

Perceptions of Undergraduate Female College Students towards the Female Condom: Lessons from Zimbabwe

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ABSTRACT

The aim of the study was to analyse the perceptions of female college students towards the female condom in Zimbabwe. The study was guided by the interaction perceptive. Data was collected using questionnaires. Data was analysed using descriptive statistics. The population of the study were all female students at a university under study. Questionnaires were used to collect data from female students. The study revealed that most of the undergraduate students had high knowledge of female condoms. It also indicated that most students were not sure about the availability of female condoms if they needed them. The study also showed that the majority of undergraduate female students had not used female condoms. It has also shown the respondents regarded female condoms to be important for HIV and pregnancy prevention. Most of the respondents revealed that many discuss with friends on the use of female condoms but would not discuss with relatives. They also pointed that they would encourage their friends to use female condoms if they were sexually active. The majority of respondents believed that there was nothing morally wrong in using female condoms. The study also revealed that undergraduate students felt that abstinence was better than the use of female condoms, while the use of female condoms gave them more control on sexual activity than the use of male condoms. Collectively the results seem to indicate that undergraduate female students have both positive and negative perceptions on the use of female condoms. It is recommended that universities should make the availability of female condoms less arduous so that sexually active female students have access without hassles.

Keywords: female condom, undergraduate female students, Zimbabwe.

INTRODUCTION

Statistics in most parts of the world have shown that women account for nearly half the people living with HIV and AIDS (UNAIDS 2023). At the same time, studies have shown that condoms are a highly effective means of preventing human immunodeficiency virus (HIV) transmission and their use is increasing in many parts of the world. However one challenge as noted by Motsi et al (2012) is the unpopularity of the female condom especially in Africa compared to the male condom. Zimbabwe was the first country in Africa to advocate and successfully bring female condom supplies to the people. The female condom was introduced in Zimbabwe in 1997 but one major challenge is that it has remained unpopular despite government and civil society efforts to promote it. Despite availability for a decade and documented acceptability among some groups of women, female condom use is still rare (Peters et al 2010). Awareness of the female

condom is generally low especially among rural people in developing countries and in Zimbabwe in particular (Motsi, et al 2012). This unfamiliarity has been perpetuated by traditional practices and cultural barriers that promote the subjugation of women in most developing countries. More importantly, economic, social, and cultural disempowerment means that the current HIV prevention strategies of abstinence, monogamy, condom use, fewer partners, and treatment of sexually transmitted infections (STIs) are not feasible for many women, since they often lack the ability to negotiate safe sex. The female condom is the only female-controlled safe-sex method available. While this method is effective and relatively well-accepted by women, its usefulness is limited by cost, men's negative attitudes, its contraceptive properties, and practical aspects of its use. Studies in most parts of the world have shown that knowledge about the female condom among university students is very low. Studies among the general populace of women in Zimbabwe have also shown that the use of the female condom is low. This study seeks to explore the perceptions of undergraduate female students about the female condoms.

Women are biologically more vulnerable to HIV transmission from an infected partner than men are. The female condom is a lubricated polyurethane sheath with a flexible ring on each end. One ring covers the cervix like a diaphragm; the other remains outside, partly covering the labia.

Theoretical framework

The study is guided by the interaction perspective. The interaction perspective is a micro-perspective in the discipline of sociology. The interactionist focuses on how individual actors interpret given situations (Lundy and Warner, 1990). For example when studying the issue of using female condoms to prevent HIV infection, the focus is how an individual interprets and behaves on what has been presented. Important concepts derived from the interaction perspective which were used in the study include Mead's idea of the self, Cooley's idea of the looking-glass self, Becker's labelling theory and Blumer's idea of meanings.

The idea of the self as developed by Mead believes that an individual is developed by taking the role of others (Blackledge and Hunt, 2019). The character of an individual is assisted to develop by significant others who include parents, siblings, peers, teachers or some members in the community. Through a process of interaction with others the individual develops own character and perceptions about life situations. In this study it means the individual's views about female condoms is shaped by what one learns through interactions.

Cooley's idea of the looking-glass self is also important in the study. Cooley perceived the self as the social product that is found in the process of interaction within primary groups (Lundy and Warne 1990). The development of the self, according to Cooley, is a result of an individual's perception of oneself as determined by the way the person imagines to appear to others. For example if an individual imagines that others may have a negative view of her or him on the use of female condoms, the person is likely to avoid it in order to avoid condemnation. Or alternatively if an individual imagines that others may have a positive view on female condom one is likely to follow it and implement.

