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FACTORS AFFECTING UTILIZATION OF FEMALE CONDOMS AMONG WOMEN AGED 15-49 ATTENDING THE FAMILY PLANNING UNIT AT SOROTI REGIONAL REFERRAL HOSPITAL. A CROSS-SECTIONAL STUDY.

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Abstract.

Background.

Soroti Regional Referral Hospital HMIS records reported a steady decrease in the utilization of female condoms, from 1.0% to 0.7% and 0.1% in 2021, 2022, and 2023, respectively. The study aimed to assess factors affecting the utilization of female condoms among women aged 15-49 attending the FP unit at SRRH.

Methodology.

A descriptive cross-sectional study design was used, employing only quantitative data collection and analysis techniques. A simple random sampling method determined the sample size of 32, and data was collected using a semi-structured questionnaire.

Results.

The majority, 15/32(46.9%) of the respondents were aged 20-24 years, 29/32(90.6%) were married, 18/32(56.23%) respondents were urban residents, and 16/32(50.0%) attended secondary level of education. On socioeconomic factors, 76.9% of respondents received information from health workers, 15/32(46.9%) reported social stigma, and 23/32(71.9%) reported partner support. On individual factors, the majority 13/32(40.6%) of the women preferred other methods of FP, 15(46.9%) revealed difficulty in the insertion of FCs, and 16/32(50.0%) believed female condoms might remain inside the vagina. On health facility factors, 17/32(53.1%) respondents reported inability to open up to HCWs, 21/32(65.6%) revealed that female condoms protect against unintended pregnancy, and a few 7/32(21.9%) reported inadequate information about FCs.

Conclusion.

Increasing the supply and counseling of both men and women might increase utilization of FCs and therefore continuous health education of women, training of more health care providers on female condom insertion.

Recommendations.

The Ministry of Health should develop and implement policies promoting reproductive health, such as emphasizing radio talks and television shows to sensitize community members on where and when to seek reproductive health services like female condoms.

Keywords: *Female condom Utilization, Women age 15-49, Family Planning Unit, Soroti Regional Referral Hospital.*
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Background.

The study deals with factors affecting the utilization of female condoms among women of reproductive age (15-49) attending the family planning unit at SRRH. This chapter comprises the following sections: background information, problem statement, purpose of the study, research questions, and study justification. Family planning refers to the use of various methods of fertility control that will help individual men and women or couples to have the number of children they want and when they want them to ensure the well-being of the children and the parents (Oumer et al., 2020). Condoms are an inexpensive and effective method for preventing STI/HIV infection (McCool-Myers et al., 2019). Female condoms are a barrier method of contraception. The FC1 female condom is made from soft, thin plastic called polyurethane and has been replaced by the FC2 female condom, which is made of synthetic latex. The female condom is worn inside the vagina and acts as a barrier to prevent semen from getting into the womb (Mokgetse et al., 2018). The female condom is a barrier contraceptive device

that is underutilized despite its effectiveness at preventing both unintended pregnancy and sexually transmitted infections (STIs). Prior research has highlighted that the underuse of the female condom as a contraceptive option is owing in large part to social stigma and lacking or incorrect information about the product (Maksut et al., 2015). The female condom is a barrier method for the prevention of sexually transmissible infections and unintended pregnancy (Botfield et al., 2022).

Globally, female condom only accounts for 1.6% of total condom distribution worldwide (Fasehun et al., 2022). WHO)/United Nations Population Fund (UNFPA) recommends bulk procurement of female condoms for use in social marketing, public sector program for family planning, and the prevention of sexually transmitted infections (World Health Organization, UNFPA, 2024) In German one of the developed countries, female condom use by women was 44%, and 66% by men (Hintzpeter et al., 2022). In Africa, particularly South Africa, knowledge of the FC among sexually active females over the age of 15 years was relatively high at 77.75 %, and use was low at 7.16 % (Guerra et al., 2014).

