

**FACTORS INFLUENCING UTILISATION OF FEMALE CONDOMS AMONG WOMEN AGED 20-45 YEARS ATTENDING KALADIMA HCIII AMURU DISTRICT. A CROSS-SECTIONAL STUDY.**

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Page | 1 **ABSTRACT**

**Background**

Women especially in the age group 20-45 years are at risk of getting STIS including HIV and unplanned pregnancy and this is attributed to the failure of women to use female condoms which could be protective, therefore, this study assesses the factors influencing the utilization of female condoms among women aged 20-45 years attending Kaladima HCIII Amuru district.

**Method**

The study was a descriptive cross-sectional that employed quantitative methods in which a questionnaire was used to collect data. Data was analyzed using Microsoft Excel 2016 presented in graphs, tables, and pie charts, and interpretations were derived using percentages.

**Results**

Findings revealed that all respondents (100%) alleged that the unavailability of female condoms contributed to lack of adequate use Majority (99%) knew about the female condom as a method of preventing pregnancy however, 83% did not use them because they were not supported by their partners. (77%) did not relate the lack of training to the availability of female condoms. However, most (73%) of the respondents said that the attitude of women towards the size of female condoms was negative because of its shape and difficult insertion which affected female condom use.

**Conclusion**

Factors influencing the utilization of female condoms among women attending Kaladima HCIII Amuru district were; the unavailability of female condoms that contributed to inadequate use, lack of support from their partners, and the negative attitude of women towards the size of female condoms due to their shape and difficulty insertion so affected female condom use.

**Recommendation**

Therefore, the study recommends that the Ministry of Health should devise strategies that promote the involvement of male spouses in female condom use.

**Keywords:** Female condoms, Family Planning, Contraception

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**Introduction and Background**

Conceiving and bearing a child is among the most significant aspects of human existence although the 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). While the male condom was developed around 1642 (Marfatia, Pandya, Mehta 2015) The Female Condom (FC) was approved in 1993 heralding a new era in the empowerment of women in negotiating for safer sex practices (Andrade et al 2015).

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. There exists limited but convincing evidence that the female condom is effective in increasing protected sex and decreasing Sexually Transmitted Infections (STI). The incidence among women female condoms protecting against pregnancy is 95 percent of the time when used correctly, and 79 percent of the time during common use, (Mags Beksinska et al., 2020).

Globally, 36.9 million people are living with HIV & AIDS yet female condom use is limited and data from the USA have suggested that with perfect use there is a 5 percent failure rate with the female condom and a 2 percent failure rate with the male condom. It was also revealed that among the 1.9 billion women of reproductive age living in the world in 2019, 1.1 billion need family planning, 842 million use modern methods of contraception and 80 million use traditional methods while 190 million women want to avoid pregnancy and do not use any contraceptive method and the

proportion of women who had their need for family planning satisfied by modern methods was 76 percent in 2019.

According to World Health Organization (WHO) projections, India's population increased to 1.32 billion and was expected to surpass China's within the next six years and reach 1.7 billion by 2050, due to the reluctance of men and females to use contraception and barrier methods, (WHO, 2016), moreover, the nonuse of family planning methods remains a major public health concern in the low-and-middle-income countries including Nigeria, especially due to its impact on unwanted pregnancy, high rate of abortion, and transmission of sexually transmitted diseases, [Bishwajit](#) and [Yaya](#), (2018).

Both male and female condoms were promoted in sub-Saharan Africa as part of the HIV, sexually transmitted infections (STI), and pregnancy prevention strategies of the joint United Nations program on HIV and AIDS, (Ndaimani 2016). In Cameroon and Nigeria, where contraceptive rates were lower than in Zimbabwe, men favored female condoms as a contraceptive device. Its acceptability as a method of protection from HIV infection is greater in highly AIDS-affected Zimbabwe than in the other two countries and Cameroon, some men did report regular use of female condoms (FC) in casual encounters, (Adeneye et al 2017).