Becker's theory of labelling is also crucial in this study. Charon (2008) says social interaction involves labelling others. How an individual is labelled involves describing and evaluating what kind of a person one is. Thus Charon (2008) argues that people are labelled on the basis of how they act, say, dress or what is heard about them. A label is therefore not neutral as it is based on an individual's attitude. Labelling is relevant in this study of female condoms as it is linked to the issue of HIV and AIDS. The use of female condoms may carry labels such as being promiscuous.

The ideas of Blumer on interactionism point that it has three basic premises. First human beings act on the basis of meanings. Secondly the meanings arise from the process of interaction which results in meanings being created, modified, developed and changed. Finally meanings are the result of interpretive procedures

employed by actors within interaction contexts. This indicates that meanings are not static but are continually being changed in order to suit a prevailing situation. For example in this study about female condoms, the meaning given to their use when they were introduced and later after awareness programmes.

LITERATURE REVIEW

Ting RS, Wong EL, Tnay JK. (2018) examined the acceptability and functionality of the innovative female condom in Malaysia. The study revealed that partner acceptability was important for future usage of the innovative female condom. The study further reviewed that first generation female condom were safe and effective method of preventing sexually transmitted infections and pregnancies. In another study by Haignere, Gold, and Maskovsky (2000) it was found that 95 % of their respondents had heard of the female condom, half 'good' and 24% 'bad' things about it, but only 15% had ever used one. The same respondents cited unavailability and feeling uncomfortable inserting them as some reasons for not using female condoms. Hirky, Kirshenbaum and Melendez (2003) carried a study among 89 positive individuals to assess their attitudes toward the female condom, they found that most of them 78(87.6%) had seen or heard of the female condom while only 19(21%) had used it at least once. Reactions from both women and men across user groups, regardless of favorable or unfavorable attitude or experience with the female condom, centered on a similar set of factors: aesthetics, difficulties with the female condom, male partner reaction, beliefs about efficacy, and lack of training.

Jivasak-Apimas, Saba and Chandeyng (2001) evaluated the acceptability of the female condom among sex workers in Thailand. The overall satisfaction rate with the female condom was 68%, although, among users, 31% had difficulties in device insertion, 37% had pain from the inner ring, and 22% reported itching sensations. Difficulties at insertion, discomfort during use, and clients' attitude were cited as potential obstacles to the use of the female condom in the future. Kalichman, Rompa and Cage (2000) measured the attitudes of 90 HIV positive women towards the female condom. They found that 69(77%) had been exposed to female condoms, however only 27(30%) reported lifetime use, 14(16%) reported recent use, and only 5(6%) of the sample used female condoms as much or more than they used male condoms. Okunlola, Morhason-Bello and Owonikoko (2006) carried out a study to assess the awareness of the female condom among 850 undergraduate students at University of Ibadan in Nigeria. Over 680(80%) had knowledge of the female condom as a form of modern contraception and the majority of them learn about it through the mass media 339(39.9%) and health workers 292(34.4%). However, only 96(11.3%) had ever used the female condom, with most of these using it to prevent both unwanted pregnancy and sexually transmitted infections including HIV. The sexual partners' approval was appreciable, accounting for about 42.7% among those that had experience of the female condom usage. Moore et al (2015) studied knowledge, attitudes, practices and behaviours associated with female condoms in developing countries. They noted that the female condom is effective in protecting women in two ways, sexually transmitted diseases and pregnancy which empowered women but supply and the uptake was low. They also found out that male partners refusal was one of the common factor preventing the use of the female condom. Many of the mechanical obstacles to use of female condoms can be overcome by practice and support from health workers. Telles, Souto, Page-Shafer (2006) carried out an evaluative study on factors associated with long-term use of female condoms for STI/HIV prevention in Brazil. Four primary themes were identified as influencing acceptability and adoption of the female condom: (1) personal "assistance" (counseling) during the early adoption phase; (2) safety; (3) pleasure; and (4) increased sense of power for safer sex negotiation. Alternate use of male and female condoms was the norm among participants, but for approximately one third of the sample, the female condom was the preferred option for safer sex.

