to negotiate use of the FC, adolescent girls and women may feel shy to buy the FC for fear of being seen as promiscuous and females may feel uncomfortable with the idea of having to touch or guide the penis prior to and during intercourse. High costs were also noted as a hindrance as compared to male condoms.

A cross sectional study of FC awareness, usage and concerns among the female under graduates of the University of Ibadan conducted in September 2004 revealed that 850 of the 879 female students research participants over 80 % had knowledge of the FC as a form of modern contraception and the majority of them learnt about it through the mass media (39,9%) and health workers (34,4%). However only 11,3 % had

ever used the FC. Major concerns raised in the study were the difficulty of inserting the FC and lack of sexual satisfaction. The results reflected high awareness levels of the female condom, even though its usage is low.

In 1997, the Population Services International conducted a study on the efficacy of the FC in Zimbabwe. The research established that users of the FC were generally in their mid twenties to the late thirties and compared to the male condoms users and non-users of either method, the FC users had higher levels of education and access to household resources. Both the male and the female users of the FC concurred those women, more than men initiate dialogue about using the FC, they decide on its use and procure the product. Pregnancy prevention and disease prevention were the most common topics discussed by the survey participants in the negotiation process.

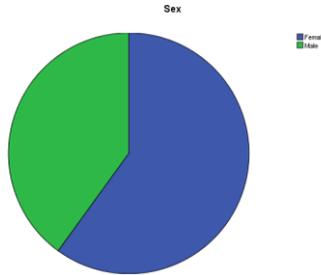
An interesting finding in this research is that 13 % of women reported using the FC without their partner's knowledge. Women also reported using FC when their husbands come home late at night or when they suspect infidelity.

It is in this regard important to note that a critical evaluation of the literature review reveals that most of the studies on the female condom were aimed at evaluating efficacy of the device as a barrier to prevent and control pregnancy, HIV and AIDS and other STIs. More than 15 years have elapsed since the device was introduced and marketed in Zimbabwe. Little is known about knowledge, perceptions and attitudes of the FC. Experiences of FC and its socio-cultural factors that affect accessibility and acceptability of the FC are minimal. This constitutes a gap of Knowledge that this study sought to fill.

## 4.0 Findings

### 4.1 Demographic Data

#### 4.1.1 Sex



**FIG. 1**

Fig 1 is a pie chart on sex of the respondents who participated in the study. The pie chart reflects that 60 percent of the respondents were female and 40 percent were male. In this regard it can therefore be noted that the study had more female respondents than the male counterpart.

#### 4.1.2 Age Range

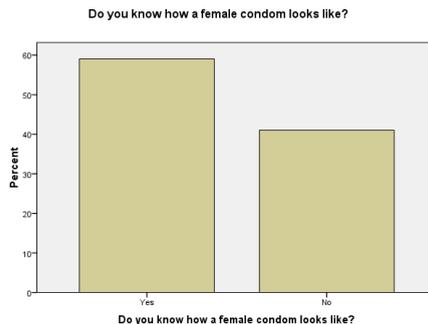
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-20 Years	28	28.0	28.0	28.0
	21-25 Years	53	53.0	53.0	81.0
	26-30 Years	9	9.0	9.0	90.0
	31-35 Years	6	6.0	6.0	96.0
	36+ Years	4	4.0	4.0	100.0
	Total	100	100.0	100.0	

**Table 1**

Table 1 show the age range of the respondents who participated in the study. The study reflects that the majority of the respondents (53%) in the study were from the age of 21-25 years. This was followed by the age range of 16-20 years and

the least number of respondents was from the age range of 36+ with 4 percent. In this regard it can be noted that the study addressed the ideal demands of the probable majority of the students in the institution as the majority fall in the age range.

### 4.1.3 Structure of the Female Condom



**Fig 2 Structure of the Female Condom Knowledge**

Fig 2 shows the structure of the female condoms. 59 percent of the respondents noted that they know how the female condom looks like while on the other hand 41 percent of the respondents noted that they did not know how the female condom looks like. On the focus group discussion (FGD) conducted, respondents showed differing views on the structure of the FC. One male respondents from FGD1 noted that,

" ....the FC is ugly and i will not encourage my girlfriend to utilize it,..... Its structure less..... it's not appealing....."

