

## Community Acceptance of Condoms in Nankumba: excerpt from evaluation report

‘There is evidence of some, but far from total, community acceptance of condoms.

‘The fullest acceptance of a technology involves awareness and use of the tool. To recap some of the survey findings presented earlier, of the 198 people interviewed by the evaluation team:

- ❖ 187 (94%) said that they had heard about a condom
- ❖ 171 (86%) said that they had seen a condom
- ❖ 64 (32%) said that they used condoms to protect themselves from HIV infection
- ❖ 98 (49%) said that they used condoms to protect themselves from contracting sexually transmitted diseases
- ❖ 13 (7%) said that they always used a condom with their regular partner; 5 (3%) said that they mostly used a condom with their regular partner; 17 (9%) said that they sometimes used a condom with their regular partner; overall,
- ❖ 25 (13%) said that they always used a condom with a non-regular partner; 3 (2%) said that they mostly used a condom with a non-regular partner; 16 (8%) said that they sometimes used a condom with a non-regular partner
- ❖ 95 (48%) said that they never used a condom with their regular partner; 92 (47%) said that they never used a condom with a non-regular partner; overall, it appears that roughly 47% of our sample may never have used condoms

‘According to the project’s Community Health Surveillance Assistants (CHSAs):

“All chiefs are against condoms because they feel it promotes extramarital and premarital sex. Many people in the Area Development Committee feel that condoms promote premarital sex. Even Churches and other stakeholders [think that too]. People in government and NGOs think that condoms should be promoted.” (FGD with CHSAs)

‘Support-group FGD responses concerning community acceptance and use of condoms varied. In response to the general question ‘how accepted are condoms in this village’, several FG responded that they felt that

condoms were ‘well accepted’ in their villages (eg Masasa drama/band FGD, Sosola VHC FGD and Chantulo choir/drama FGD).

‘Several focus groups, however, suggested that males were the main initiators and users of condoms (eg Mvumba drama/choir FGD, Mthunya VHC FGD). For example, most groups answered the question ‘Is it difficult for women to ask their husbands and boyfriends to use condoms?’ in the affirmative. ‘Very difficult’ said the Nsumbi/Masasa drama/band FG, ‘husbands and boyfriends become suspicious’. The Mvumba drama/choir FG responded with the comments: ‘Some women are shy to tell their husbands to use condoms’ and ‘Some women say they want a condom but men refuse’.

‘Some FGDs suggested that condoms were not universally accepted. One female respondent suggested that ‘Many boys do not use condoms, they say sex is not good with a condom’ (Mvumba drama/choir FGD). A male participant (supported by another group member) in the Mvumba VHC focus group said that ‘People accepted condoms with difficulties – cannot eat sweet in a paper’. One response recorded during the Chantulo community FGD was that ‘some people refuse use of condom’.

‘The Medical Assistant for Nankumba Health Centre conveyed some of the mixed attitudes towards condoms among the community, especially the community leaders: ‘Through the community demand we supply condoms from the government. Good number of community leaders prefer condoms but others think the condoms promote promiscuity.’

‘The Development Officer in Chantulo noted that there were ‘misconceptions about condoms’ and that ‘condoms [were] not accepted’. On the other hand, in response to the invitation to describe the activities being carried out by World Vision in the Nankumba HIV/AIDS Project, he said that ‘distribution of condoms were claimed and people are using them correctly’.

‘Some support-group FGD suggested that participants were less than enthusiastic about condoms. In response to the question ‘how accepted are condoms in this

village?', the Lisimba VHC/drama focus group said: 'Condoms give blisters', 'We don't use condoms' and 'Some condoms are broken'.

'Resistance to the idea and use of condoms was evident in some community FGDs. Moral and technical reservations about the condom were expressed in some community FGDs: 'Coming of condom has increased promiscuity', 'I put water in a condom for three days and there was some water in the basin', 'Some people refuse use of condom' (Chantulo community FGD), 'For we Catholics, they say that we should not use condoms [as] this encourages spread of AIDS' (Saidi Matolo community FGD).

'The Masasa VHC appeared to echo the project staff's message (and that of the Catholic Church in the area?) that condoms were not effective as a tool to prevent HIV infection and that abstinence was the best option (presumably for unmarried people). In response to the question of 'how accepted are condoms in this village', three of the five respondents added comments about the ineffectiveness of condoms to their answers about community acceptance of condoms. Here are two examples:

'Youths get through VHC chairman. [Youth] accepts use but are educated on effectiveness, [our education's] emphasis [is] on abstinence (F1, Masasa VHC FGD)'.  
'Condom for those who cannot abstain. Majority are using it for prevention of STDs. Condom is not very effective because of other reasons like it may slipoff' (M1, Masasa VHC FGD).

'One FGD (Mang'umbi VHC) mentioned 'condom distribution' as one of the things that they did not like doing, 'because we feel people might not use the condom correctly and also the condom doesn't protect completely (100%)'.

'It appeared that condom use between husband and wife for HIV/STD prevention was not fully endorsed by all support-groups and community (at least husbands). 'Just a few are using condoms in the families' said the Sosola VHC FG. Several respondents in the Sosola VHC FG said that condoms should be used only for family planning between spouses or with non-regular partners. One male said that condoms were not acceptable for family planning between spouses, but that the wife should use birth control pills. The Lisimba VHC/drama FG said 'It is difficult for a lady to tell the man (husband) about condoms'. The Chantulo choir/drama FGD notes indicate that 'The whole group said that in family, women cannot tell husband to put on a condom'.

'The official policy of UNAIDS appears to be to promote condom use between non-regular partners and the support-group attitudes quoted above are consistent with this policy.

'However, given that Malawi is one of the world's highest HIV-prevalence countries and given that many men in Malawi (and elsewhere) do not use condoms with non-regular partners, wives and girlfriends are at significant risk of HIV infection.

'We believe that projects attempting to reduce HIV/AIDS/STD infection should consider:

- ❖ promoting condom use and/or non-penetrative sex under the family planning banner which is the least conflictual 'vehicle' or justification for condom promotion between spouses
- ❖ exploring sustainable ways to broaden condom acceptance/usage and/or other forms of safe sex among married as well as unmarried people (especially in high HIV/STD prevalence areas)
- ❖ broadening condom distribution to village-level by starting a condom revolving fund managed by community-based committees (with seed funding from project)

'We suggest that the project consider assisting at least one VHC in each CHSA activity-area to establish a condom revolving fund by the end of this financial year. One possible advantage is that the VHC members could be instructed on safe storage of condoms. Obviously, the project should work at first with VHCs that are most supportive of condom promotion and use.

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- ❖ exploring sustainable ways to broaden condom acceptance/usage and/or other forms of safe sex among married as well as unmarried people (especially in high HIV/STD prevalence areas)
- ❖ broadening condom distribution to village-level by starting a condom revolving fund managed by the VHC in each village (with seed funding from project)
- ❖ assisting at least one VHC in each CHSA activity-area to establish a condom revolving fund by the end of this financial year.'

*Source: Nankumba Evaluation Report (2000), p. 89ff.*