Despite availability for a decade and documented acceptability among some groups of women for the method, female condom use is still rare. Francis-Chizaroro and Natshalaga (2003) findings show that very few women had used the female condom prior to their survey in Zimbabwe. Most women (93%) liked the

condom especially young women aged 20-39 years (83%), compared to older women aged 40 years and above (11%). In the same study, both men and women pointed out that it will be difficult to introduce the female condom in married situations due to the stigma associated with condoms in general. Over 80% of women said they will have to seek permission from their partners to use the female condom.

According to Meekers and Richter (2005) evidence is lacking about factors associated with trying the female condom and using it consistently. Consistent use with regular non-marital partners was associated with numerous variables, including perceived ease of use, effectiveness for STI prevention, low HIV risk perception, and use for pregnancy and STI prevention. According to Napierala et al (2008) the female condom may not be the preferred method for the majority of women but with access, proper education, and promotion they may be a valuable option for some Zimbabwean women.

Phiri et al (2015) found out that availability of female condom remained a challenge because of factors which include affordability, procurement problems and distribution issues. Many of the mechanical obstacles to the use of female condoms can be overcome by sympathetic and knowledgeable support from health workers but the study showed that sometimes health workers lacked the necessary skills. The role of women's support groups in orienting the attitudes of health workers and encouraging social approval for behaviour change is also essential.

METHODOLOGY

The aim of the study was to explore the perceptions of undergraduate female college students about the female condom. This was a case study of a University in Zimbabwe. The population of the study were all undergraduate female students at the University. At the time of the study the female population on campus were six hundred. A sample of 20% was deemed to be sufficient for the study which was calculated to be 120 of the total population. The sample was chosen using convenience sampling until a sample of 120 was reached. The convenience sampling involved the researcher requesting undergraduate female students who were willing to take part in the study to fill a questionnaire. One hundred and twenty (120) questionnaires were self-administered to female students in various faculties. Out of the 120 questionnaires distributed all were returned but 102 (85%) of them were usable. The eighteen questionnaires which were not used were not completely filled so were not usable. The questionnaire was divided into sections: bio-data, knowledge about the female, availability of the female condom, use of the female condom and perceptions about the female condoms. Data was presented on tables and analysed using descriptive statistics of frequency and percentages.

RESULTS AND DISCUSSION

Background of respondents

Most of the respondents 98(96%) were aged between 18 and 25. Only 4(4%) were aged over 25 years. This is an indication that female students at the university were still in the youth category and likely to be active sexually.

The majority of respondents 93(91%) were single, with only 7 (9%) respondents married. This is typical of university students who are not married.

Knowledge about the female condom

The questions on Table 1 were asked to find out if respondents knew about female condoms and what methods they have used to learn about the female condoms. Students were asked to answer either yes or no

to questions as given on Table 1 below.

Table 1: Knowledge about the female condom (No. 102)

Question	Yes		No	
	No.	%	No.	%
Do you know the female condom?	71	70	31	30
Have you heard about female condoms?	99	97	3	3
Have you seen the female condom?	64	63	38	37
Have you read about how female condoms are used?	48	47	54	53
Have you attended a workshop on the use of female condoms?	19	19	83	83
HIV and AIDS lectures at university have helped to know more about female condoms.	63	62	39	38
Mean	59.5%		40.5%	

On the first three questions if they knew about the female condom, respondents showed that they knew but the numbers varied. Those who said they knew the female condom were 69(71%) respondents. Nearly all respondents 99 (97%) agreed that they have heard about female condom. Those who indicated that they had seen the condom were 64 (63%).

The other three questions were on how female students learn about the female condom. Less than half of the respondents 48 (47%) said they have read about the female condom. Very few respondents 19 (19%) showed that they had attended workshops on the use of the female condoms. The majority of respondents 63 (62%) agreed that lectures at university had assisted them to know more about the female condom.

The results on knowledge about the female condom seem to suggest that most undergraduate female students have good knowledge by either seeing it or hearing about it. It is worth noting that less than half of them have read about the condom with very few attending any workshop on female condoms. Lectures at university have assisted many to improve their knowledge about the female condom. The results obtained in this study are similar to other studies. For example, Latka et al (2008) found out that most urban adolescents in United States had heard of the female condom. Another study among university students in the Democratic Republic of Congo indicated that the majority of students were aware of the female condom (Bernard et al, 2017).

