

The Influence of Attitude on the Use of Female Condoms among Women Age 18-24 Years in Kisauni Sub-County, Mombasa- Kenya

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Abstract

The female condom (FC) is among the barrier method that provides double protection against unwanted pregnancy and sexually transmitted infections, including HIV and AIDS. Globally, by the year 2012, the distribution of the female condom had increased to 60 million units per year. The female condom was introduced in Kenya 25 years ago but the utilization rates are still low at a prevalence rate of 10.8% (Boraya et al., 2018). Despite the efficacy of the female condom, relatively low utilization rates are still reported, even in developing countries. This study aimed to assess the influence of attitude on the use of a female condom among women age 18-24 years in Kisauni Sub-County, Mombasa, Kenya. A descriptive cross-sectional study design was employed. A total of 148 women was sampled. A multi-stage cluster sampling method was used. Structured questionnaires and Focused Group Discussions were used to collect data. Descriptive analysis, chi-square model, and multivariate analysis were used to analyze the qualitative data. The level of significance was fixed at a P value of 0.05 (P=0.05). Qualitative data from FGDs were analysed thematically. The influence of attitude towards the utilization of female condoms was assessed concerning protection against unwanted pregnancy compared to the male condom. Close to a quarter (17.6%) of the participants strongly agreed that the female condom is as effective as the male condom while 1.4% of the participants strongly disagreed, 23.6% of the participants had no idea about this. There was no significant association between the attitude on female condom protection against pregnancy compared to male condoms and the utilization of female condoms. ($\chi^2 = 4.971$, $df = 4$, $p > 0.05$). During the FGD more than three-quarters of the participants preferred male condoms over the female condom when it came to protection against pregnancy. County governments through the ministry of health to organize health education and promotional policies concerning the female condom to increase the utilization rates. Reproductive health education to be incorporate in the Kenyan education system to enable acquisition of knowledge irrespective of an individual's line of profession. Studies should be done in the opposite gender regarding factors influencing the utilization of female condoms to compare the findings

Keywords: Female condom use, Attitude, Kisauni Sub- County

Introduction

A Female condom is a sheath, or lining, that fits loosely inside a woman's vagina, made of thin, transparent, soft film. It has a flexible ring at both ends, which helps to insert and holding part of the condom outside the vagina. Female condoms are made of various materials, such as latex, polyurethane, and nitrile. It works by forming a barrier that keeps sperm out of the vagina, preventing pregnancy. It also helps to keep infections in semen, on the penis, or in the vagina from infecting the other partner. (WHO, 2018)

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that by December 2018, 37.9 million people worldwide were living with HIV/AIDS, 1.7 million new infections with HIV by the end of December 2018, 770 000 deaths from AIDS-related illness. Approximately 74.9 million people have been infected with HIV since the start of the epidemic by the end of the year 2018 and a total of 32.0 million deaths from AIDS-related illness since the start of the epidemic by December 2018. Furthermore, the report indicates that every week, approximately 6000 women aged 15–24 years become infected with HIV. In sub-Saharan Africa, four out of five new infections among adolescents

aged 15–19 years are in girls and young women aged 15–24 years are twice more likely to be living with HIV than men. (DATA, 2019). In 2017, the National adult HIV prevalence rate in Kenya was estimated at 4.9% with prevalence higher among women (5.2%) than men (4.5%). The national HIV prevalence in 2017 was reported at 2.61% in females as compared to males at 1.34% among males and females aged 15 to 24 years (Aids & Council, 2018).

The world efforts to control the spread of sexually transmitted infections, including HIV/AIDS, has led to the invention of Female Condoms that have enabled women to take control of their sexual and reproductive practices because it's known that the Female Condom Offers protection against unwanted pregnancy and Sexually Transmitted Infections, STIs) including HIV/AIDS. One of the major impacts of unplanned pregnancies is unsafe abortions that present a major health impact on the Community and the Nation as a whole. Hence, the Female Condom is one of the safest ways to limit the spread of Sexually Transmitted infections and unplanned pregnancies. (Ananga, Kugbey, Akporlu, & Oppong Asante, 2017).

