



GSJ: Volume 9, Issue 9, September 2021, Online: ISSN 2320-9186
www.globalscientificjournal.com

KNOWLEDGE OF FEMALE CONDOM USE AMONG RESIDENTS OF ISOKA DISTRICT IN ZAMBIA.

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KEY WORDS

Female Condom, Knowledge, Prevention of Pregnancy, Prevention of STIs/HIV, Family Planning, Promotion of Female Condoms, Sexually active residents.

ABSTRACT

Female condoms are used during sexual intercourse in order to reduce the chances of getting pregnant and sexually transmitted infections (STIs) by the sexually active females of Isoka district of Zambia. Sometimes these female condoms are also called femidom and others refer to it as internal condom. Usually females insert it into the vagina during sexual intercourse to prevent sperms from reaching the internal parts of the female reproductive organ. The **aim** of this study was assess knowledge on female condoms among the sexually active females. **Social – ecological theory** was used in the study because the model takes into consideration the individual and their affiliation to the people, organizations and their community at large. **Data** was collected using a questionnaire that had both open ended and closed ended questions and Analyzed using Microsoft excel aided by Microsoft word.

Results show that 16% of the sampled population has not seen female condoms before and only about 73% have heard about female condoms. Further some of the responded indicated that they do not use female condoms because they are not available at the hospital and clinic, they feel shy to go and get them, they are not comfortable to use and the material used to them are very bad like plastic bags.

This study **recommends** that awareness awareness, knowledge availability of these commodities should be increased. Further clients who go for family planning services should be taught about female condoms as a method of family planning so that even after delivery they may continue to share knowledge with others as per social ecological model. In this way the use of female condoms will be promoted.

I. INTRODUCTION

A female condom also known as femidom or internal condom is a barrier device that is used during sexual intercourse as a barrier contraceptive to reduce the chances of pregnancy and sexually transmitted infections (STIs) and Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS). Its first use date as back as 1980s with advantages of offering protection, no weight gains and can be accessed with minimal clinic or hospital visits. However, this method has seen little use over the years both globally and regionally due to various reasons.

A research conducted in Botswana by [1] indicated that approximately 38.94% of the respondents agreed to the fact that the material of female condom could make them difficult to use whilst nearly 17.89% strongly agreed with the same perception. About 96.84% indicated that the device was too big and too long, whilst 20% felt that information on the female condom was not readily available. The study [1] goes on to report that a small number 4.21% believed that the device can reduce enjoyment, as it needs to be inserted correctly and way before the onset of sexual activity.

In a study conducted in Australia on women's views and experiences of female condom in Australia, [2] reports that most women 71% indicated that they were aware of the female condom. Out of this number many reported that this was via the internet 42% or school 27%. Less than 10% reported learning about female condom from the health care provider. However, 68% of the participants knew that female condom can be used to prevent pregnancy and STIs. In Zambia a study conducted by [3] shows that the decision to use a female condom is challenged by misconceptions regarding safety and correct use, cost and women's limited power over decision making in relationships. The study goes further to report that participants said there was low availability of the product.

In 2015 a scoping review was conducted in 56 countries on the knowledge, attitude, practices and behaviors associated with female condom in developing countries by [4]. This study found that in Democratic republic of congo, 43% and 82% of women had knowledge of female condom and male condoms respectively. [4] goes on to report that the proportion of women across all countries having heard of female condom was generally lower (47%) than for the oral contraceptives (85%).

The issue of female condom use is one that demands a lot of attention if it is to be incorporated actively for use as a method for contraception and to prevent STIs. [5] conducted a study that reveals that the majority (94.9%) of student participants have heard of the female condom. The most common places for obtaining knowledge about the female condom were reported as high school sex education classes at 67.8%, UCONN (Student Health Services, Health Education, The women's center) at 60.2%, the internet (32.2%) and friend or acquaintances (31.8%). The study [5], further reports that it is important to note the lack of exposure to the female condom via the mass media, newspaper article (6.8%), advertisement on TV or magazines (13.3%). Moreover a large percentage of students 54% were unsure of where to obtain the female condom on the campus. Among the participants in the sample who were sexually active in a relationship only one female students reported using female condom (0.4%).