Of concern about findings in this study is that the respondents seem not be making efforts to learn about female condom. This is shown by less than half of the respondents reading about the female condom and far much less making efforts to attend workshops about female condoms. Such a scenario may be explained by the idea of labelling. The respondents may not like to be associated with female condoms whose use is associated with being sexually active before marriage or being promiscuous. Undergraduate female students may fear to be labeled promiscuous if they are seen attending workshops or meetings on the use of the female condom. It may be given the meaning that such a student is sexually active, a habit that is regarded as a bad for a person not married.

Availability of the female condom

Respondents were asked questions to find out on the availability and cost of the female condom. Results were as shown on Table 2

Table 2: Availability of the female condom (No. 102)

Statement	True		False		Not Sure	
	No.	%	No.	%	No.	%
I know where to get female condoms when I need them.	49	48	22	22	31	30
Female condoms are easily available on campus.	37	36	18	18	47	46
I can easily get condoms if I need them.	37	36	22	22	43	42
Female condoms are cheaper than male condoms.	0	0	29	28	73	72
Female condoms cost the same as male condoms.	4	4.0	24	23	74	73
Female condoms are affordable.	36	35	10	10	56	55
Mean	27%		21%		53%	

Slightly less than half 49 (48%) of the respondents said that they knew where to get female condoms when they need them. On availability of female condoms on campus only 37 (36%) agreed they were available. Same number 37(36%) said they could easily get condoms if they need them.

Most of the respondents 73 (72%) were not sure if the female condoms were cheaper than the male condom. Almost the same number 74 (73%) said they were not sure if male and female condoms cost the same. On whether the female condom was affordable more than half of the respondents 56 (55) were not sure.

The results above seem to indicate that most students do not know where the female condoms were available. In addition most of them have no idea about the cost of female condoms which might be an indication that they have not looked for them. A similar study by Sunday et al (2012) indicates that condoms were not easily accessible in Kenya, Tanzania and Zambia. For girls knowledge about availability of condoms may be viewed as a sign of promiscuity (Jellema et al 2013). So the results may be suggesting that undergraduate students have not made an effort to find out about the availability of female condom in order to avoid being viewed negatively in society. This means the use of female is still viewed with negative labels so undergraduate students fear to be associated with the female condom so most have avoided finding their availability.

Using the female condoms

Respondents were given statements on whether they used condoms and whether they knew any friends who had used condoms. Table 3 shows the numbers and percentages of their responses.

Table 3: Using the female condom (No. 102)

Statement	True		False		Not sure	
	No.	%	No.	%	No.	%
I have used female condoms	6	6	94	92	2	2
I have never used female condoms	80	78	20	20	2	2
Some of my friends have used female condoms.	28	27	17	17	57	56
I have attempted to use female condoms but failed.	5	5	94	92	3	3
I have used male condoms.	8	8	90	88	4	4
Mean						

Most of the respondents 94 (92%) indicated that it was false that they had used female condoms. Similarly the majority of them 80 (78%) said they had never used female condoms. Over half of the respondents 57 (56%) were not sure if their friends had used female condoms. Most of the respondents 94 (92%) noted that

it was false that they had attempted to use female condoms but failed. Ninety (88% said it was false that they had used male condoms.

The descriptive statistics above seem to indicate most of the undergraduate female students have not used female condoms. This might be an indication that most of them were not sexually active or it might be morally wrong for them to show that they had used female condoms as most were still single. The results obtained in this study also relate to a study by Latka et al (2008) which showed that few participants had used the few condom. Mbarushimana and Ntanganira (2013) also showed that few undergraduate students at a university had tried to use female condom. Similarly a study in Zimbabwe by Chipfuwa et al (2014) revealed that most respondents have not used the female condom.

The results indicate that undergraduate generally have negative views about the use of female condoms. The use of female condoms is associated with negative labels so even if some of them have used female condoms they may not say so because of fear of being labelled.