In Uganda, a study conducted among university students stated that 37.4% of males and 49.2% of females disclosed irregular use of condoms with a new sex partner (Mehra et al., 2014). The government of Uganda recommends that the MoH should ensure that youths are equipped with adequate knowledge about female condom use and, in so doing, help change the attitude of youths from being negative to positive regarding female condom use. There has been a decrease in the use of female condoms among women of reproductive age at SRRH. Out of an average of 960 women who attend family planning annually, only 10,7,1 women used FCs, showing a decrease annually from 1.0%,0.7%, and 0.1% in 2021, 2022, and 2023, respectively (HMIS 2023). This has resulted in increased admissions of new cases of women with STIs, HIV infection, cases of induced abortions, and poverty due to the increased number of children. MoH and Reproductive Health Uganda expanded the accessibility to FCs, administration enforced implementation of task-sharing with lower-level health workers, engagement of both men and boys in family planning, and community-based distribution programs. In SRRH, women of reproductive age have been offered health education on FCs, more trained health workers have been placed at the FP unit, and outreaches have been conducted through collaboration with the VHTS. Despite the interventions put in place, there are increased cases of new infections of STIs, and new cases of unwanted and unintended pregnancies would be rampant, thus a need for the researcher to conduct the study. The study aimed to assess factors affecting the utilization of female condoms among women aged 15-49 attending the FP unit at SRRH.

Methodology.

Study design

This study adopted a descriptive cross-sectional study design using quantitative techniques for data collection and analysis. The study design was preferred because it was cheap, data was collected in a short time without follow-up, and it enabled respondents to describe their feelings and experiences from their point of view. This enabled the researcher to meet the objectives by answering research questions.

The study setting

The study was conducted in Soroti Regional Referral Hospital at the Family Planning Unit. Located in Soroti district, Soroti city, The hospital was located along Lira-Mbale high-way The district was found in Eastern Uganda in the Teso sub-region and it was 358km by road from Kampala city, Uganda, and was bordered by Kaberamaido district in the West, Kumi district in the East, Amuria district in the North, Serere in the South, Katakwi district in the Northeast, and Ngora district in the Southwest. It offered various specialized health services and operated 24 hours from Monday to Sunday, serving a population of approximately 20,000 people.

Study population

The study targeted 35 clients of reproductive age attending family planning services in the Family Planning Unit at Soroti Regional Referral Hospital.

Sample size determination

According to the Krejcie and Morgan (1970) table (appendix IV) of sample size determination, a study population of 35 corresponds with a sample size of 32 respondents. The sample size determination was determined based on this table.

Sampling procedure.

A simple random method of sampling was employed, the sample population was determined by applying a simple random sampling technique on the study population on the first day of data collection by marking 8 pieces of paper with a “yes” and 2 pieces of paper with a “no” of equal size and same appearance and then the papers were folded uniformly then put inside a container and mixed thoroughly, the respondents from the study population were asked to pick one piece of paper randomly from the container until all of them picked a piece of paper. Those who picked a “yes” made up the sample size and participated in the researcher’s study, and those who picked a “no” were thanked for showing interest and released. The procedure was repeated for the 4 remaining days until a sample size of 32 respondents was obtained.

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Inclusion criteria
The study included only the clients of reproductive age (15-49) years who attended family planning services at Soroti Regional Referral Hospital during the time of data collection.

Exclusion criteria.
The study excluded participants with unsound minds.

Definition of variables.

Independent variable
These easily manipulate or are assumed to directly affect the dependent variable. They will include Individual factors affecting the utilization of female condoms, Socioeconomic factors affecting the utilization of female condoms, and Health facility-related factors affecting the utilization of female condoms.

Dependent variables.
Utilization of female condoms.

Research instruments
These were tools the researcher used for collecting data. A questionnaire was developed containing multiple choice and closed-ended questions in simple and clear English. The questionnaire consisted of the following subsections: Section A: Demographic factors affecting utilization of female condoms, Section B: Socioeconomic factors affecting utilization of female condoms, Section C: Individual factors affecting utilization of female condoms, Section D: Health facility factors affecting utilization of female condoms.

Data management.
After data collection, questionnaires were checked for completeness, accuracy, and logical flow, and any gaps were filled immediately before the respondents left the field. The filled questionnaires were kept in opaque envelopes under strict supervision until all respondents were done and then kept in double-locked cupboards. The data collected was categorized into different groups, tallied into frequencies, and then converted into percentages, which were presented in tables, pie-charts, bar graphs, and statements. The data folder was given a name only known to the researcher, and computer passwords were put in place to avoid data alteration.