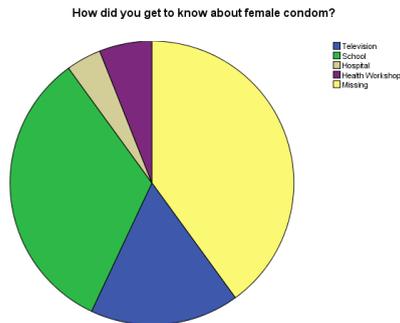
A female respondent from FGD2 noted that,

"the FC is too big in size, i will never use it..... it can dissuade me and my partner from sex .....".

Though respondents know the FC, it is important to note that the structure is not appealing to the clientele. The findings concur with a study on FC in Durban by Smith et al (2006) that revealed that the appearance and size of FC were challenges for its uptake and use.

## 4.2 Knowledge on the Female Condom

### 4.2.1 Knowledge of the Female Condom



**Fig 3 Knowledge about the Female Condom**

Fig 3 highlights where respondents gather knowledge with regards to the female condoms. The majority of the respondents (40%) did not fill in the question. This might have been due to the fact that the respondents did not know or had not heard about the female condom. It may also have been due to the fact that the respondents were a result lack of exposure the FC. Thirty three percent of the respondents noted that they knew about the FC as a result of socializing at school. Seventeen percent of the respondents noted that they knew about the FC through television and four percent noted that they knew or had heard about the FC from hospitals.

The majority of respondents felt that awareness is low on FC in FC group discussion. It can be noted as much that from questionnaires most respondents (40%) did not fill in the question. There is lack of knowledge sources on FC. One respondent from FGD1 noted that,

" The promotion of FC is low as compared to MC..... Sources of FC are few as well"

Respondents in FGD2 noted that if FC was to be promoted and made available, their uptake would increase,

"We are made to believe that the FC is produced to empower us but yet we are lost, we don't have enough information about FC..... information sources are lacking...."

### 4.3 Access to Female Condoms

Do you easily access female condom at college?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	20.0	21.5	21.5
	No	73	73.0	78.5	100.0
	Total	93	93.0	100.0	
Missing	System	7	7.0		
Total		100	100.0		

**Table 2 - Access to Female Condoms at Bulawayo Polytechnic**

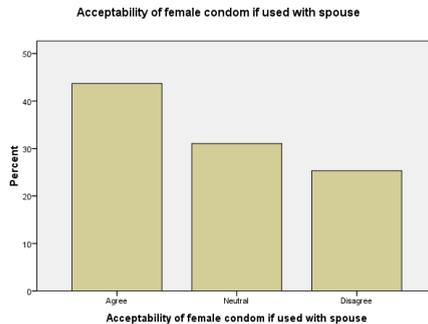
Fig 4 shows the access of female condoms at Bulawayo Polytechnic. The majority of the respondents (73%) noted that they had don't have easy access to FC while 20% noted that they have easy access to the FC at Bulawayo Polytechnic. In this regard it can be noted that institutional mechanisms should be developed in order to ensure that more access of the FC are put in place.

Participants in FGDs highlighted that the FC is not being adequately promoted at Bulawayo Polytechnic as compared to the MC. One respondent was of the view that,

" ....at Bulawayo Polytechnic they are concerned about the male condoms and that is why you cannot see female condoms anywhere and students don't use them (FC)....."

As compared to MC which are available all over the institution it can be noted that FC are difficult to locate as respondents noted that in toilets they are not there, while the clinic was closed (FGD2).

