

Assessing the availability of female condoms at Kaladima HCIII, Amuru district.

A cross-sectional study.

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Abstract

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Background:

The study aims to assess the availability of female condoms at Kaladima HCIII, Amuru district.

Methodology:

A cross-sectional descriptive study involving women attending the antenatal and the ART clinic of Kaladima HCIII using a quantitative method of data collection. A sample of 30 respondents was used in the study because it was the recommended minimum sample size according to the research guideline UNMEB. The study employed a non-probability convenience sampling approach where the interviewer administered questionnaires to any available respondents who met the required inclusion criteria and had consented and accepted to participate in the study.

Results:

majority, 29(97%) of the respondents felt that the female condoms are not always available for women whenever they opt for contraception, while a few, 1(3%) felt that they are always available. 26(87%) of the respondents did not normally find female condoms in the nearby pharmacies, shops, or at Kaladima HCIII. However, a few 4(13%) of the respondents normally find female condoms in the nearby pharmacies, shops at Kaladima HCIII. Concerning whether the affordability of female condoms affects availability, very few, 5(17%) of the respondents said that the affordability of female condoms does not affect their availability. However, 25(83%) of the respondents agreed that the affordability of female condoms affects their availability.

Conclusion:

Majority of the participants in the study had adequate knowledge of the female condom as a preventive strategy for pregnancy and STIs; however, the utilization was very low since many women had challenges with the insertion of a female condom.

Recommendations

Promoting initiatives among women to strengthen female condom utilization and revise the supply chain management.

Keywords: Female condom, availability, utilization, contraception, reproductive health, accessibility, Kaladima HCIII, Amuru district, Uganda.

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Background

Conceiving and bearing a child is among the most significant aspects of human existence, although limitations of the human body to conceive too many offspring and socio-economic factors constrain having too many children in human societies (WHO, 2018). There are two types of condoms, both for males and females (Andrade et al 2015). The male condom was developed around 1642 (Marfatia, Pandya, Mehta, 2015; Weerasinghe, 2022). The Female Condom (FC) was approved in 1993, heralding a new era in the empowerment of women in negotiating safer sex practices (Andrade et al 2015; Ndaimani 2016).

Female condoms are lubricated sheaths that have a ring within the closed end that is inserted into the vagina before sex, and the open end of the sheath remains outside the

vagina (Ndaimani 2016). There exists limited, but convincing evidence that the female condom is effective in increasing protected sex and decreasing Sexually Transmitted Infections (STIs). The incidence of pregnancy among women using female condoms protecting against pregnancy is 95 percent of the time when used correctly, and 79 percent of the time during common use (WHO 2018; Annalene, 2020).

In Gaborone, Botswana, 64.0% of healthcare workers perceived the unavailability of female condoms as a major factor contributing to their inadequate use. Use of female condoms increased with age, marital status, and training. Lack of knowledge and training on female condom use hinders effective distribution and utilization. Awareness campaigns, increased availability of female condoms, and

training of healthcare workers are essential to improve perceptions, attitudes, and reduce risks of sexual infections while enhancing women's quality of life (Tafaume 2016). Logistical factors, including distribution challenges, affect the availability and accessibility of female condoms and predict their utilization (Ndaimani 2016). In Durban, nearly all participants reported condom use in the past 30 days. Among hotel-based female sex workers, 44.0% reported dual method use during that period, while 30.0% of street-based sex workers did the same, with female condoms available (Kerrigan et al. 2015; Katz et al. 2015).

A large proportion of women in Durban, and to a smaller extent in Mombasa, rely solely on condoms for contraception due to their availability (Lafort et al. 2017). Access to female condoms remains limited in nearby shops, pharmacies, and health centers, contributing to low acceptance and utilization (Ananga 2017). The male condom, IUD, and pill each have over 100 million users. Short-acting methods, including the male condom, account for 46.1% of contraceptive use, even where female condoms are available, while 8.7% use traditional methods such as withdrawal and rhythm (United Nations 2019). The aim of the study is to assess the availability of female condoms at Kaladima HCIII, Amuru district.

METHODOLOGY.