Data analysis.
The data was processed into meaningful information; the process involved data entry, assembling, editing, and coding after data collection. Microsoft Excel was used in analysis and to generate tables, pie-charts, and graphs hence was presented.

Ethical approval.
An introductory letter from the school and approval were sought before proceeding to the study area.

Informed consent.
Written and verbal Informed consent was obtained from all participants by first explaining the objectives, significance, benefits, and risks of the study and allowing those who did not wish to participate in the study to freely withdraw. Confidentiality and privacy were ensured by allowing the respondents to withhold their names and asking them to use codes instead. The explanation was made to respondents that there would be no incentives given to them by the researcher after they participated in the study. Respondents were assured that there would be no legal implications or prosecution for participating in the study.

Results.

Demographic factors affecting utilization of female condoms among women of reproductive age attending family planning unit at SRRH.

Table 1: Showing demographic factors affecting the utilization of female condoms among women of reproductive age (n=32).

Variables		Frequency (f)	Percentages (%)
Age (years)	**15-19**	**3**	**9.4**
	20-24	15	46.9
	25-29	8	25.0
	30-34	4	12.5
	35-39	2	6.2
	Total	**32**	**100**
Marital status	**Single**	3	9.4
	Married	29	90.6
	Total	**32**	**100**

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Area of residence	**Urban**	18	56.3
	Rural	14	43.7
	Total	**32**	**100**
Level of education	**Informal**	**5**	**15.6**
	Primary	7	21.9
	Secondary	16	50.00
	Tertiary	4	12.5
	Total	**32**	**100**
Religion	**Anglican**	11	34.4
	Catholic	15	46.9
	Muslim	4	12.50
	Others	2	6.2
	Total	**32**	**100**

Table 1 shows that the majority 15/32(46.9%), of the respondents were aged 20-24, and a few, 2/32(6.2%), were aged 35-39 years. Almost all 29/32(90.6%) were married and very few 3/32(9.4%) were single. Majority 18/32(56.23%) respondents were urban residents and 14/32(43.7%) were rural residents Majority 16/32(50.0%) attended secondary level however 4/32(12.5%) attained tertiary level. The majority 15/32(46.9%) of the respondents were catholic, and very few, 2/32 (6.2%) were other religions.

Socioeconomic factors affecting utilization of female condoms among women of reproductive age attending family planning unit at SRRH.

Figure 1: Findings on the source of information about female condoms (Had multiple responses).