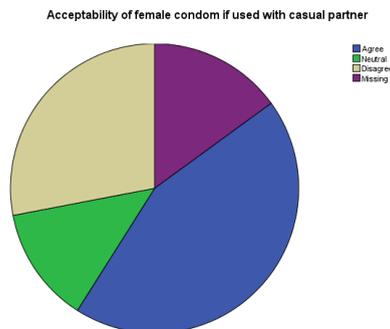
## 4.4 Acceptability of the Female Condom



**Fig 4 - Acceptability of the Female Condom**

The majority of the respondents (38%) noted that they would agree to use the FC, while 22% disagreed with the perspective to utilize the FC. Twenty two percent of the respondents chose to be neutral in as far as accepting the FC. In the missing category there was 13% which reflects that they were undecided in this regard. Therefore there should be more awareness campaigns in order to enlighten respondents on the FC.

### 4.4.1 Acceptability of the Female Condom if Used with Casual Partner



**Fig 5 - Acceptability of the Female Condom if Used with Casual Partner**

Fig 5 shows that 44 % of the respondents would agree to utilizing the FC with a casual partner while 28 % noted that they would object to using the FC.

The findings which were gathered in FGDs are different from those which were gathered in questionnaires. From FGDs, respondents noted that relations were "spontaneous" and thus when sexual desire aroused they would want to have sex (*khonapho khonapho*) there and there. Which there means that FC is not ideal to utilize. One respondent noted that,

" ..... though the FC is strong, men negotiate sex therefore for a female colleague to suggest usage of FC its unheard off.....".

Another respondent was of the view that,

"..... when we talk of condoms we will be talking about the male condoms.....female condoms are a no going area....."

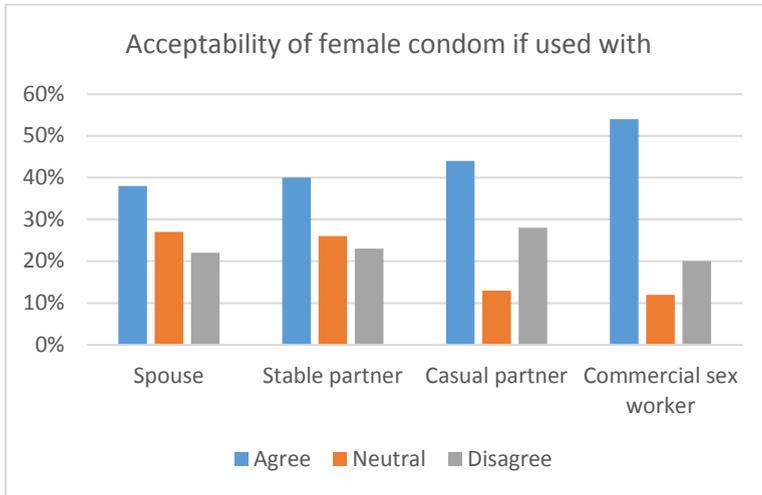
It is therefore in this regard important to note that FC is shied away from by students. In this regard more awareness should be conducted to improve uptake of FC.

A female respondent noted that it was not worth using the FC as it was pain full to insert. Another noted that putting on a FC before the sexual encounter was not advisable as it would proffer certain behavioral characteristics,

" yes a female condom... can be inserted eight hours before the sexual encounter, but if a male colleague realizes that you will be putting on the FC they will think that you have loose morals and that you are a common prostitute"

Some male participants noted that cultural factors would dissuade them from using the FC as they noted that the though the FC has a lot of benefits but they were the initiators and that it was their preserve which was not supposed in any way, as using FC would empower the female meaning that they would be disempowered as a result.