Study Design and Rationale

This was a cross-sectional descriptive study involving women attending the antenatal and the ART clinic of Kaladima HCIII using a quantitative method of data collection. Quantitative data were acquired using a self-administered questionnaire to obtain information from the respondents on demographic characteristics, availability, mother's knowledge, and attitude of the FC. The qualitative method was used because it provided valuable data about behaviors and patterns of women on the utilization of FCs.

Study Setting

The study was conducted at Kaladima HCIII, found in the Amuru district. Amuru District is bordered by Adjumani District to the north, South Sudan and Lamwo District to the northeast, Gulu District to the east, Nwoya District to the south, Nebbi District to the southwest, and Arua District to the west. This HCIII provides both general and maternity services, including ANC and postnatal care. The study was conducted in this area because a number of mothers who receive health care services in HIV clinics, which is evidence for low FC utilization.

Sample Size Determination

A sample of 30 respondents was used in the study because it was the recommended minimum sample size according to the research guideline UNMEB (2009).

Sampling Procedure

The study employed a non-probability convenience sampling approach where the interviewer administered questionnaires to any available respondents who met the required inclusion criteria and had consented and accepted to participate in the study.

Inclusion Criteria.

The study considered women 20-45 years of age attending Kaladima HCIII in Amuru district, who voluntarily consented to participate in the study.

Study Variables

Dependent variable

The dependent variable was utilization of FC among women aged 20-45 years.

Independent variables

The independent variables were commonly used availability of women aged 20-45 years.

Research Instruments

Questionnaires were used and will comprise both structured and unstructured questions. The purpose of the study was carefully explained to the respondents.

Data Collection Procedure

An introductory letter from the school administration was obtained and presented to the Kaladima HCIII Administration for permission to conduct this study. The study will interview mothers using the questionnaires during data collection, and the rights of individuals will be respected.

Data Management

Data was checked for completeness and consistency before the final analysis, data was coded, and questionnaires with missing variables, information, or mistakes were left out. The data was entered into the computer and thereafter cleaned by comparing the raw data to the electronically entered data to check for data-entry errors.

Data analysis

After the collection of data, responses from the questionnaires were studied to make sure that the information obtained was complete, consistent, accurate, and reliable. Analysis of the data was done using quantitative methods to make the findings easy to understand and draw a conclusion for the stakeholders. Quantitative data was processed by coding and sorting it to ensure that it matches the study objectives. After this, it was entered into a computer and then analyzed using SPSS version 20, and later interpretation was derived. For easy interpretation and analysis, data were represented using tables, pie charts, and bar graphs.

of independence, justice, benevolence, and non-maleficence, and related ethical concepts. Besides, a consent form was designed by every participant, and all sources of information were respected and considered vital.

RESULTS

Demographic background

The demographic background of the respondents is presented in terms of their age, marital status, highest level of education, and occupation.

Age categories of the respondents.

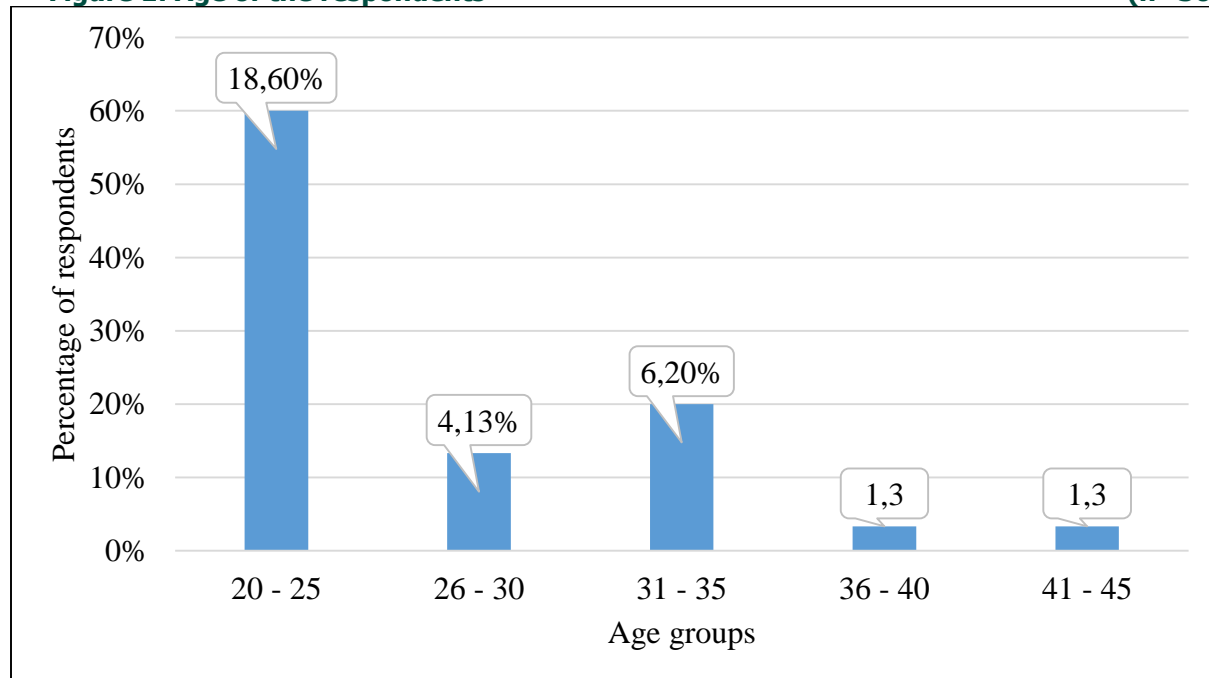
Figure 1 represents the age of the respondents.