In the study by [5], the major reason (59.6% of nonusers of FCs) for why the female condom wasn't used among sample participants was their current use of male condoms. In addition, 39.6% reported to not have used the female condom because "They are huge, unattractive or weird," while 35.8% believe that they are "hard to find" and that they "don't know where to get one." More women than men claimed that the female condom is "huge, unattractive or weird,"

(45.9% of women compared to 25% for male respondents). More males reported that the female condom was hard to find and that they didn't know where to obtain one (42.5%) among males compared to 33% among females).

One study conducted a study on knowledge, acceptance and utilization of the female condom among women of reproductive age in Ghana. The study revealed low level of female condom awareness, knowledge, acceptance and utilization [6]. The researchers recommended the need for increased public education on the female condom and its benefits to women in preventing unwanted pregnancies and STIs. In east Africa, Tanzania a research conducted on knowledge, attitude and use of female condoms among female undergraduate students at the University of Dar-Es-Salaam showed that 96.6% of the students had heard about female condoms and out of 371 students, 73% heard from mass media and 15.4% from health care providers, 4.31% admitted to have used the female condom at least once, and 12% did not like the female condom, among the 371 students, 26.7% preferred female condom as a means of HIV and STIs prevention and 46% had positive attitude towards use of female condom when compared to male condom[7].

[8] Conducted a research on levels of awareness and uptake of the female condom in women aged 18 to 49 years in Zimbabwe. The study revealed that there was generally a low level of knowledge about the female condoms, among Zimbabwean women of reproductive age, and that slightly over 54% of the respondents had negative attitude as a method of HIV prevention. Research conducted in the Sub-Saharan region and other parts of the world have identified several factors associated with the acceptance and utilization of the female condom among women of reproductive age. For example, a research conducted by [8] among Zimbabwean women of reproductive age, showed that 36.3% of these women had low knowledge of the female condom and about 83.5% women reported to have never used female condoms. The same study further revealed that unavailability of the female condom and partner refusals were the key determinants of use. These results are supported by findings from a study on Dominican sex workers, their clients and their partners which revealed that male partner objection was the most common factor preventing initial and continued use of the female condom [9]. In another study on prevalence of knowledge and use of the female condom in South Africa, low usage of the female condom was reported among South African women over 15 years of age despite high knowledge of the female condom [10].

[11] conducted a study on knowledge and attitude towards female condom use among undergraduates of Kigali health institute. The study revealed that 79% of the students were aware of the female condom, but only 24% knew how to use the female condom. Most students (78%) believed that the female condom could prevent the unplanned pregnancies, 81% of the student believed that the female condom could prevent STIs and HIV. [11] went on to say that 8% of the students had never tried to use the female condom and less than 3% cited it as their contraceptive method. In this study female condom awareness was high, but few students knew how to use the female condom.

A research conducted in Cameroon on knowledge, attitudes and utilization of the female condom among high school female students revealed that 67.3% of the students knew about female condoms and 75.6% of them knew that correct and consistent use of female condoms during sexual intercourse could prevent HIV transmission, however, lack of knowledge on how to correctly fit the female condom was seen in 68.1% of the students in which case 64.8% of students' main source of information with regards to female condom was through mass media, television, radio, magazine and newspaper [12]. The health providers who were expected to take a leading role on education and dissemination of information on the female condoms were

among the least sources of information at about 13.0%. [12] further revealed that only 38.7% of the female students felt that female condoms were readily available and the percentage of the sexually experienced female students who had ever used female condoms during sexual intercourse was as low as 8%.