In Uganda, several organizations such as UNFPA and UNMG have actively promoted female condom use, and the government suggested that effective programs can generate demand for female condom use.

## **General Objective**

To assess factors influencing the utilization of female condoms among women aged 20-45 years attending Kaladima HCIII Amuru district.

## **Specific Objectives**

- To assess the availability of female condoms at Kaladima HCIII Amuru district
- To assess the level of knowledge about a female condom among women aged 20-45 attending Kaladima HCIII Amuru district
- To determine the attitude of women aged 20-45 years towards female condom utilization at Kaladima HCIII Amuru district.

## **METHODOLOGY.Study**

### **Design and rationale**

This was a cross-sectional descriptive study involving women attending antenatal and the ART clinic of Kaladima HCI using a quantitative method of data collection. Quantitative data was acquired using a self-administered questionnaire to obtain information from the respondents on demographic characteristics, availability, mother's knowledge, and attitude of the FC. A qualitative method was used because 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 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 several mothers receive health care services in HIV clinics and this 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 the utilization of FC among women aged 20-45 years.

### Independent variables

The independent variables were commonly used availability, Knowledge, and attitude of women of 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 HCI Administration for permission to conduct this study. The researcher 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. Then data was entered into the computer and thereafter cleaned by comparing the raw data to the electronically entered data to check for data entry and errors.

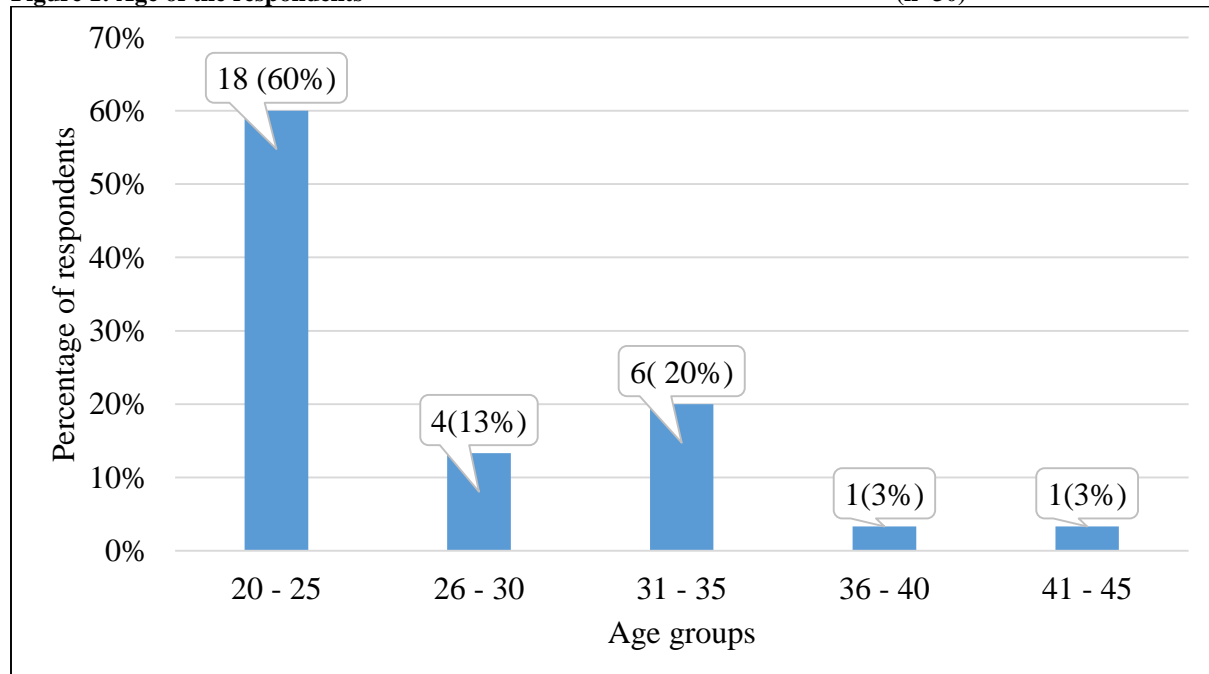
### Data analysis

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 make a conclusion for the stakeholders. Quantitative data was processed by coding and sorting it to ensure that it matched 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 was presented using tables, pie charts, and bar graphs.