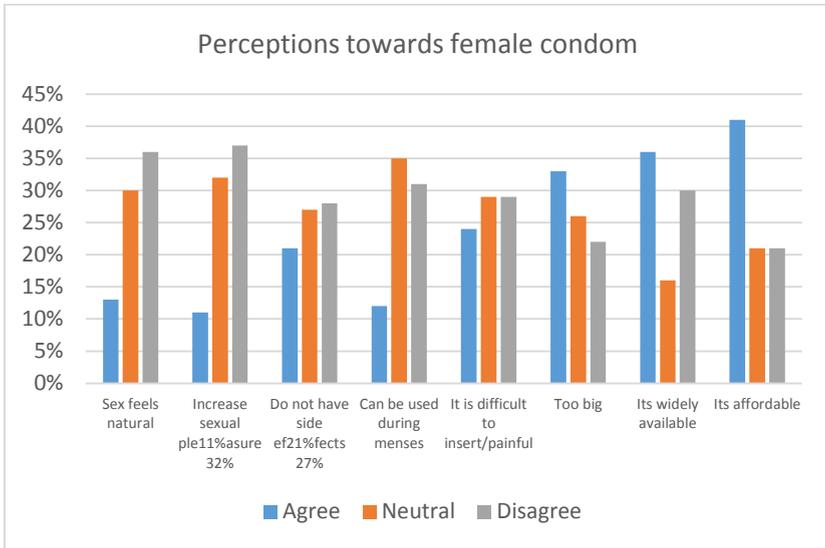
#### 4.4.2 To identify factors that influence acceptability of the female condoms



**Fig 6- Acceptability of the female condom**

Fig 6 above shows factors that influence acceptability of use of FC among the students. Among the questionnaire respondents, 54% agreed that FC is favorable if used with a commercial sex worker, followed by a casual partner, then stable partner and lastly with a spouse. In focus group discussions, it emerged that at campus there is no room for use of FC as it time consuming in inserting it. They said that sex is done spontaneously and men said that they would not accept a woman who goes to see him wearing a condom. Women also felt that they would lose men's trust if they carry it along for date or wearing it beforehand. Men were of the view that, it's not in a woman's place to decide the condom to use because of socialization.

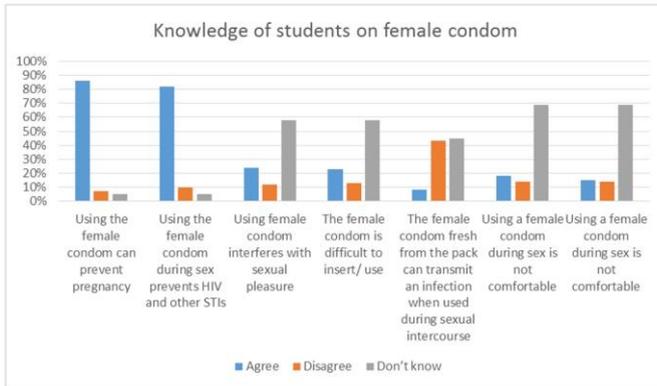
**4.4.3 To establish the perceptions of Bulawayo Polytechnic towards use of the female condom.**



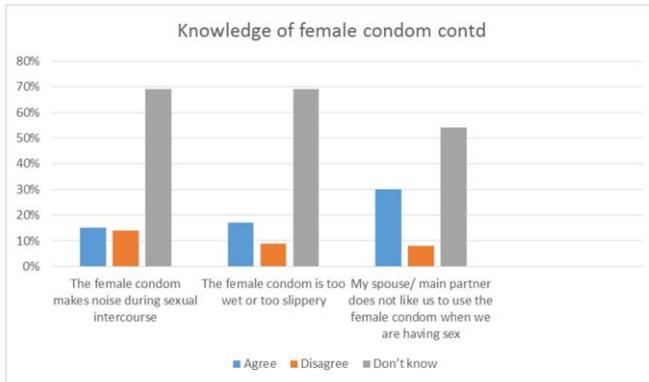
**Fig 7- Perceptions towards the female condom**

Fig 7 above shows students perceptions on Female Condom. The majority of questionnaire respondents, represented by 36% disagreed that sex feels natural when using FC. 30% of the respondents were neutral and 21% did not respond to the item. In response to the item that sought to establish if FC increases sexual pleasure, 37% disagreed, 32% were neutral and 20% did not respond to the item. A greater percentage were of the view that FC has side effects. The majority of respondents don not agree that FC can be used during menses and only 12% agreed that it can be used during menses. Only 24% were of the opinion that FC is difficult to insert or it’s painful, 8% did not respond to the item. On the item that sought to establish if FC is widely used available, 36% agreed that it is widely available. The item that sought to establish if FC is affordable, 41% said that it is affordable.