II. STUDY THEORETICAL FRAMEWORK

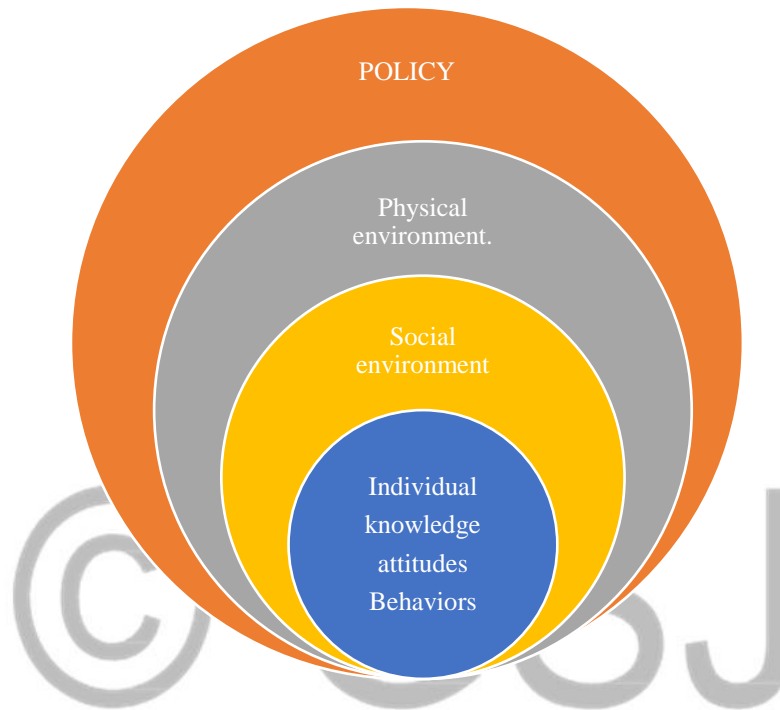


Figure.1. Components of Social-ecological: Adapted from Mutepuka ,2019

The theoretical framework that has been used in this study is the social-ecological theory. The theory uses components namely: Individual, Social Environment, Physical Environment and Policy. The term ecology comes from Biological Sciences and refers to the Interrelationships between organisms and their environment. Ecological and Social-Ecological theory of human behavior have evolved over a number of decades in the field of Sociology, Psychology, Education and Health and focuses on the nature of people's interactions with each other and their environment.in light of this study as they interact knowledge of female condom use is expected to be shared. This knowledge is thought to improve to improve when environments and policies support health choices and individuals and individuals are motivated and educated to make choices. Educating people to make choices when environments are not supportive will not be effective in making behavioral change and hence improvement in knowledge of individuals. This theory acknowledges that it takes a Combination of individuals, social environment, Physical environment and policy to achieve substantial change in health behaviors including the use of female condoms for the prevention of pregnancy, HIV/AIDS and other STIs.Individuals should interact at ball levels in order for learning, awareness and knowledge enhancement to take place.

III. METHODOLOGY

Research Design: A survey design was used to assess knowledge on female condoms among the sexually active individuals.

Sample size Determination: This was done by using Taro Yameni Technique and was found to be forty-nine (49) participants.

Data Collection: Data was collected using a questionnaire that had both open and closed ended questions.

Data Analysis: Data that was collected was further entered into the Microsoft excel analysis and interpretation, Microsoft word was also used to produce tables in reader format.

Validity: Research studies have threats to validity that can affect their outcome. However, this research study was not experimental and neither threats to internal nor external validity was a concern.

Ethical concerns: The study was conducted in a manner that maintained integrity.

IV. RESULTS

Have you ever seen a pack of female condom before?