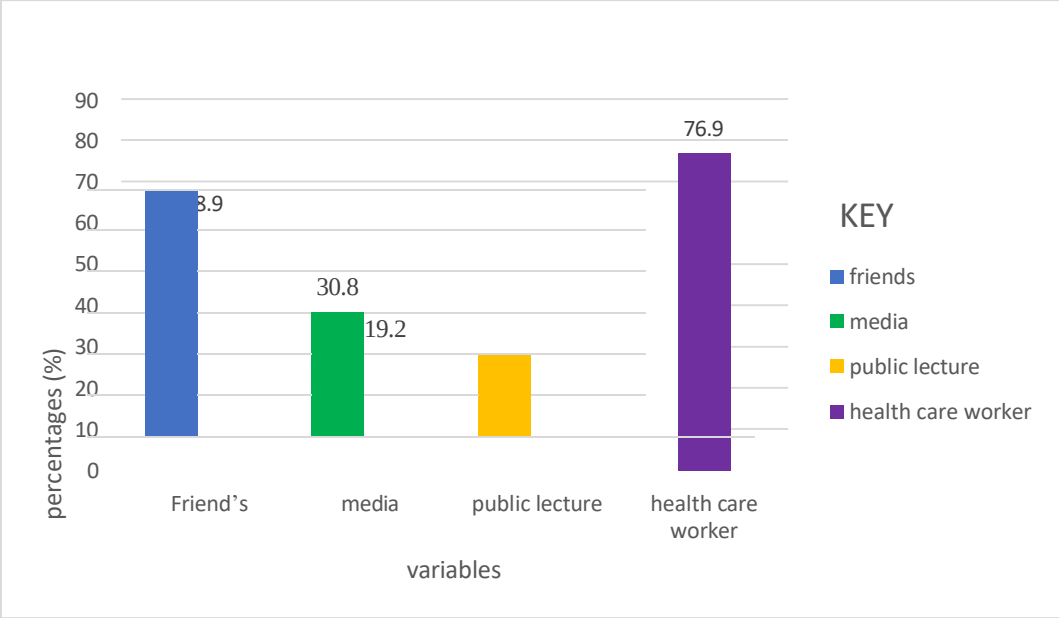

Figure 1: Indicates that the majority (76.9%) of respondents reported that their source of information was health workers, (58.9%) reported friends, (30.8%) and the least (19.2%) reported public lecture.: Findings on obstacles to use of female condoms, encouragement for someone to use a female condom more frequently and cost of female condoms.

Table 2: Shows obstacles to using female condoms, encouragement for someone to use a female condom more frequently, and cost of female condoms(n=32).

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Variables	Frequency(f)	Percentage (%)
Obstacles to the use of female condoms		
Unappealing design	2	6.2
Unfamiliarity	9	28.1
Social stigma	15	46.9
Religious/cultural beliefs	6	18.8
Total	**32**	**100**
Encouragement for someone to use female condoms more frequently		
Partner's support	23	71.9
Women empowerment	9	28.1
Total	**32**	**100**
Cost of female condoms		
Free	10	31.3
Low cost	4	12.5
The same price as male condoms	2	6.2
Expensive	16	50.0
Total	**32**	**100**
Kind of partner		
Have previous experience	3	9.4
Have no previous experience	11	34.4
Do not know	18	56.2
Total	**32**	**100**

Table 2 indicate that most respondents 15/32(46.9%), reported social stigma, and only 2/32(6.2%) reported unappealing design. A large number of repondents23/32(71.9%) reported partner's support while 9/32 (28.1%) reported women empowerment, Half of the respondents16/32(50.0%) reported expensive while 2/32(6.2%) reported same price as female condom, Majority 18/32(56.2) do not know about partner's experience while 3/32(9.4%). Had partners with previous experience

Individual factors affecting utilization of female condoms among women of reproductive age attending family planning unit at SRRH.

Table 3: Shows opinion on sexual pleasure, beliefs on female condoms, and rating knowledge on female condoms (n=32).

Variables	Frequency(f)	Percentage (%)
Opinion on sexual pleasure when using female condoms		
Interferes with sexual pleasure	6	18.8
Does not interfere with sexual pleasure	1	3.1
Do not now	25	78.1
Total	**32**	**100**
Beliefs on female condoms		
Has two openings that might allow sperm to pass through	4	12.5
It might remain inside the vagina	16	50.0
Might cause physical harm and infections	9	28.1
None	3	9.4
Total	**32**	**100**
Rating understanding of female condom		
Less knowledge	21	65.6
Average knowledge	4	12.5
Good knowledge	2	6.3
No knowledge	5	15.6

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Total	**32**	**100**

Table 3 indicates that more than half of the respondents 25/32(78.1%) do not know, and only 1/32(3.1%) of respondents said it does not interfere with sexual pleasure. Half of the respondents 16/32(50.0%) said female condoms might remain inside the vagina while 3/32(9.4%) respondents had no beliefs on female condoms, Majority 21/32(65.6%) respondents rated themselves with less knowledge and only 2/32(6.3%) respondents rated good knowledge.

Figure 2 shows the kind of family planning preferred(n=32).