Ethical Considerations.

The study was done following the guidelines of the Uganda Nurses and Midwives Examination Board standard research guidelines for the Diploma Nursing Program. Development of the research proposal under the supervision of a staff member assigned by Lubaga Hospital Training School, who issued a letter introducing the study to Kaladima HCIII. The same letter was taken to the relevant officials for the purpose of granting permission to interact with the participants. After getting permission, the required information was obtained by engaging only the respondents who were willing to take part in the study based on the four “basic” ethical principles

Figure 1: Age of the respondents

(n=30)



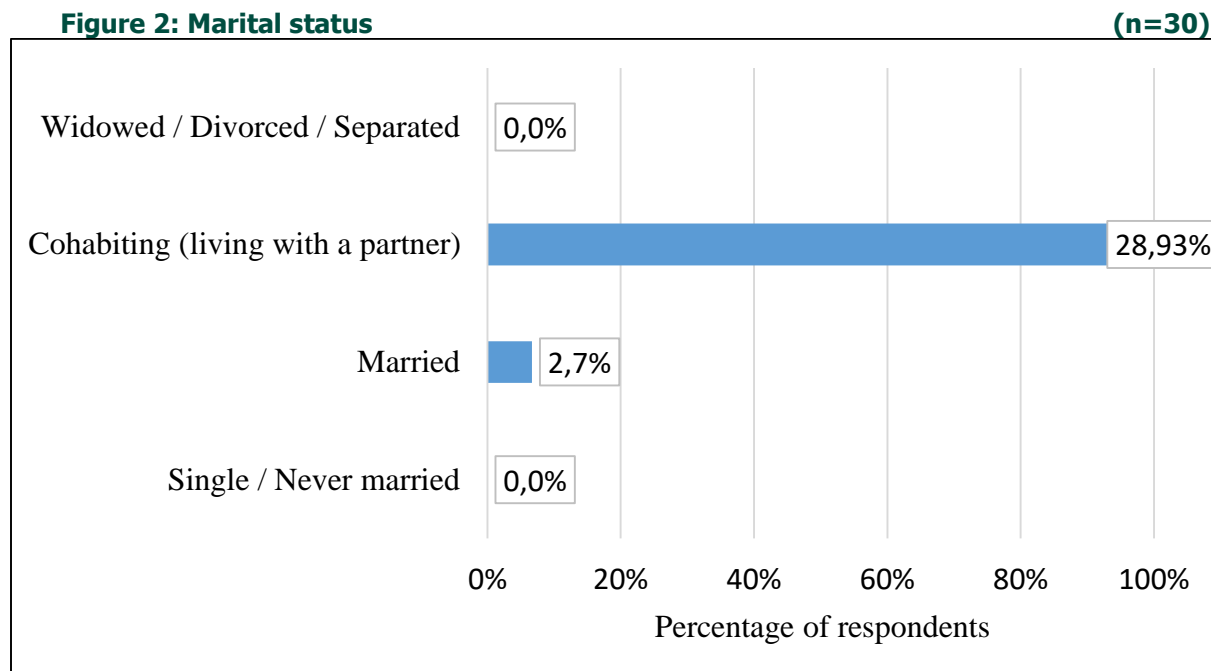
Source: Primary data (2023)