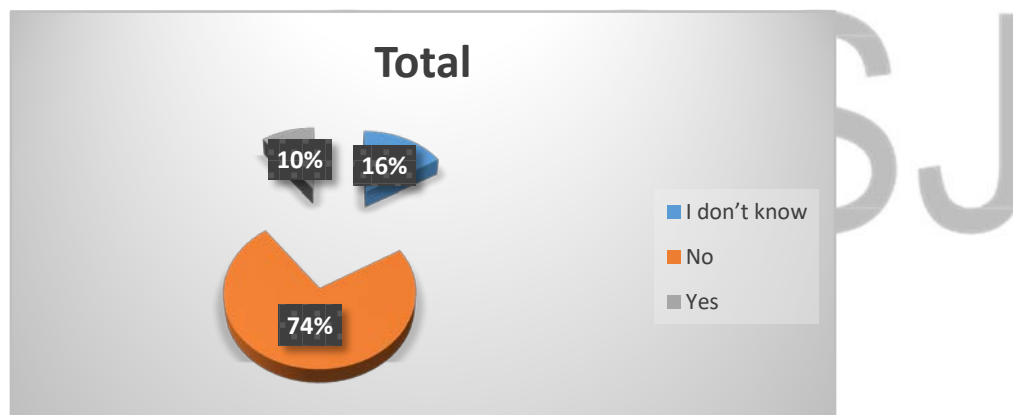


Figure 2. Source: Field Data,2021

When participants were asked whether they had seen a pack of female condoms, 74% indicated that they have never seen a pack of female condoms, 10% indicated that they had seen a pack and 16% indicated that they did not know whether what they saw was a pack of female condom or male condom.

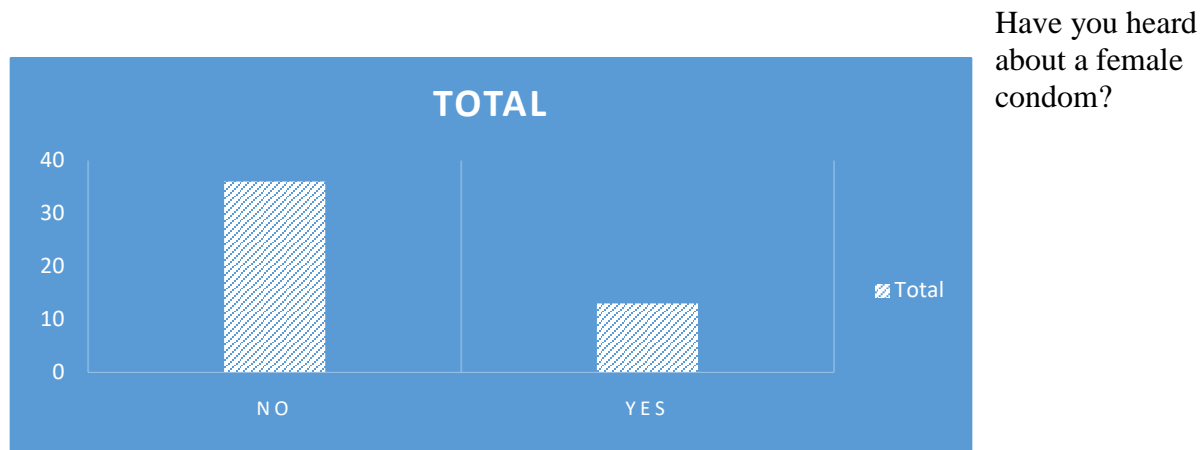


Figure 3. Source: Field Data,2021

On the question that was asked whether Participants heard about female condoms,73% said that they have never heard about female condoms while 27% said that they have heard about the female condom.

Table 1: What is your source of information about female condoms?

Response	frequency	Frequency %
Friend	9	18
Health worker	38	78
Mass media	2	4
Grand Total	49	100

Source: Field Data,2021

About the sources of information concerning female condoms 18% said that their friends were the source of information,78% indicated that they got information from Health workers and 4% said that the mass media was the source of information.

Table 2. Why are female condoms not used most of the time?

Participants	Response
Participant 1.	It is like a carrier bag
Participant 2.	It is uncomfortable to use
Participant 13	I feel shy to get condoms or buy from shops
Participant 40	not portable
Participant 45	Material used to make it is very bad

Source. field data,2021

This Table shows the responses as given by some of the participants when they were asked about why female condoms are not used most of the time.

Using female condoms during sexual intercourse can prevent Pregnancy, HIV/AIDS and STIs.