**4.4.4 To determine the knowledge levels of the students on the use of the female condoms.**



**Fig. 8**



**Fig. 9**

Figs 8 and 9 above are showing the knowledge levels of students on FC. In fig 8, 86% agreed that FC prevents pregnancy and 5% don't know whether or not the FC prevents pregnancy. Among the questionnaire respondents, 82% agreed that FC prevents HIV & AIDS and 10% disagreed. The questionnaire respondents, 24% were of the view that FC interferes with sexual pleasure and 58% had no idea. Students were of the view that FC is difficult to insert, these are represented by 23% and 58% said they don't know. On the item that sought to establish students views on FC fresh from pack , transmit infections, 8% agreed to that notion while 43%

disagreed. Among the respondents, 69% don't know whether FC is not comfortable during sex. The respondents represented by 15% were of the view that FC makes noise during sexual intercourse and 69% don't know. On the item that sought to find out if FC is too wet or too slippery, 175 agreed that it's slippery, 9% disagreed and the rest don't know. My spouse/main partner does like to use the FC when having sex, 30% agreed to the notion and 54% don't know.

### **Would you recommend female condom to friends?**

The responses to the above item were as follows, 61% said they would recommend female condom to friends. Among the reasons for recommendations was that it helps prevent unwanted pregnancies and protection from HIV and other STIs.

Some said they would not recommend the female condom to friends and gave the following reasons for not doing so:-it makes sex boring, it's difficult to insert, it's not comfortable to wear and that it encourages immorality as girls may move around with it .

### **What do you need to know about the female condom?**

In response to the above item, the questionnaire respondents wanted the following questions to be answered.

- How to insert it?
- What are the side effects of female condom?
- Why the female condom is not popular?
- Why female adults hate the female condom?
- Does it come in different sizes and flavor?

### **Suggest ways of accessing female condom.**

The following were given as suggestions to improving access of female condom;

- Be placed in every toilet at campus.
- Media to advertise it more.

- Should be made available in every shop just like the male condom.

## **5.0 Discussions**

More male than female respondents felt that female condoms offer better protection than male condoms. This finding contradicts the perception that men do not support the use of female condoms, but it also questions why men believe the female condom offers better protection. Alapare (2008) and Ray et al. 1995) found that most Zimbabwean men were of the opinion that the female condoms offer better protection because their partners could easily wear it before sexual intercourse and it removed the responsibility for protection from men when they were drunk (Aggleton,2000).

The findings also confirm Gollub's (2000) assertion that female condoms were produced to offer better protection than male condoms. However, Alkin (2004) argue that effectiveness in condom use could be the result of the type of (male/female) condom most frequently used. Cultural practices and beliefs about the role of men in sexual practices put men in charge of negotiating safer sex practices and relegate women to subordinate positions (Gould, 2000). This suggests that women lack the ability to negotiate condom use and will be more exposed to male condoms (Hall,2012). This could be the reason why female respondents felt that male condoms provide better protection than female condoms. Hatton (2007) argues men's perceptions that female condoms provide better protection than male condoms could be the reason why researchers have argued that men should be involved in every phase of the promotion of female condoms (Hariland, 2014). Nonetheless, it is believed that cultural barriers that subordinate women and entrench patriarchy do not encourage men to participate in any approach that empowers women (Sheil, 2004).

Studies have shown that women find the female condom difficult to insert and remove (Staffen, 2002). The findings of this study contradict this conclusion, as the respondents note that they are convenient to use. Titley (2007) argues that in a study that was carried out in South Africa it was found out that inconvenience is a key determinant of the uptake and use of FC among polytechnic students.