"Globally, more than 1 million curable Sexually Transmitted infections occur each day". In the year 2016 according to WHO world estimates, there were approximately 376 million new infections of the four curable STIs, i.e. Chlamydia, Gonorrhoea, Syphilis, and Trichomoniasis. STI prevention plays a major role when it comes to the achievement of the Sustainable Development Goals. Approximately 200,000 fetal and neonatal STI-related mortalities are reported due to syphilis in pregnancy and over 280,000 cervical cancer deaths each year due to Human Papilloma Virus (HPV) (*Infection Surveillance*, 2018). Teen pregnancy and motherhood prevalence in Kenya is estimated at 18% and approximately one in every five adolescent girls have either had a live birth or is pregnant with her first child. And the rates increase rapidly with age from 3% among girls at 15 years to 40% girls at 19 years old. (Statistics, n.d.)

The Female Condom helps women to have more control over their reproductive health issues through the prevention of unwanted pregnancy and Sexually Transmitted Infections. Given that it has been available since 1993, accessibility for women in Sub-Saharan Africa or poor women has been difficult. There have been low utilization rates of the Female Condom as observed by the world Health agencies despite the continuous promotion. (Peters et al., 2014). In 2008, an estimated 2.4 million unsafe induced abortions occurred in Eastern Africa representing an increase from the year 2003. The rate of unsafe abortion is 36 per 1000 women of reproductive age. A study done on abortion-related complications over three months in Kenyan public hospital revealed that more than 300,000 abortions occur in Kenya annually i.e. 46 per 1,000 women of reproductive age. In Eastern Africa, it is estimated that 1:5 maternal deaths are related to unsafe abortions and more than 500 women die per 100,000 unsafe abortions (*In Brief*, 2012). Kenya's maternal mortality ratio due to unsafe abortions is 266 deaths per 100,000 live birth. Unsafe abortion is estimated to account for about 35% of maternal deaths in Kenya, compared to 13% globally and 18% in East Africa. The highest incidence of unsafe abortions occurred in Kenyan women below the age of 25 years. (Mohamed et al., 2018)

Globally, the unmet need for contraception is estimated to be around 215 million (WHO, 2012). A majority of this is from developing countries and in particular sub-Saharan Africa. According to the

World Bank, sub-Saharan Africa has an average Conditional Payment Rate (CPR) of 21% (Bank, 2010). The low contraceptives use in sub-Saharan Africa is related to low acceptance and high cultural resistance to family planning. The social, financial, and strong kinship values attached to children in the region are also believed to influence the uptake of contraceptives (Adebusoye-Makinwa, 2001). In Kenya, the total fertility rate is currently estimated to be around 4.6% and the contraceptive prevalence rate for all methods is around 46 percent, while the unmet need for family planning services is averaged at 24%. The contraceptive prevalence rate in rural areas was 43% compared to 53% in urban areas and the unmet need for family planning services in urban areas was 17 percent against 27 percent in rural areas (Kenya National Bureau of Statistics (KNBS); ORC Macro, 2010)

Worldwide, youths are more sexually active than any other population group. This in return predisposes them to risks like unwanted pregnancies, unsafe abortions, and sexually Transmitted Infections including HIV/AIDS (Access, 2017). Despite the efficacy of the female condom in preventing unwanted pregnancy, STIs and HIV transmission, relatively low utilization rates are still reported, even in developing countries. About 5000 new HIV infections a day are reported globally of which about 4400 are among adults aged 15 years and older, of whom: almost 47% are among women, about 32% are among young people (15–24), about 20% are among young women (15–24). About (51%) of new HIV infections in Kenya in 2015 were among adolescents and young people (aged 15-24 years), an increase from 29% in 2013. Young women are as twice as likely to acquire HIV compared to males and accounted for 33% of the total number of new infections (23,312) in 2015. Young Kenyan women are three times more likely to be exposed to sexual violence than young Kenyan men.