Perceptions of female students towards the female condom

Table 4: Students' Perceptions about the female condom

Statement	A		SA		N/S		DA		SDA	
	No	%	No	%	No	%	No	%	No	%
1. Female condom are important for HIV and AIDS prevention	46	45	40	39	12	12	2	2	2	2
2. Female condoms are important for pregnancy prevention.	48	47	37	36	13	13	1	1	3	3
3. I have discussed the use of condoms with my boyfriend/husband	15	15	8	8	13	13	37	36	29	28
4. My boyfriend/husband is against use of female condoms.	3	3	4	4	51	50	20	20	24	23
5. I am shy to discuss the use of female condoms.	14	14	7	7	11	11	37	36	33	32
6. It is morally wrong to use female condoms.	8	8	4	4	11	11	33	32	46	45
7. My church is against use of condoms.	5	5	10	10	14	14	33	32	40	40
8. Family member discuss the use of female condoms.	20	20	9	9	22	21	31	30	20	20
9. I have discussed the use of female condoms with my mother.	15	15	5	5	5	5	43	42	34	33
10. Use of female condoms is associated with promiscuity	14	14	7	7	20	20	31	30	30	29
11. Use of female condoms encourages promiscuous behaviour.	22	21	13	13	18	18	20	20	29	28
12. I have discussed use of female condoms with my friends.	31	30	30	29	5	5	24	23	12	12
13. I would encourage my friend to use female condom if she is sexually active.	47	46	32	31	8	8	6	6	9	9
14 My best friend supports the use of female condoms.	29	28	31	30	24	23	10	10	8	8
15. Abstinence is better than using female condoms.	27	26	53	52	13	13	2	2	7	7
16. I trust my boyfriend/husband so it is unnecessary to use female condoms.	6	6	10	10	18	18	20	20	48	47

17. It is better for my boyfriend to use male condoms than me using female condoms.	18	18	7	7	33	32	19	19	25	24
18. Use of female condoms is associated with prostitution.	14	14	7	7	21	21	29	28	31	30
19. A female condom empowers me to act independently.	13	13	16	16	38	37	15	15	20	20

Key:

A- Agree.

SA- Strongly Agree.

NS- Not sure

DA- Disagree

SDA – Strongly Disagree.

For analysis agree and strongly disagree will be added together to refer to agree. The same for disagree and strongly disagree.

The perceptions were divided into sub-themes: importance of the female condom (1, 2 &19); discussion on female condoms (3, 5, 8, 9, and 12); encouraging use of condoms (13 &14); use of condoms as immoral (6, 7, 10, 11, 18); comparison with other contraceptive methods (15 & 17); trust and the use of female condoms (16 and 4).

Importance of the female condom

Respondents were given statements which indicate the importance they attach to the use of the female condom. Most of the respondents 86 (84%) agreed that the female condom was important for HIV and AIDS prevention. Similarly the majority of them 85(83%) agreed that the female condom was important for pregnancy prevention. But only 29(29%) believed that the female condom empowers females to act independently to prevent infection.

The results above seem to suggest that respondents regard female condom to be important for both HIV and AIDS and pregnancy prevention. But few respondents believe that the female condoms gives women power to be independent in terms of using condoms. The results are similar to what was found by Weeks et al (2010) who asserts that the female condom was effective and acceptable with people in United States of America but it remains unpopular and underutilized in most communities. This is because women seem not to have power to use the female condom independent of men. Women are aware of the importance of the female condom but using it is limited as they lack power to use it without the consent of men in sexual relations. The use of the female condom cannot be done independently. It requires females’ interactions with their male counterparts. So their perceptions of the female condom is based on the ideals of a patriarchal society.

DISCUSSION OF THE FEMALE CONDOM WITH OTHERS

Respondents were presented with statements to find out if they discussed the use of female condoms with others. Only 23(23%) respondents agreed that they discussed the use of condoms with their boyfriends or husbands. Almost a similar number 21(21%) agreed that they were shy to discuss the use of female condoms with others. Also few respondents 29(29%) said they discussed the use of female condom within the family. In addition only 20(20%) respondents discussed the use of the female condom with their mothers. Most of the respondents 61(59%) discussed the use of female condoms with friends.

The results on whether respondents discussed the use of condoms with others show that few of them do that with boyfriends/husbands, family members or mothers. But many respondents agreed that they discussed the

female condom with their friends. This is an indication that communicating about the female condom is mainly by peers/friends while with relatives it is low. But Small et al (2010) believe that communicating with partners influences how they protect themselves using condoms. In addition Perrino et al (2010) point out that parent-adolescent communication is important in how the sexual behaviour of the youths develops.

The results on who undergraduate female students discuss with the issue of female condoms seem to suggest that there is low discussion which takes place with relatives. The idea of female condoms is associated with sexual activities, a topic avoided between relatives. In line with the idea of meanings in our Zimbabwean societies the topic which relates to sex is regarded as something which cannot be discussed openly with relatives. By extension the subject of female condoms implies sex so it is almost a taboo among close relatives except when the relative is designated such a role like the aunts, uncles or grandfathers or grandmothers.