Avery (2008) found out that inconvenience greatly affected uptake of the FC among university students in Madagascar. It is possible that respondents felt that the FC was inconvenient to use because they had experience with the male condoms. These findings concur with those previous studies that showed that inconvenience is a barrier to the uptake of FC, (Allen, 2001). In contrast, Allen (2005) argues that apart from the desire for free distribution of FC, are convenient as almost the same time and technique is required as with male condoms. However, it is important to emphasize that besides the issue of convenience there is an issue of trust. Men support FC yet they believe that if their partners use one they do not trust them (Aggleton,2000).

On issues of trust the majority of respondents noted that using the FC meant that a woman's partner think that she does not trust him. This is similar to finding conducted by UNPFA (2013) that noted that trust affected condom use among college students. A cross sectional number of students believed that if their partners trusted them, there was no need for them to initiate condom and while another section noted that FC was a correct device for partners that were conducting "spontaneous sex" and did not trust each other (WHO,2008). This contradicts the findings of this study that most male respondents are supportive of male condoms. If men are supportive of the FC, why is their use by women construed as mistrust of her partner. It also seems as well that FC will be utilized for prevention of HIV virus while it presents unwanted pregnancy and STIs (Wholey,2004).

The study also noted that the availability of FC has been identified as one of the key challenges to their uptake and use. The study revealed that the majority of the respondents felt that the female condoms are not easily accessible (WHO,2008). It was also noted that the uptake of FC in tertiary education has declined as a result of low demand.

On the promotion of FC at Bulawayo Polytechnic, the majority of the respondents noted that FC was not being promoted as is done with the male condoms. Some respondents noted that since men negotiate condom use in most of the cases it is reasonable to expose men to the promotion of FC so that they can support their uptake and use by their partner (World Bank, 2007).

In this regard it is important to note that the promotion of FC does not lead to uptake. It corresponds with findings of Chirwa's study of 2011 that examined the acceptability of the female condom among health workers in Botswana, the study also found out that the promotion of the FC in Botswana did not lead to its uptake and use, neither did it have a positive effect on its acceptability among health workers. In this regard therefore it can be noted that the promotion of FC is not enough to increase its uptake and use (Zuccala, 2012).

The inability of women to negotiate condom use to prevent HVI is a key reason for the introduction of the female initiated barrier method like the female condom (Meggau, 2011). It is believed that the female condom will empower women to negotiate safer sex and reduce their vulnerability to HIV. The study revealed that the respondents felt that female condoms put women in charge of negotiating safer sex. This validates Aggleton (2000) argument that women in many communities have never had the opportunity to ensure safer sex, their partners constantly assume this role and the most common method is the male condom, this could have an effect on their perception of FC.

Furthermore, studies have revealed that women have expressed concern about having to touch genitals, which is required when female condoms are used, this affects their perceptions of its user (WHO, 2008). To address this issue in New York, FC were introduced as an erotic toy for foreplay before they were introduced as a method for safer sex and HIV prevention. This correlates with the notion proposed by Gollub (2000) that the messages about both pleasure and safer sex in the promotion of female condoms increase support for FC.

The findings of the above mentioned studies provide the basis for questioning men's behavior. The study revealed that respondents felt that FC empower women. However some respondents were not supportive of any efforts to empower women, this greatly affects the possibly of women being empowered through female condom use (Staffen, 2002). Even if women feel that using a female condom would empower them, resistance to women's empowerment in the broader society could discourage them from making this choice.

The findings revealed 33% of the respondents knew about FC as a result of socialization at college. The media and bill boards played an insignificant role in on providing information and awareness of the FC. Griffin (2005) concluded that besides the role of different organization in promoting FC there is inadequate communication about FC especially via mass media. Alkin (2004) describe this as an information gap as clinics and the media should be primarily involved in the dissemination of vital information about female condoms.

As noted in the literature, Wholey (2004) argues that mass communication channels are very effective in reaching large mass audiences, however they have been underutilized in communicating and disseminating information about female condoms. This indicates that more needs to be done with regards to communicate and the exchange of information about FC through the mass media.