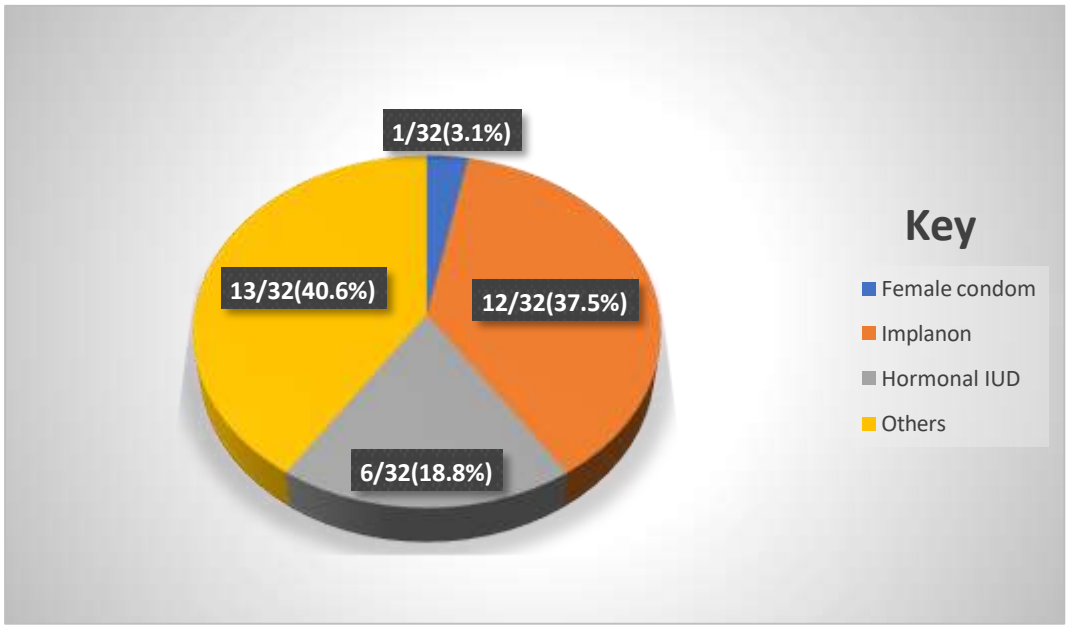

Figure 2: shows that the majority 13/32(40.6%) of the respondents preferred other methods and only 1/32(3.1%) respondent preferred female condom.

Figure 3: Showing hardships experienced when using female condoms(n=32)

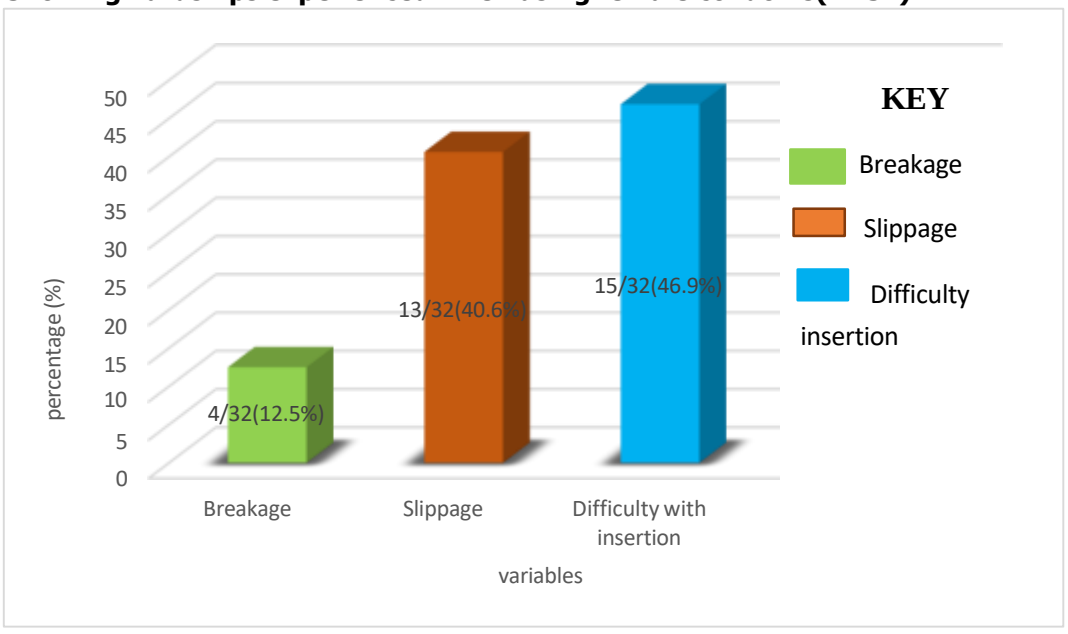

Figure 3: Indicates that the majority, Majority 15/32(46.9%) women said difficulty in insertion as hardships for using female condoms while a few 4/32(12.5%) said breakage.