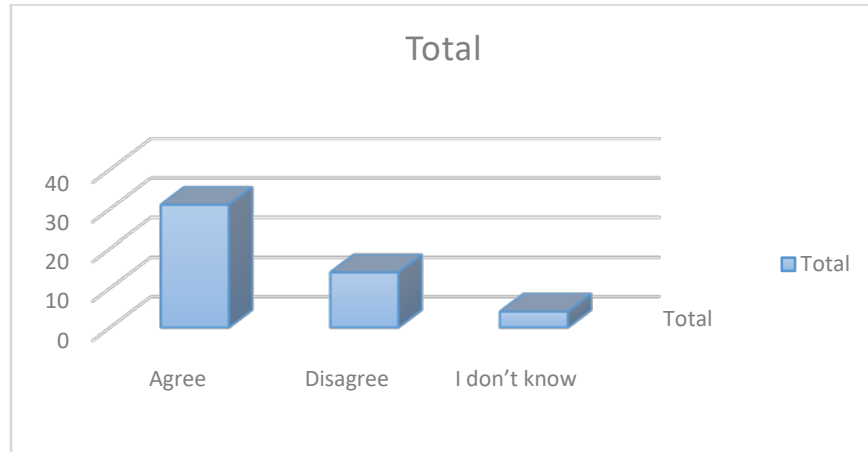


Figure 4. Source: Field Data,2021

63% of the responded agreed to the fact that using female condoms during sexual intercourse can prevent pregnancy, HIV/AIDS and Other STIs,29% however disagreed to this fact and 8% did not know whether prevention could take place or not when female condoms are used.

Female condom can be reused during sexual intercourse.

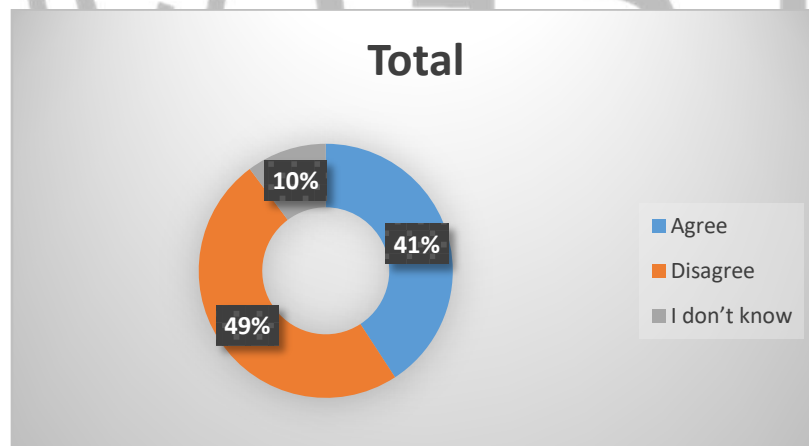


Figure 5. Source: Field Data,2021

When the participants were asked whether female condoms could be reused during sexual intercourse,49% disagreed to this statement,41% of the respondents agreed and the remaining 10% responded that they did not know.

Table 2: One can access female condoms from kasoka Health facility.

Response	count	Frequency (%)
Agree	24	49
Disagree	24	49
I don't know	1	2
Grand total	49	100

Source: Field Data,2021

In terms of accessibility of the female condoms from the local health facility ,49% Agreed that they can access the female condoms, another 49% Disagreed to this statement and the remaining 2% responded that they did not know.

V. DISCUSION

The objective of this study was to assess knowledge on the use of female condoms in Isoka district of Zambia. The study reveals that 74% of the participants have never seen a female condom before ,10% indicated that they have seen a pack before and a further 16% indicated that they did not know. looking at the bigger percentage of participants that have not seen a pack of female condoms suggests to the researcher that the commodity is not very much in circulation in Isoka district. This further indicates that the 10% that have seen the commodity do not talk about it to their friends so that they may develop curiosity to see it. This is one area where the socio-ecological theory applies where the individuals interact in homes, churches, markets, hospitals or clinics, bars and many other places in the community and society so that those with known may share with those who do not know about the female condoms.