Conferring to figure 1, majority 18(60%) of the respondents were of the age group 20 to 25 years, 6(20%) were of the age group 31 to 35 years, 4(13%) were of the age group 26 to 30

years, 1(3%) were of the age group 36 to 40 years, and 1(3%) were of the age group 41 to 45 years. This gives a picture that the majority of the respondents were still young.

Marital status of the respondents

Figure 2 reveals the marital status of the respondents.

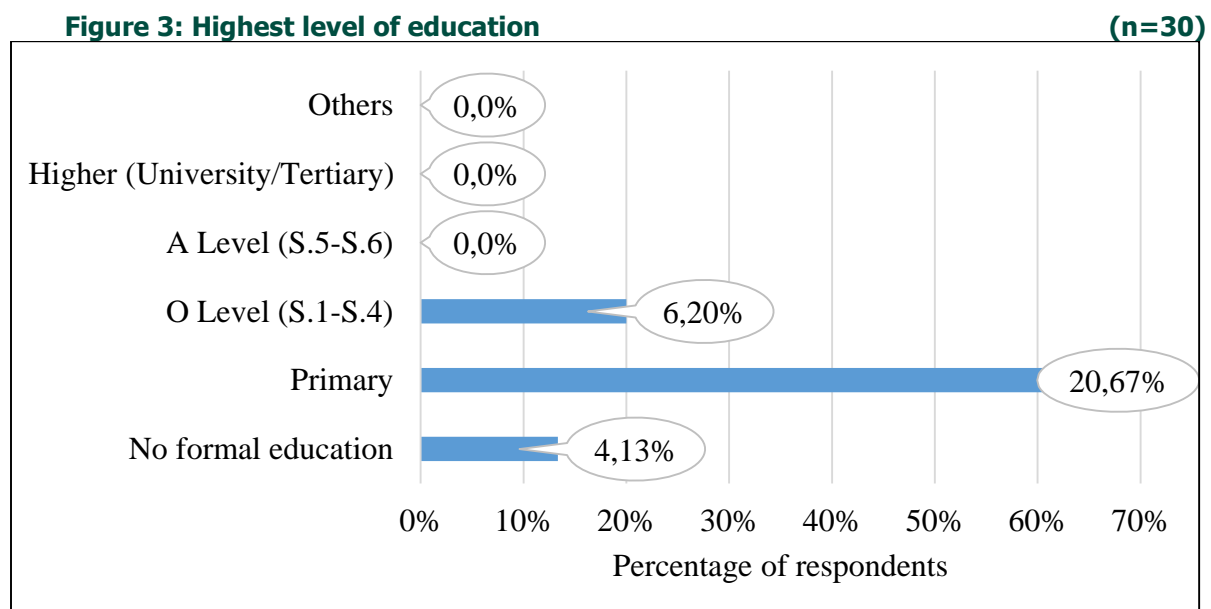


Source: Primary data (2023)

According to Figure 2, the majority, 28(93%) of the respondents were cohabiting (living with their partners), 2(7%) were married either in church or customary marriage, no one 0(0%) was widowed/divorced/separated, and no one 0(0%) was single.

The highest level of education attained by the respondents

Figure 3 highlights the highest level of education of the respondents.