Health facility-related factors affecting utilization of female condoms among women of reproductive age attending family planning unit at SRRH.

Figure 4: showing family planning method always recommended by health workers(n=32).

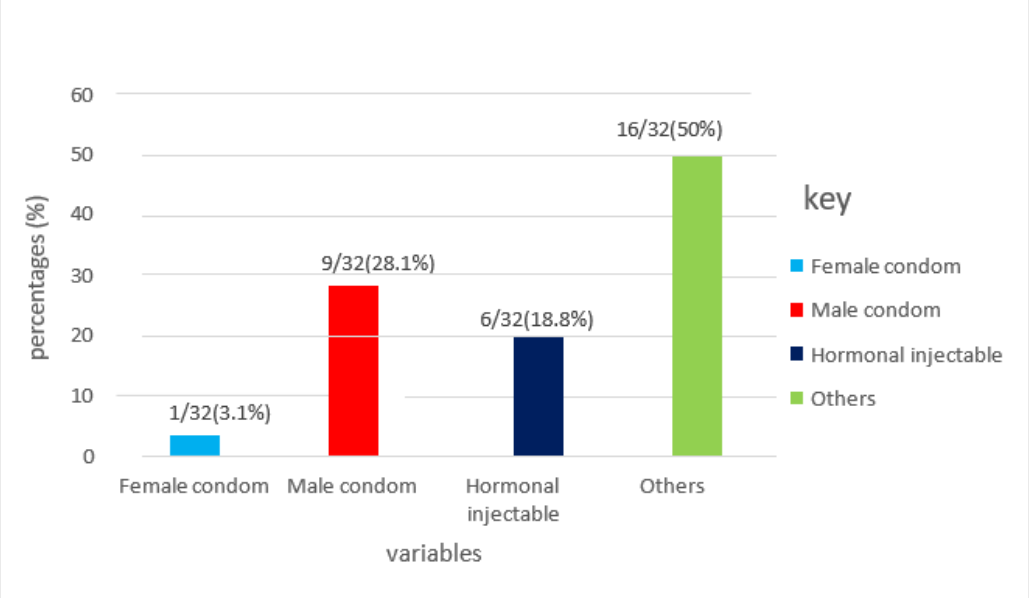

Figure 4 shows that the majority, 16/32 (50%) respondents, reported others while only 1/32(3.13%) respondents reported female condoms.

Table 4: Shows limitations of individual awareness about female condoms, reduction of the motive to use female condoms (n=32).

Variable	**Frequency**	**Percentage**
Limitations of individual awareness about female condoms		
Lack of proper FC promotion	8	25.0
Inadequate information about FCs	7	21.9
Inability to open up to health workers	17	53.1
Total	**32**	**100**
Reduction of the motive to use female condoms		
Difficulty in accessibility	12	37.5
Complicated instructions of use	10	31.2
Causes discomfort during use	3	9.4
Lack of exposure to FC	7	21.9
Total	**32**	**100**

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Table 4 shows that 17/32(53.1%) reported inability to open up to health workers, and 7/32(21.9%) reported inadequate information about female condoms. 12/32(37.5%) reported difficulty in accessibility and 3/32(9.4%) reported that female condoms cause discomfort during use.

Figure 5: Shows how often female condoms are found at the health facility(n=32).