Age-disparate sexual relationships between young women mostly 18-24 years and older men are common globally, with a reportedly high level in both east and southern Africa and west and central Africa. In many instances, these relationships are transactional, in that they are non-commercial, non-marital sexual relationships motivated by the implicit assumption that sex will be exchanged for material support or other benefits. In South Africa, a study was done found out that a third of sexually active adolescent girls will experience a relationship with a man at least five years older.

According to the KDHS of 2014, women and men initiate sexual intercourse before marriage, at a median age of 18.0 for women and 17.4 for men. “Fifteen percent of women age 20-49 had first sexual intercourse by age 15, 50 percent by age 18, and 71 percent by age 20. Family planning lowers the risk of unwanted pregnancies among women. Family planning allows spacing of pregnancies and can delay pregnancies in young women at increased risk of health problems and death from early childbearing. It prevents unplanned pregnancies, including those of older women who face increased risks related to pregnancy. There is a high rate of contraception discontinuation rates reported in Kenya according to the Kenya Demographic Health Survey of 2014, eleven percent of episodes of discontinuation occurred because of side effects or health concerns, and 5 percent because the woman wanted to become pregnant. Health concerns or side effects are most often cited as the reason for discontinuing the use of implants (52 percent), IUDs (43 percent), injectable (38 percent), and the pill (28 percent). (Survey, 2014)

Adolescents and young women constitute the bulk of women who experience problems resulting from unsafe abortion due to their high risk for unintended pregnancies and lack of access to safe abortion services. More than 70% of women seeking post-abortion care were not using a method of contraception before becoming pregnant. A survey of 2012 by the Kenyan Ministry of Health, African Population and Health Research Center and IPSAS found that there were 464,000 abortions induced that year, which translates to an abortion rate of 48 per 1,000 women aged 15–49; and an abortion ratio of 30 per 100 live births. About half (49 %) of all pregnancies in Kenya were unintended and 41 % of unintended pregnancies ended in an abortion. Marie Stopes International estimates that 2,600 women die from unsafe abortions annually, an average of seven deaths a day. Nearly 120,000 women are hospitalized each year due to abortion-related complications. Every day, 320 Kenyan women are hospitalized and seven die as a result of dangerous backstreet abortions, according to Marie Stopes International.

Methods

A structured questionnaire was used to gather quantitative data from the respondents on the study variables. Focus group discussions (FGDs) were used to collect qualitative data. A total of 2 focus group discussions was conducted where 12 participants were recruited for each FGD. One group consisted of married women while the other comprised unmarried women. FGD note-taker form was used to take notes during the Focus Group Discussions.

To ensure the quality of data collected, the following steps were undertaken: A pre-test was done at Jomvu Sub-County to pretest the data collection tools. This was done by randomly selecting a few research participants. The research assistants were recruited through a competitive process then they underwent training on data collection and the consenting process by the principal investigator and were closely monitored during the pilot phase to ensure their competency. Each questionnaire was checked for completeness, coherence, and accuracy on the same day of the interview after data collection.

Results and Discussion

Distribution of study participants by age. The highest proportion (18.24%) of the participants were 23 years old, (Table 1), the lowest proportion (8.78%) of the participants were 18 years old. Women of 19 years comprised 14.86%, 20 years old comprised 12.84%, 21 years old comprised 16.22%, women aged 22 years formed 15.54% and 24 years comprised 13.51%.

Table 1: Shows Distribution of study participants by age

Age	Frequency	Percent	Cum. Percent
18	13	8.78%	8.78%
19	22	14.86%	23.65%
20	19	12.84%	36.49%
21	24	16.22%	52.70%
22	23	15.54%	68.24%
23	27	18.24%	86.49%
24	20	13.51%	100.00%
TOTAL	148	100.00%	100.00%

Distribution of study participants by marital status

In this study, the majority of the participants (83%) were not married, 15% of the participants were married while 3% of the participants were separated by their partners