More over this study reveals that 73% of the participants never heard about the female condoms and 27% heard about it, this is consistence with the study done by [4] on knowledge ,attitudes, practices and behaviors associated with female condoms in developing countries that reveals that proportion of women across all countries having heard about female condoms was generally low 47% than for oral contraceptives 85%.This reveals to the researcher that female condoms as a method of family planning receives less attention even at reproductive health level. However, this is contrary to the study done by [5] on female condom knowledge, attitudes and behaviors where the study reveals that majority 94.9% of the student's participants have head of female condoms. Compared with this study this could be because of the differences in sociological background between the participants in this study and those in study done by [5] where the participants are students who were able to read and look for information on the internet and social media.

Regarding the source of information about female condom, this study reveals that 18% of the participants get information from their friends,78% get information from health workers and 4% get information from the mass media making this study consistent with the study done by [5] where it is reported that the most places common for obtaining knowledge on female condoms were High school sex education class 67.8%, student health services, Health education, the women's center 60.2%,the internet 32.2% and friends and acquaintances 31.8%.At this point the sharing of knowledge in these different places as indicated by the two studies in tandem with the

socio-ecological theory used in this study. Further this study is consistent with the study done by [5] who reports that it is important to note the lack of exposure to the female condom via mass Media-Newspaper articles 6.8%, advertisement on TV/Magazines 13.3%.

Furthermore, this study reveals low level of knowledge on female condoms use where 63% of the participants agreed that the use of female condom can prevent pregnancy and STIs, 29% disagreed and 8% did not know. This is in line with the study conducted in Ghana [6] where the researcher recommended the need for increased public education on female condoms and its benefits in preventing pregnancy and STIs. A study conducted in Zimbabwe [8] among Zimbabwean women also indicated a low level of knowledge on female condoms 36.3%. The consistency in these studies from most African countries shows that really the use of female condom has not yet gotten into the minds of most African women and this means that there is need to step up efforts to increase the knowledge of the women of female condoms after all female condoms have less side effects compared to the oral contraceptives that makes the women change their morphology and to some leads to the development of diseases such as cancer, hypertension, fibrosis and many other diseases as the result of hormonal imbalance.

Due to low level of knowledge, this could be the reasons why participants in this study reveals some reasons for nonuse of the product such as: Participant 1 who said it is like a carrier bag. Participant 2 who said it is uncomfortable to use. Participant 13 who said I feel shy to get condoms or buy from shops. Participant 40 who said it is not potable and participant 45 who said materials used to make it is very bad. However, if these issues are talked about in public health education there can be improvement in the usage of female condoms both for family planning and prevention of sexually transmitted infections (STIs)

Although in a study conducted in South Africa by [10] on prevalence of knowledge and use of female condom, Low usage was reported despite high level of knowledge on female condoms. This however indicates that it may not always be the case that when the sexually active group have knowledge then this will translate into high usage. In addition, this study reveals that at a local clinic in the urban area 49% of the participants agreed that they can access female condoms, another 49% disagreed that they cannot access female condom and 2% did not know. But to the contrary a check by the researcher found that the clinic had female condoms that expired in October 2020 because of nonuse by the clients who seek family planning services and those who go to get male condoms in preferences as indicated in appendix 2.

The level of knowledge on female condoms is still low for the product that was introduced decades ago. There is need to intensify on the information dissemination so that level of awareness and knowledge are improved. Cardinal points should be the benefits in terms of preventing unwanted pregnancies among sexually active group and the prevention of HIV/AIDS and other STIs like syphilis and Gonorrhoea that mostly affect this group. Many families are either infected or affected with HIV/AIDS which is common problem for lack of knowledge on preventive measures.