### Ethical Considerations

The study was done following 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 assigned by Lubaga Hospital Training School who issued a letter introducing the researcher to Kaladima HCIII The same letter was taken to the relevant officials for purposes of granting permission to interact with the participants. After getting permission, the researcher obtained the required information by engaging only the respondents who were willing to take part in the study based on the four "basic" ethical principles of independence, justice, benevolence, 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.

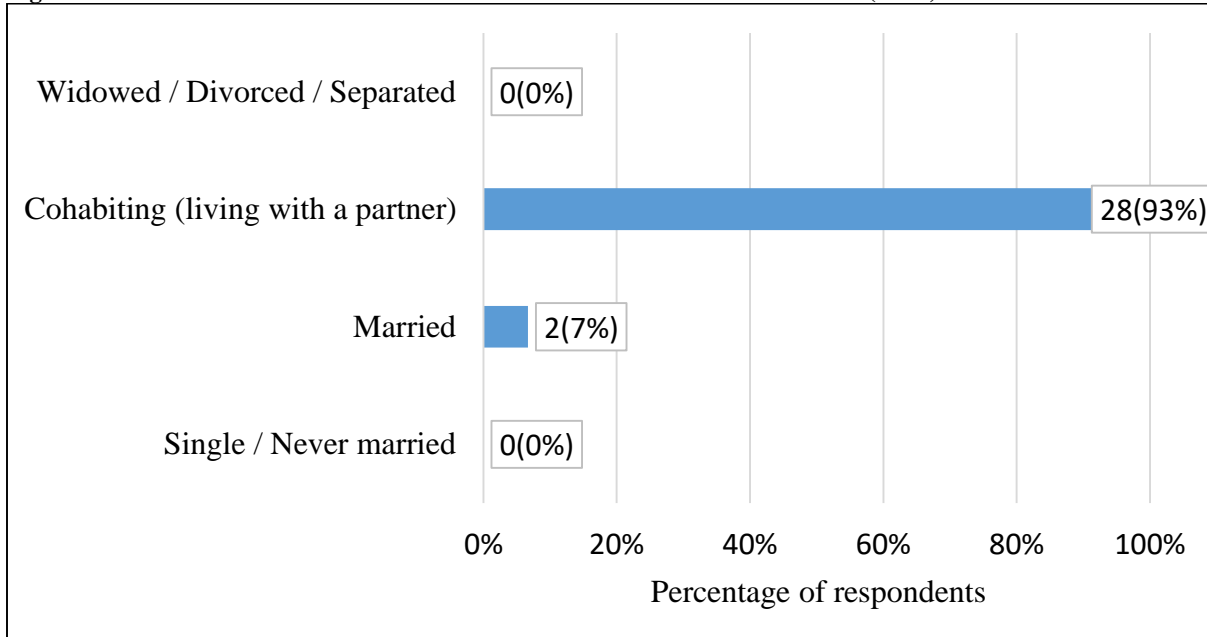
Figure 1: Age of the respondents



Source: Primary data (2023)