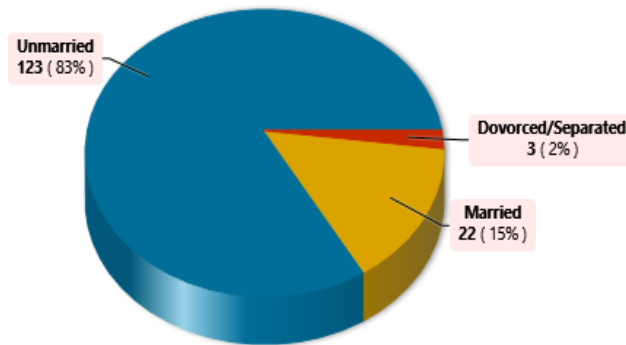


Figure 1: Distribution of study participants by marital status

Distribution of study participants by Number of children

The majority (74.32%) of the participants had no child while a small (25.65%) proportion of the participants had 1-5 children.

Table 2: Shows distribution of study participants by Number of children

Number of Living Children	Frequency	Percent	Cum. Percent
None	110	74.32%	74.32%

1-5 Children	38	25.68%	100.00%
TOTAL	148	100.00%	100.00%

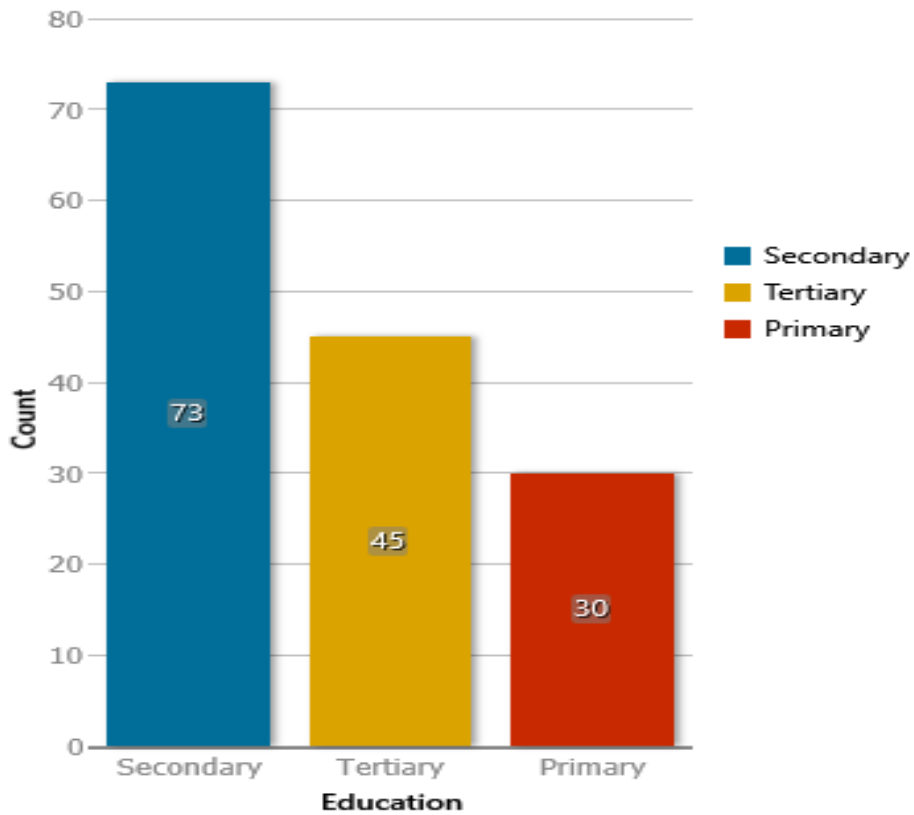


Figure 2: Distribution of participants by the employment status

The highest proportion (49%) of the study participants had attained secondary education followed by tertiary education at 30% then the lowest proportion was the primary education at 20%.

Distribution of participants by the employment status

Most (55%) of the participants are in informal employment followed by 41% of the participants who were students then 3% of the participants are formally employed.