VI. CONCLUSION

As a result of the study revealing low level of knowledge, it is important that the social-ecological theory be intensified in further studies so that people are aware of places where knowledge sharing can be done such as at church, hospitals or clinics, markets, homes, schools, Bars and society and community at large with the use of mass media-television, newspaper, and social media such as Facebooks, Instagram, WhatsApp, tiktok and others. If only the level of awareness is heightened knowledge will subsequently improve and this will contribute to the reduction in the problems of early and unwanted pregnancies, contraction of Sexually

transmitted diseases especially in the learning institutions where sexual activities are rampant. The researcher recommends that information about female condoms be given to students in learning institutions as these may further help in creating awareness.

Further research need to look at the knowledge health workers on female condoms, Effectiveness and existence of reproductive health policy

VII. ACKNOWLEDGEMENT

The author wishes to thank mwangala kayangula for her financial support and encouragements, Mr Mulenga Sidney for encouragements. Last but not the least the author wishes to thank the participants and management at Isoka District health office for their corporation during the period of research.

REFERENCES

- [1] Mokgetse,M,& Ramu Kumba,M.M.,2018,Female condom acceptability and use amongst young women in Botswana,curationis 41(1),a1887.<https://doi.org/10.4102/curationis.v4iii.1887>
- [2] Fenwick SE,Botfield JR,Kidman P,McGeechan K,Bateson D, 2021,Views and Experiences of the female condom inAustralia:An exploratory Cross-Section Survey of Cisgender Women plos One 16(2):e0246664.<https://doi.org/10.1371/journal.pone.0246664>.
- [3] Gambir, K.,Pinchoff,J. Obadeyi,O.et al. 2019 ,Opportunities and Challenges for the introduction of a new female condom among young adults in urban Zambia.Repro Health 16,175.<https://doi.org/10.1186/s12978-019-0839-X>
- [4] Moore L,Beksinska M,Rumphs A,Festin M,Gollub E,2015,Knowledge, Attitudes,Practices and Behaviors associated with female condom in Deveoping countries:A scooping review.Volume 2015:6 pages 125-142.<https://doi.org/10.2147/OAJC.S55041>.
- [5] Nuzzolillo,Paige 6368479, 2010,Female condom Knowledge,attitude and Behavior:Barriers to use and Potential for Acceptance among sexually active undergraduate students:Honors Scholar Thesis.461 <https://opencommons.uconn.edu/srhonors-thesis/461>.
- [6] Mark Kwame Ananga, Nuworza Kugbey, Jemima Misornu Akporlu and Kwaku Oppong Asante, 2017, Knowledge, acceptance and utilisation of the female condom among women of reproductive age in Ghana. *Contraception and Reproductive Medicine*.,2:15
- [7] Mtayangulwa. R and Kayombo. E.J., 2015. Knowledge, Attitude and Use of Female Condoms among Female Undergraduate Students in University of Dar-Es-Salaam. Published by Melaka Manipal Medical College, Malaysia
- [8] Chipfuwa T, Manwere A, Kuchenga MM, Makuyana L, Mwanza E, Makado E, Chimutso RP, 2014, Level of awareness and uptake of the female condom in women aged 18 to 49 years in Bindura **district**. *African Journal of AIDS Research*. Zimbabwe.

- [9] Van Dijk MG, Pineda DL, Grossman D, Sorhaindo A, García SG., 2013, The female condom: a promising but unavailable method for Dominican sex workers, their clients, and their partners. *J Assoc Nurses AIDS Care*. 24(6):521–9.
- [10] Guerra FM, Simbayi LC, 2014, Prevalence of knowledge and use of the female condom in South Africa. *AIDS Behav*. 18(1):146–58.
- [11] Mbarushimana. V. and Ntaganira. J, 2013, Knowledge and attitude towards female condom use among undergraduates of Kigali health institute. *Rwanda J, health Sci*. Vol. 2 No. 1.
- [12] Tarkang. E.E. and Bain. L. E., 2014, Knowledge, Attitudes and Utilization of the Female Condom among High School Female Students in Kumba, Cameroon. *British Journal of Education, Society & Behavioural Science*.

Appendix 1.Female condom



Appendix 2. pack of expired female condom



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