Figure 2: Marital status

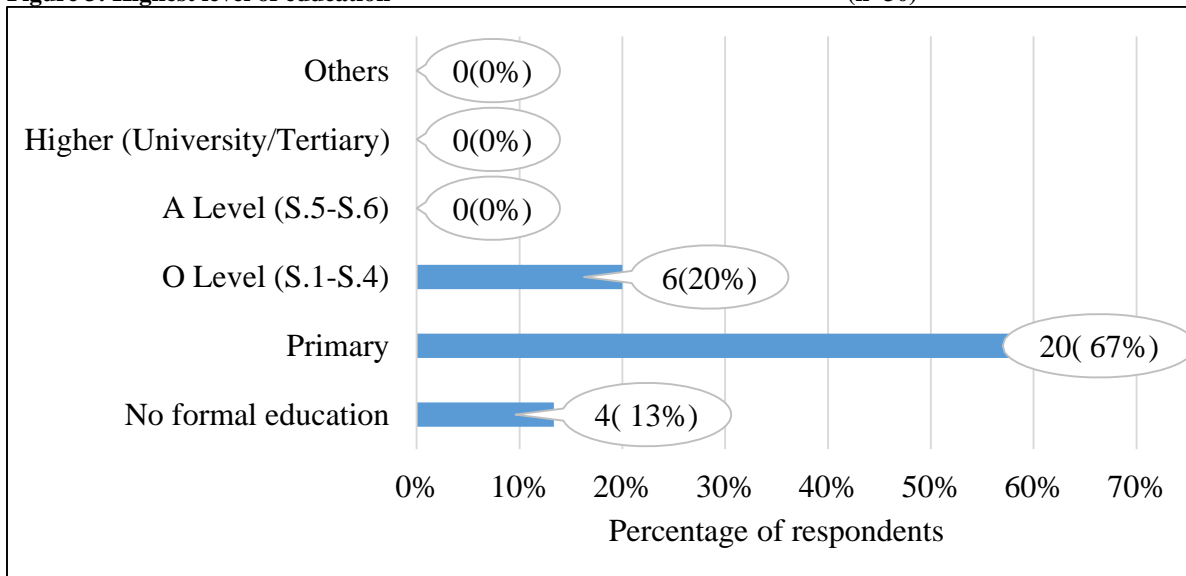
(n=30)



Source: Primary data (2023)

Figure 3: Highest level of education

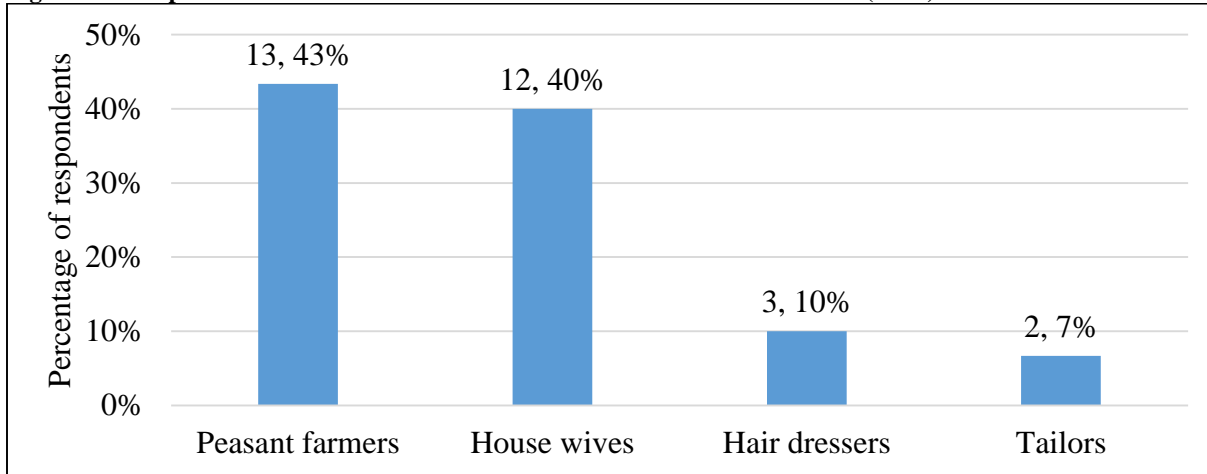
(n=30)



Source: Primary data (2023)

**Figure 4: Occupation**

(n=30)



Source: Primary data (2023)

## 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

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 majority of the respondents were still young.

### Marital status of the respondents

According to Figure 2, 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.

### Highest level of education attained by the respondents

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

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.