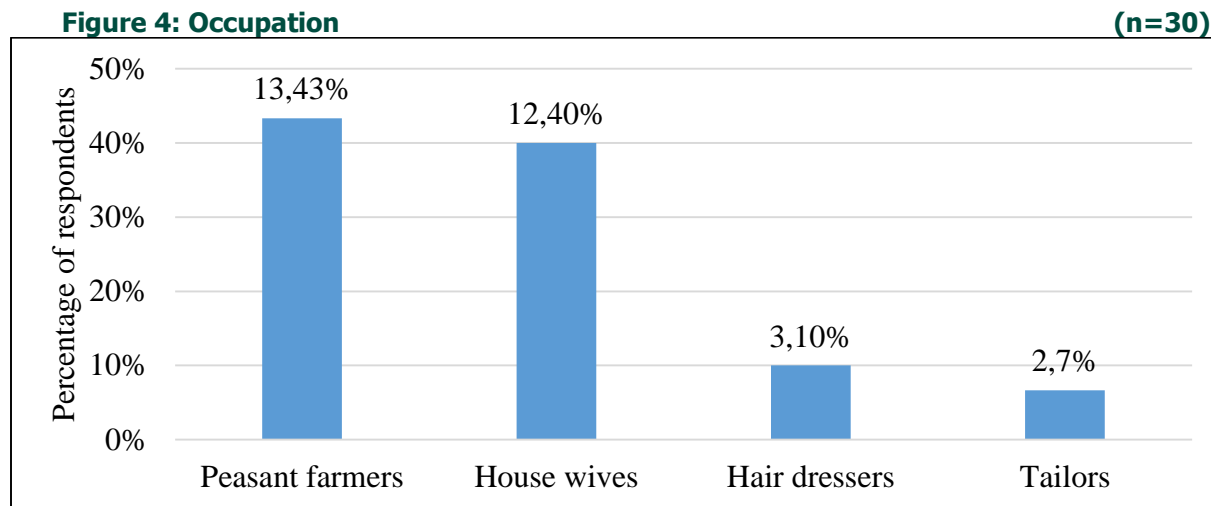
Source: Primary data (2023)

Findings in figure 3 show that, majority 20(67%) of the respondents were of primary level of education, 6(20%) were of O Level (Senior One to Senior Four), 4(13%) had

no formal education, 0(0%) had Higher (University/Tertiary) level of education, and 0(0%) had A Level (Senior Five to Senior Six) level of education.

Occupation of the respondents

Page | 5 Figure 4 presents the occupation of the respondents.



Source: Primary data (2023)

Results in figure 4 show that, almost half 13(43%) of the respondents were peasant farmers, 12(40%) were house wives, 3(10%) were hair dressers, and the minority 2(7%) were tailors.

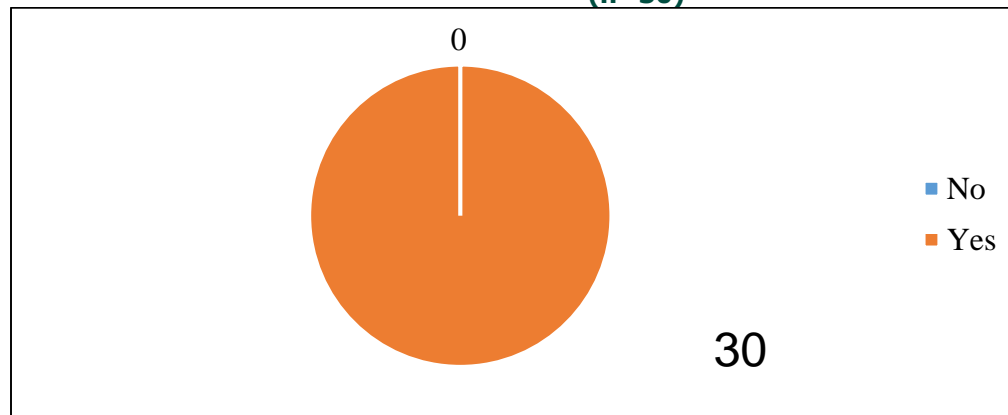
Whether the unavailability of the female condom contributes to the lack of adequate use.

Respondents were asked whether the unavailability of female condoms contributes to the lack of adequate use. Findings are presented in Figure 5.

Availability of a female condom

The study sought to assess the availability of female condoms at Kaladima HCIII, Amuru district. Results are presented below.