## **6.0 Conclusions**

The study concluded that ;

- The majority of the respondents had not used a female condom.
- Knowledge levels are low hence negative attitude towards female condom.
- Women are not empowered to be in control of sexual matters.
- Female respondents did not feel empowered by FC, this is due inadequate information and insufficient promotion of FC.
- the high cost of the FC as compared to MC and the lack of support from the college were presented as barriers to the uptake of FC among respondents.
- A significant number of respondents were of the opinion that FC provides better protection than the male condoms. But however they noted that the MC are better promoted and cheaper than the FC.
- a significant number of male respondent noted that female should take pills and the preserve of condoms should be for male only.
- The study also revealed that most female respondents do not feel empowered by the FC.

## **Recommendations**

- Awareness campaigns' on the use of female condom
- FC should be reduced to a smaller size like the male condoms. As established by the study, the cost of the female condoms is still relatively high compared with male condoms. This has greatly affected the uptake and use of FC as respondents prefer to use male condoms which are cheaper and or free.
- Institutional mechanisms should be put in place to support and increase in communication and promotion of female condoms through the media and other sources to

complement the information respondents receive about FC from their peers. Stakeholders should also actively support interventions to increase the uptake and use of FC.

## **BIBLIOGRAPHY**

- Aggleton, P. (2000). Working with young people towards an agenda for sexual health, **Sexual and Relationship Therapy**, 15 (3).
- Alarape, A. (2008). Condom use among students: The influence of condom self efficacy, social norms and effective attitudes towards condoms, **Journal of Social Sciences** 17 (3).
- Alkin, M. (2004). **Evaluation Roots: Tracing Theorist' Views and Influences**. Thousand Oaks, CA, Sage Publications.
- Allen, L. (2001). Closing sex education's knowledge Practice Gap: The reconceptualization of young people's sexual knowledge, **Sex education**. 12 (23).
- Allen, L. (2005). Say everything: Exploring young people's suggestions for improving sexuality education. **Sex Education**, 5 (4).
- Avery, C. (2008). What do we know about sexual and reproductive health of adolescent in Europe? **The European Journal of Contraception and Reproductive Health Care**, 13 (1).
- Bandura, A. (2005). The growing centrality of self- regulation in health promotion and disease prevention. **The European Health Psychologist**.
- Chirwa, L. (2011). Acceptability of the female condom by health workers in Francistown, Botswana.
- Griffith, J. (2005). **HIV/ AIDS Intervention Program for Youth in Africa: The role of Grass Roots Soccer**.

- Gollub, E. L. (2000). The female condom: Tools for women's empowerment: **American Journal of Public Health**, 90 (9).
- Hall, K.S. (2012). Determinants of and disparities in reproductive health service use among adolescent and Young Adult woman, **American Journal of Public Health**, 101 (6).
- Hariland, M (2014). **Barriers to sexual and reproductive health care among widows in Nepal**.
- Hatton, M. (2007). Results-based Management: Friend or Foe?. **Development in Practice**, (17) (3), 426-450.
- Sheill, K. (2004). Sexual rights are human rights: But how can we convince the United Nations? **IDS Bulletin 37 (5)**. Institute of Development Studies.
- SPC, (2010). **Kiribati Family Health and Support Study**, New Caledonia.
- Staffen, N. (2002). **Time to tell the whole story: Outcome-based evaluation and the counting on results Projects**. Public Libraries, 41 (9).
- Titley, G. (2007). **Gender Matters: A manual on addressing gender-based violence affecting young people**. Hunday: Council of Europe.
- UNFPA, (2013). **Marrying too Young. End Child Marriage**, New York.
- WHO, (2008). **Commission social determinants of health. Closing the Gap in a generation. Health equity through action on the social determinants of health, Geneva, WHO**.
- Wholey, J. (2004). **Hand Book of Practical Program: Evaluation**, 2nd Edition, Jossey-Bass, San Francisco, CA.
- World Bank, (2007). **HIV/ AIDS in the Caribbean: HIV brief. Human Development section management unit**. Human Development Sector Management Unit, Latin America and the Caribbean Region.

Zuccala, A. (2012). "Quality and Influence in literacy work: Evaluating the educated imagination", **Research Evaluation**, 21 (3).