### Availability of a female condom

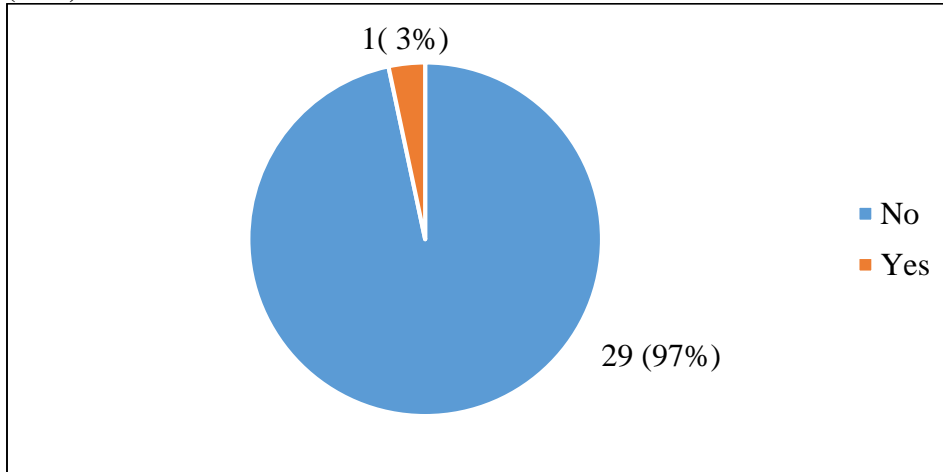
The study sought to access the availability of female condoms at Kaladima HCIII Amuru district.

### Whether unavailability of female condom contributes to lack of adequate use

Respondents were asked whether unavailability of female condom contributes to lack of adequate use. Findings are presented in figure 5 below.

All respondents 30(100%) alleged that the unavailability of female condoms contributes to 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.

**Figure 5: Whether the female condoms are always available for women whenever they opt for contraception (n=30)**



Source: Primary data (2023)

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

According to Figure 5, 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 the female condoms are not always available

said that whenever they request for 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 the respondents who did not normally find female condoms in the nearby pharmacies, shops, and at Kaladima HCIII.

**Table 1: 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, and at Kaladima HCIII	26	87
Respondents who normally find female condoms in the nearby pharmacies, shops, and at Kaladima HCIII	4	13
<b>Total</b>	<b>30</b>	<b>100</b>

According to Table 1, 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 lack of training, affordability and the reason for using fc affect availability of female condoms**

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

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

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

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

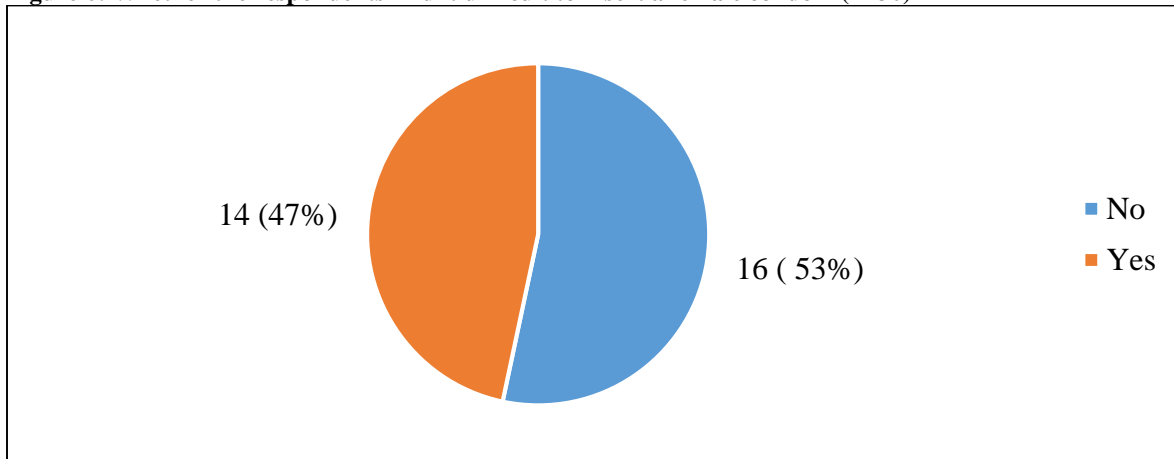
Regarding the main reasons for using the female condom, majority 19(63%) of the respondents mentioned that they do not want to get pregnant as the main reason for using female condom. Very few 2(7%) of the respondents said that their

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

### Knowledge of women about a female condom

The study sought to access the level of knowledge of women about female condom among women aged 20-45 years attending Kaladima HCIII Amuru district. Results are presented below.