Figure 5: Whether unavailability of female condoms contributes to the lack of adequate use (n=30)



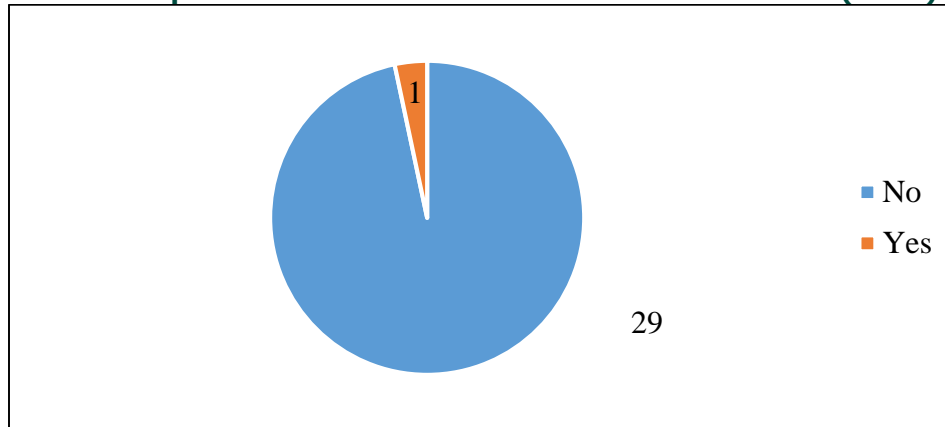
Source: Primary data (2023)

According to Figure 5, all respondents, 30(100%), alleged that the unavailability of female condoms contributes to the lack of adequate use. This implies that, if condoms are supplied in Kaladima HCIII Amuru district, probably women in this area would be using them, as suggested by the health workers.

Whether female condoms are always available for women whenever they opt for contraception.

Figure 6 illustrates whether female condoms are always available for women whenever they opt for contraception.

Figure 6: Whether the female condoms are always available for women whenever they opt for contraception (n=30)



Source: Primary data (2023)

According to Figure 6, the majority, 29(97%) of the respondents felt that the female condoms are not always available for women whenever they opt for contraception, while a few, 1(3%) felt that they are always available. Those who suggested that female condoms are not always available said that whenever they request them in the health center, the health workers do not provide them.

Proportion of the respondents who did not normally find female condoms in the nearby pharmacies, shops, and at Kaladima HCIII.

Table 1 unveils the percentage of respondents who did not normally find female condoms in the nearby pharmacies, shops, and at Kaladima HCIII.

Respondents who did not normally find female condoms in the nearby pharmacies, shops, and at Kaladima HCIII (n=30)

Variable	Frequency	Percentage (%)
Respondents who did not normally find female condoms in the nearby pharmacies, shops, or at Kaladima HCIII	26	87
Respondents who normally find female condoms in the nearby pharmacies, shops, and at Kaladima HCIII	4	13
Total	30	100

According to Table 1, the majority, 26(87%) of the respondents did not normally find female condoms in the nearby pharmacies, shops, and at Kaladima HCIII. However, a few 4(13%) of the respondents normally find

female condoms in the nearby pharmacies, shops, and at Kaladima HCIII.

Whether the lack of training, affordability, and the reason for using FC affect the availability of female condoms

The study wanted to find out whether lack of training, affordability, and the reason for using female condoms affect their availability. Findings are presented in Table 2.

Table 2. Whether lack of training, affordability, and the reason for using FC affect the availability of female condoms (n=30)

Variable	Response	Frequency	Percentage (%)
Whether the lack of training affects the availability of female condoms	No	23	77
	Yes	7	23
Total		30	100
Whether the affordability of FC affects availability	No	5	17
	Yes	25	83
Total		30	100
Main reasons for using the female condom	I do not want to get pregnant	19	63
	My Partner supports me	2	7
	The service is affordable	5	17
	The choice of method suits my body	6	20
	To prevent STIs	13	43

Results in Table 2 revealed that when asked whether lack of training affects the availability of female condoms, the majority, 23(77%) of the respondents said that lack of training does not affect the availability of female condoms, while 7(23%) of the respondents agreed that lack of training affects the availability of female condoms. Concerning whether the affordability of female condoms affects availability, very few,5(17%) of the respondents said that the affordability of female condoms does not affect their availability. However, the majority of 25(83%) of the respondents agreed that the affordability of female condoms affects their availability.