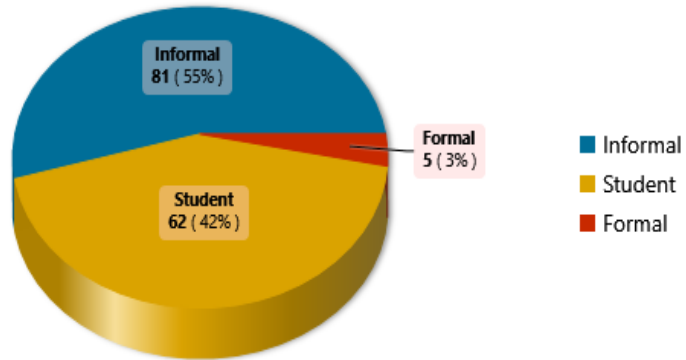


Figure 3: Distribution of participants by the employment status

Distribution of study participants by Religion

Close to half (48%) of the participants were Christians, followed by Muslims at (46%) then only 6% were Hindu

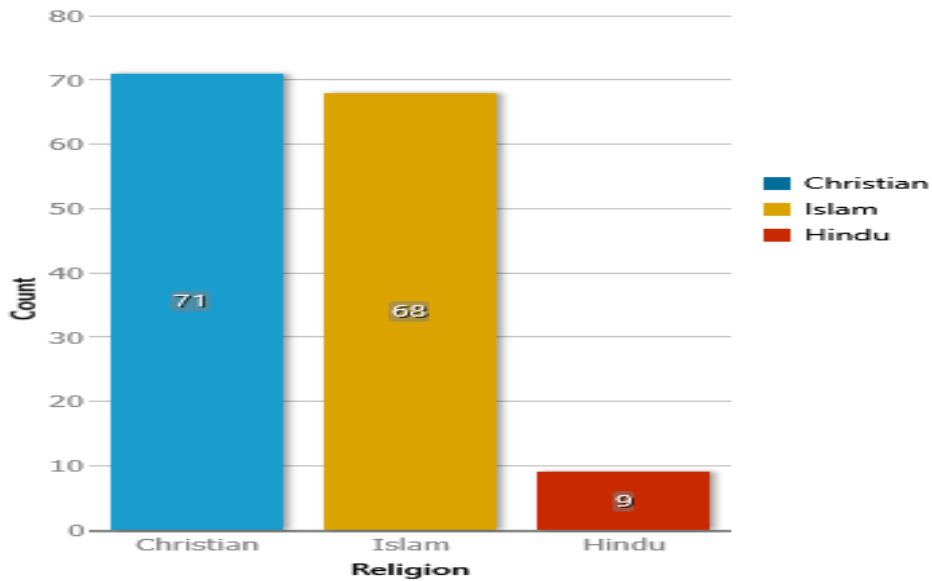


Figure 4: Distribution of participants by the religion

The influence of attitude towards the utilization of female condoms was assessed concerning protection against unwanted pregnancy compared to the male condom. Close to a quarter (17.6%) of the participants strongly agreed that the female condom is as effective as the male condom while 1.4% of the participants strongly disagreed, 23.6% of the participants had no idea about this. There was no significant association between the attitude on female condom protection against pregnancy compared to male condoms and the utilization of female condoms. ($\chi^2=4.971$, $df=4$, $p>0.05$). During the FGD more than three-quarters of the participants preferred male condoms over the female condom when it came to protection against pregnancy. *“As for me, I believe that the male condom is usually the best as compared to the female condom because I fear that the female condom might slip during the intercourse putting me at risk of pregnancy”*.....unmarried 20year old.

The attitude towards ease of use of female condoms compared to male condoms and its utilization showed a significant relationship ($\chi^2=9.349$, $df=3$, $p<0.05$) with moderate effect size, $\phi=0.252$). The majority of the participants (34.7%) strongly agreed female condom is difficult to use compared to a male condom, only 7.5% of the participants disagreed while 26.5% of the participants were undecided. Similar observations were noted during the FGD where the unmarried women where some women who never used the female condom believed that the female condom was not easy to use in comparison with the male condom. Similar findings were seen among married women during the FGD. *“I’ll prefer a male condom over the female condom because it’s easier to use the male condom during sex than the female one. It requires more time for preparation which most of the cases we don’t have that time.”*..... 24-year-old married participant.