**Figure 6: Whether the respondents find it difficult to insert a female condom (n=30)**

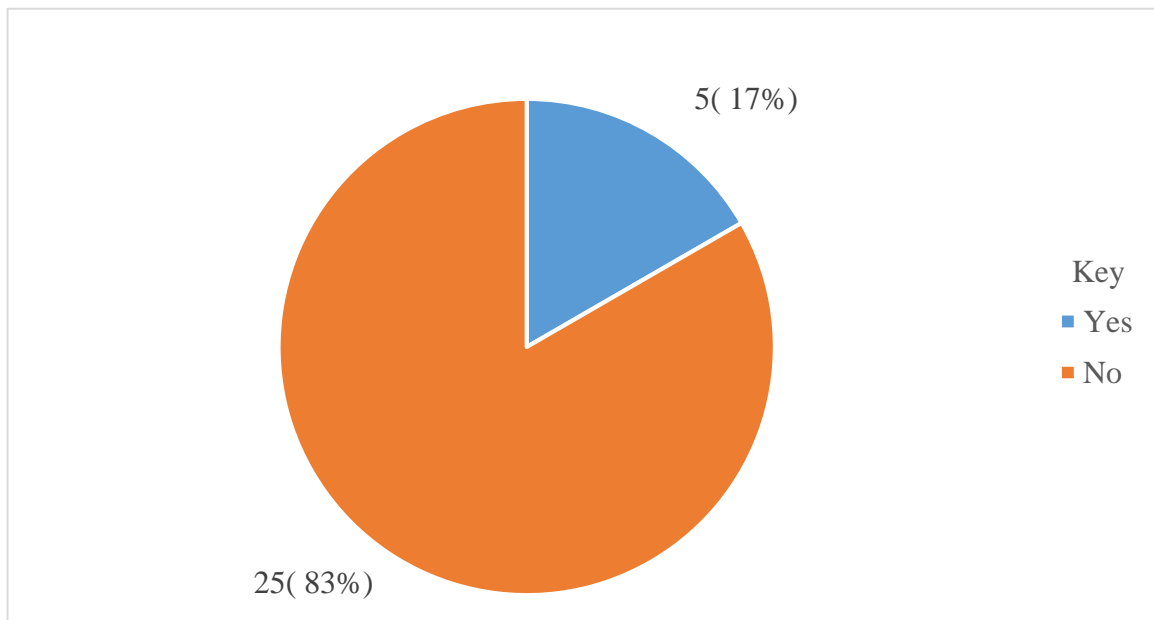


**Table 3: More about the knowledge of women in relation to a female condom (n=30)**

Variable	Response	Frequency	Percentage (%)
Whether the respondents had heard about female condom	No	2	7
	Yes	28	93
	<b>Total</b>	<b>30</b>	<b>100</b>
Whether the respondents thought that female condoms are useful in contraception	No	0	0
	Yes	30	100
	<b>Total</b>	<b>30</b>	<b>100</b>
How true is that female condoms prevent STIs and are recommendable to women	True	30	100
	False	0	0
	<b>Total</b>	<b>30</b>	<b>100</b>

Source: Primary data (2023)

**Figure 7: Whether the respondents were using the female condom (n=30)**



**Whether the respondents find it difficult to insert a female condom**

In Figure 6, majority 16(53%) of the respondents did not find it difficult to insert a female condom while a few 14(47%) found it difficult to insert a female condom.