Regarding the main reasons for using the female condom, the majority, 19(63%) of the respondents mentioned that they do not want to get pregnant as the main reason for using the female condom. Very few 2(7%) of the respondents said that their partners support them in using the female condom, 5(17%) said that they use female condoms because they are affordable 6(20%) said that it is the choice of method which suits their body and that’s why they use them instead of any other means of family planning method while 13(43%) of the respondents agreed that they use female condoms because it prevents STIs

DISCUSSION

Demographic findings of respondents

According to the study, the mean age of the respondents was 24years, giving a picture that the majority of the respondents were still young, so there could be an association with increasing use of an FC with age at Kaladima HCIII Amuru district. (40%) were housewives. These women being married means that they have to plan for their families so

that they can conceive while ready to hold pregnancies. These results were similar to those of Tafaume (2016), in Gaborone, Botswana, which showed that there was an association with increasing use of an FC with marital status.

Availability of a female condom among women aged 20-45 years.

Considering the availability of a female condom among women of 20-45 years, all respondents (100%) alleged that the unavailability of female condoms contributes to the lack of adequate use, the same way Tafaume (2016) in Gaborone, Botswana, asserted. This implies that, if condoms are supplied in Kaladima HCIII Amuru district appropriately, probably women in this area would be using them as suggested by the health workers.

In this same study, majority (97%) of the respondents felt that the female condoms are not always available for women whenever they opted for contraception, This means that unavailability of condoms limits the access so utilization may be minimal, the same way Ananga (2017) observed, that there was limited access to the FC from nearby shops and pharmacies and health centers and a low level of FC acceptance and utilization. In addition, Seepaneng et al., (2015) reported in their study that condoms are not available at strategic points so as to ensure accessibility, they reported that health workers do not provide them and neither can they be found in the nearby pharmacies and shops and these findings were exactly similar to this study but contrary to Lafort et al., (2017) in Mombasa and Kerrigan et al., (2015) in Durban who discovered that there was a very big proportion of women, who depended on condoms only for contraception because they were available.

Limitations of the study

The study sample was representative of the whole population, consisted of only women aged 20-45 years attending Kaladima HCIII at the time of the study, and the results were not to be generalized outside the sample.

Conclusion

A majority of the participants in the study had adequate knowledge of the female condom as a preventive strategy for pregnancy and STIs; however, the utilization was very low since many women had challenges with the insertion of a female condom.

Recommendations

Based on the findings of this study, the researcher makes the following recommendations.

Recommendations to the Ministry of Health

The government of Uganda, through the Ministry of Health, should develop and institutionalize interventions such as sensitization about the benefits of female condom use.

Also, it should promote initiatives among women to strengthen female condom utilization and revise the supply chain management.

Improvement in forecasting, strengthening procurement, and improving condom distribution could be great facilitating factors to FC use.

Recommendations to Kaladima HCIII.

The health facility workers should come up with strategies that promote the involvement of male spouses, thus attending services with their partners. The civil society organizations whose thematic areas are reproductive health, in collaboration with the health professionals, should adopt alternative outlets for the availability of female condoms, like the retail centers, lodges, and beaches, rather than only in health facilities where many women in their reproductive ages cannot usually reach.

Implications of female condom utilization for nurses or midwives

To realize the consistent use and uptake of female condom use, there is a need for reinforcement of positive behavior among adolescent girls and young women by nurses, because the uptake was limited.

The introduction of sex education amongst out-of-school girls should be emphasized, and there is a need to address attitudes and practices towards women by educating men about responsible sexual behaviors through community-based involvement and encouragement of female condom utilization.

Further studies:

This study was undertaken among females who were attending family planning. Services at Kaladima HCIII. It is possible that the results could have been different if other health facilities were involved. It's therefore recommended that future studies consider other health facilities for better generalization.

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List of Abbreviations

ART: Antiretroviral Therapy

FC: Female Condom

HCIII: Health Centre III

HIV: Human Immunodeficiency Virus

IUD: Intrauterine Device

SPSS: Statistical Package for the Social Sciences

STIs: Sexually Transmitted Infections

WHO: World Health Organization

Source of funding

The study was not funded.

Conflict of interest

The author did not declare any conflict of interest.

Author contributions

Betty Akiira was the principal investigator.

Nelson Kakande supervised the research.

Sr Namuddu Jane Frances supervised the research.

Data availability

The data is available upon request.

Author Biography

Betty Akiira is a student at Lubaga Hospital Training School.

Nelson Kakande is a tutor at Lubaga Hospital Training School.

Sr Jane Frances Namuddu is a tutor at Lubaga Hospital Training School.

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