The attitude of the participants in using a female condom in protection against HIV/AIDS was assessed. It emerged that more than half (57.4%) of the participants strongly agreed, only 0.7% of the participants disagreed while 14.2% of the participants were undecided. There was no significant association between the utilization of female condoms and its role in protection against HIV/AIDS ($\chi^2=5.345$, $df=3$, $p=0.148$). Women in the focused group majority from the unmarried group preferred using the male condom in the prevention against HIV/AIDS. Married women mostly used the female condom to protect themselves against pregnancy rather than HIV/AIDS. The participants were asked if a female condom interferes with female orgasm, the majority of them (35.8%) strongly agreed as compared with 6.1% of them who disagreed. A big number of the participants (38.5%) were undecided. Chi-test test for association revealed a significant relationship between participants' attitude towards the use of female condoms and the ability of FC making it difficult to achieve female orgasm ($\chi^2=9.558$, $df=3$, $p<0.05$) with a moderate effect size ($\phi=0.254$). Women in both FGD who used the female condom agreed in unison that the female condom interferes with the orgasm.

There was no significant association between the attitude on female condom protection against pregnancy compared to male condoms and the utilization of female condoms. ($\chi^2=4.971$, $df=4$, $p>0.05$). The attitude towards ease of use of female condoms compared to male condoms and its utilization showed a significant relationship ($\chi^2=9.349$, $df=3$, $p<0.05$) with moderate effect size, $\phi=0.252$). There was no significant association between the utilization of female condoms and its role in protection against HIV/AIDS ($\chi^2=5.345$, $df=3$, $p=0.148$). Women in the focused group majority

from the unmarried group preferred using the male condom in the prevention against HIV/AIDS. Married women mostly used the female condom to protect themselves against pregnancy rather than HIV/AIDS. These findings are in line with a study done by (Enowbeyang Tarkang et al., 2015) among the female students in Cameroon on utilization of female condoms where a majority of the participants had negative attitudes towards the use of the female condom.

Table 3: The Influence of Attitude on the Use of a Female Condom

Variable	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	χ^2 df p	Effect size
Attitude on FC towards protection against pregnancy compared to the male condom	26 (17.6%)	37 (25%)	35 (23.6%)	48 (32.4%)	2 (1.4%)	χ^2 =4.971 df=4 p=0.290	0.290
Attitude towards Ease of use of Female Condom compared to the male condom	51 (34.7%)	46 (31.3%)	39 (26.5%)	11 (7.5%)	-	χ^2 =9.349 df=3 p=0.025	0.252
Female condom Offers better Protection against STDs, HIV/AIDS included	85 (57.4%)	41 (27.7%)	21 (14.2%)	1 (0.7%)	-	χ^2 =5.345 df=3 p=0.148	0.19
Female condom makes it difficult to achieve female orgasm	53 (35.8%)	29 (19.6%)	57 (38.5%)	9 (6.1%)	-	χ^2 =9.558 df=3 p=0.023	0.254

Chi-test test for association revealed a significant relationship between participant's attitude towards the use of female condom and the ability of FC making it difficult to achieve female orgasm ($\chi^2=9.558$, df =3, p<0.05) with a moderate effect size (phi=0.254). Women in both FGD who used the female condom agreed in unison that the female condom interferes with the orgasm.

Conclusion

There is a significant relationship between an individual's attitude and the willingness to use the female condom. The individual's attitude towards a female condom translates into the actual use of the device. It was observed that attitude towards the use of female condoms was generally negative with interference with sexual satisfaction being a major concern.

Recommendations

County governments through the ministry of health to organize health education and promotional policies concerning the female condom to increase the utilization rates. Reproductive health education to be incorporate in the Kenyan education system to enable acquisition of knowledge irrespective of an individual's line of profession. Studies should be done in the opposite gender regarding factors influencing the utilization of female condoms to compare the findings

Disclosure statement

The authors report no conflict of interest

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