**More about the knowledge of women in relation to a female condom**

According to Table 3, majority 28(93%) of the respondents had heard about female condoms while a few 2(7%) had not. Meanwhile, all 30(100%) the respondents thought that female condoms are useful in contraception. In addition, all 30(100%) the respondents felt that it is true that female condoms prevent STIs and are recommendable to women



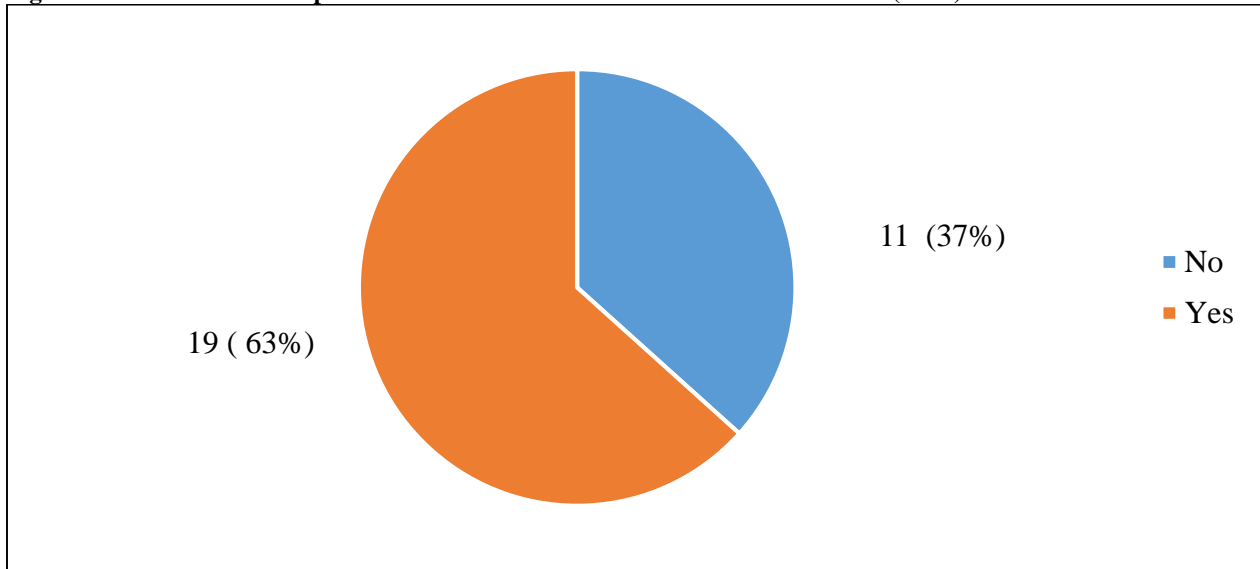
**Whether the respondents were using the female condom**

Figure 7 shows that almost all 25(83%) respondents were not using the FC for their contraception while very few 5(17%) were using the contraceptives.

**Attitude of women towards female condom utilization**

In this section the study wanted to determine the attitude of women aged 20-45 years towards female condom utilization at Kaladima HCIII Amuru district. Findings about the attitude of women towards female condom utilization are presented below.

**Figure 8: Whether men accept the use of female condoms (n=30)**



Source: Primary data (2023)

**Table 4: More about the attitude of women towards female condom utilization (n=30)**

Variable	Response	Frequency	Percentage (%)
Attitude of women towards the physical material of female condoms	Positive	26	87
	Negative	4	13
	<b>Total</b>	<b>30</b>	<b>100</b>
Attitude of women towards the size of female condoms	Positive	8	27
	Negative	22	73
	<b>Total</b>	<b>30</b>	<b>100</b>
Attitude of women towards the shape of female condoms	Positive	9	30
	Negative	21	70
	<b>Total</b>	<b>30</b>	<b>100</b>

Source: Primary data (2023)

### **Whether men accept the use of female condom**

Findings in figure 8 show that, majority 19(63%) of the respondents said that men accept the use of female condoms while a few 11(37%) of the respondents said that men do not accept the use of female condoms.