Encouragement to use condoms

Respondents were asked if they encouraged others to use female condoms. Most of the respondents 79 (77%) agreed that they would encourage their friends to use female condoms if they were sexually active. Over half of the respondents 60(58%) agreed that their friends support the use of female condoms.

The results above seem to suggest that most respondents would encourage their friends to use condoms if they were sexually active. The results differ with findings by Bernard et al (2017) whose results revealed that only 33% of women in their study would encourage others to use the female condom. The difference is probably because in this study it is specific to friends while the study by Bernard et al has generalized the group as others. It is common knowledge that discussion between peers include topics avoided by relatives such as issues of sex.

The morality of using female condoms

Respondents were given statements which indicate the morality of using condoms. Most of the respondents 79 (77%) disagreed that it was morally wrong to use condoms. Only 21(21%) agreed that the use of female condoms is associated with promiscuous behaviour. Few respondents 15(15%) believed that their church was against the use of the female condoms. A minority of respondents 35(35%) agreed that the use of female condoms encourages promiscuous behaviour. Only 21(21%) respondents agreed that the use of the female condom is associated with prostitution.

The results on whether it was morally wrong to use female, most of the respondents seem to believe that there was nothing wrong in using female condoms. For example few respondents believed that the use of female is associated with promiscuous behaviour or prostitution. Similarly only a few believed that the church was against the use of female condoms. The results were contrary to findings by Maharaj et al (2012) which showed that there is resistance in Africa to condom use within marriage. Perhaps this is because in this present study it's about what the female respondents' beliefs while the study by Maharaj et al is about the actual use of female condom.

Comparison with other methods of contraceptives

Respondents were given statements which compared the female condom with other methods of contraceptives. The majority of respondents 80 (78%) agreed that abstinence was better than using female condoms. Only 25(25%) agreed that it was better to use the male condom than the female condom. Put in other way the last statement means 75 % of the respondents believed that female condom was better than the male condom.

Comparing the use of female condoms and other methods of preventing HIV and AIDS, most respondents believed that abstinence was better than using female condoms. Few respondents believed that the male condom was better than female condom. It is important to note that the respondents, who were all females, regard the female condom as being better than the male condom. This is in line with what was said by other authors (Mathenjwa and Maharaj 2012) who asserted that the use of the female condom gives women more control when they engaged in sexual activity and reproductive health. The problem is whether women have the power to use the female without the consent of their partners.

Trust and the use of female condoms

Half of the respondents 51(50%) were not sure if their boyfriends or husbands were against the use of condoms. Nearly half the respondents 48 (47%) disagreed that they trusted their husbands or boyfriends so it was not necessary to use female condoms.

The results on whether there was trust between spouses on the use of female condoms, indicated that nearly half of them disagreed. Slightly over half were not sure if their partners were against the use of female condoms. This is an indication that trust is rather difficult among spouses on the use of female condoms. Trust is an essential component of love (Strong et al 2008). The use of female condoms should also be based on love and trust, but if this is low among spouses or partners, then it is problematic.

CONCLUSION

The results seem to suggest that undergraduate female students have positive and negative perceptions about the female condoms. In summary the perceptions were as follows: for knowledge the perceptions were mainly positive; on availability perceptions were mainly negative; on the use of female condoms perceptions were largely negative as this was shrouded in secrecy; on the importance of female condom perceptions were generally positive; in discussion with others about female condom was both positive and negative depending on who the discussant were; on encouragement the perceptions were mainly positive; on the morality of using the female condom the perceptions mainly positive; on comparison with other methods the perceptions were largely negative; and on trust the perceptions were full of uncertainty. The female condom was primarily introduced in order to empower women in sexual encounters but it appears this has to a large extent not happened as some women still consult their male counterparts on whether to use it or not. This impacts negatively on achieving Sustainable Development Goal Number 5 which aims to have gender equality in different aspects of life such as preventing sexually transmitted diseases or pregnancy. However it was pleasing to note that there are positive perceptions among undergraduate female students about the female condom which can be tapped on to continue improving so that more people can ultimately accept female condom as an alternative to other methods. Awareness campaigns are still necessary about the female condom so that more undergraduate female students have more positive perceptions on its use. Future research can centre of the fears of undergraduates female students on the use of the female condom.

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