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### **Attitude of women towards female condom utilization**

Concerning Table 4, the majority 26(87%) of the respondents said that the attitude of women towards the physical material of female condoms is positive while a few 4(13%) said that it is negative. However, 22(73%) of the respondents said that the attitude of women towards the size of female condoms is negative while a few 8(27%) said that it is positive. In addition, the majority 21(70%) of the respondents said that the attitude of women towards the shape of female condoms is negative while a few 9(30%) said that it is positive.

## **DISCUSSION**

### **Demographic findings of respondents**

Conferring to the study, the mean age of the respondents was 24 years giving a picture that the majority of the respondents were still young so there could be an association with increasing use of a 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 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 of 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 a lack of adequate use. 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, the majority (97%) of the respondents felt that female condoms are not always available for women whenever they opt for contraception, this means that the unavailability of condoms limits 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 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.

### **Knowledge of women about the utilization of a female condom**

Regarding the knowledge of women about female condoms almost all (77%) respondents said that lack of training does not affect the availability of female condoms. This may not be true because if awareness is lacking and people are not trained on availability and insertion, female condom uptake will be low as Ananga (2017) of Ghana revealed in the study made. However, (23%) of the respondents agreed that lack of training affects the availability of female condoms. This number was small meaning that there was knowledge inadequacy among women about female condom utilization same way Bernard et al., (2017) in Lubumbashi University, concluded in their study that information on the existence of the female condom was lacking. This implies that FC educational and skills training can help facilitate use, improve attitudes toward the device, and help women successfully negotiate safer sex with partners.

Regarding the main reasons for using the female condom at Kaladima, the majority 19(63%) of the respondents mentioned that they did not want to get pregnant. Knowing the reason for using the FC does not mean that the women were using female condoms. This was evidenced by 25 (83%) of women who did not use the FC. This could be due to failure to have seen an FC before the same way Oke et al., (2021) asserted in their study, but also 14(47%) found it difficult to insert a female condom same way Sarah (2021) found out in her study so this shows low FC utilization.

### **The attitude of women towards the utilization of a female condom**

The study found that a few (37%) of the respondents said that their men do not accept the use of female condoms which meant that women were not using the FC which was in agreement with, (Petkova 2018) in their study findings. similar findings were reported regarding support of female condom use by the partners in seven different countries such as the Dominican Republic, El Salvador, China, Malaysia, Nicaragua, South Africa, and Uganda, where four key barriers to FC were identified, including partner acceptability by (Fasehun, et al 2022).

However, most (73%) of the respondents had a negative attitude towards the size and shape of the female condoms. This could be the reason they were finding difficulty in its insertion; these results are similar to the ones of Mokgetse (2018) in the study about FC utilization which highlighted low utilization of the female condom was due to the significant challenges the material, size, shape and timing of insertion.

## **Conclusion**

A majority of the participants in the study had adequate knowledge of the female condom as being a preventive strategy for pregnancy and STIs however, the utilization was very low since many women were challenged 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 benefits of the female condom use.

Also 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 for 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.

Civil society organizations whose thematic areas are reproductive health in collaboration with health professionals should adopt alternative outlets for the availability of female condoms like 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 to Nurse or Midwife**

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 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 that were attending family planning services at Kaladima HCIII. It is possible that the results could have been different if other health facilities were to be involved. It's therefore recommended that future studies consider other health facilities for better generalization.

## **ACKNOWLEDGEMENT**

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## **LIST OF ACRONYMS/ABBREVIATION**

**AIDS:** Acquired Immune Deficiency Syndrome

**FP:** Family Planning

**IUD:** Intra Uterine device

**SSA:** Sub-Saharan Africa

**STI:** Sexually Transmitted Infections

**UBOS:** Uganda Bureau of Statistics

**UNAIDS:** The Joint United Nations Programme on HIV/AIDS

**UNFPA:** United Nations Population Fund

WHO: World Health Organization

### SOURCE OF FUNDING

There was no source of funding

Page | 12 **CONFLICT OF INTEREST**

There was no conflict of interest

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