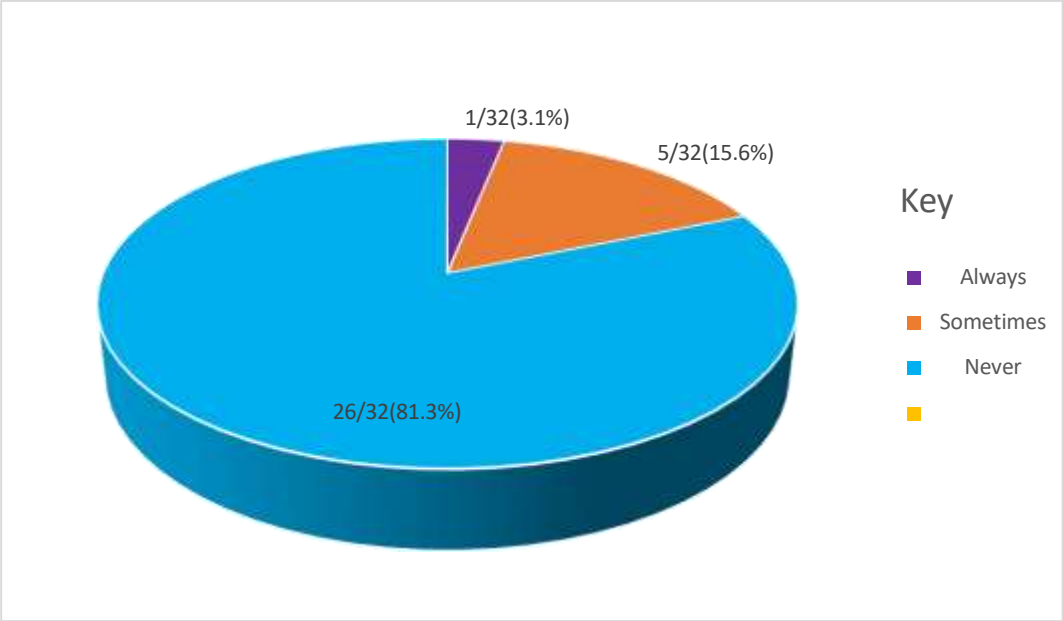

Figure 5: Indicates that, more than half 26/32(81.2%) respondents reported never while only 1/32 (3.1%) of the respondents reported always.

Table 5 shows what increases use of female condoms and limitations of availability of female condoms (n=32).

Variable	Frequency (f)	Percentage (%)
What increases the use of female condoms		
Safe for use	2	6.3
Need np prescription	4	12.5
Protects against STI, including HIV infection	5	15.6
Protects against unintended pregnancy	21	65.6
Total	32	100
Limitations of availability of female condoms in health facility		
Lack of affordability	10	31.3
Inefficient purchasing by health facilities	4	12.5
Lack of distribution measures	2	6.2
Few customers	16	50.0
Total	32	100

Table 5 shows that more than half of 21/32(65.6%) respondents revealed that female condoms protect against unintended pregnancy, while 2/329(6.3%) reported that they were safe for use. The majority 16/32(50.0%), of the respondents reported few customers, while only 2/32(6.2%) reported a lack of distribution measures.

Discussion of the Study Findings

Socioeconomic factors affecting utilization of female condoms among women of reproductive age attending family planning unit at SRRH.

The majority of the respondents 20/32(76.9%) received information about female condoms from health workers. This could be because women trust health workers' recommendations and guidance; they provide in-depth knowledge about female condoms and demonstrate their use. This is not in line with the study done by Ananga et al. (2017) that revealed that. Media was the highest source of information. Most respondents 15/32(46.9%) reported social stigma as a factor limiting the use of female condoms. This could be because of gender roles where women are expected to prioritize partner pleasure over their protection. This study is consistent with Burton et al. (2020), which revealed obstacles to acceptance and use by most women due to social stigma. A large number of respondents 23/32(71.9%) reported their partner's support as encouragement for using female condoms. This could be because partners assist with proper insertion. This study correlates with that of Moore et al. (2015), who showed that lack of support for the use of female condoms by the male partner was a pervasive factor preventing initial and continued use of female condoms among women. Half 16/32(50.0%) of the respondents reported that female condoms are expensive. This could be because female condoms are not often widely available in pharmacies or clinics. This study collides with that of Gambir et al. (2019), which revealed that female condoms are at a higher price compared to male condoms.

Individual factors affecting utilization of female condoms among women of reproductive age attending family planning unit at SRRH.

More than half of the respondents 25/32(78.1%) did not have an opinion on sexual pleasure. This could be because limited exposure leads to a lack of experience. This study corresponds with Amu (2019), who revealed that the majority did not know whether female condom interferes with sexual pleasure. Half of the respondents 16/32(50.0%) believed female condoms might remain inside the vagina and this could be because of rumors and misunderstandings about proper insertion and removal techniques of the condom This study correlates with that of Gambir et al (2019) which some women were worried about the physical harm and infections that might be caused when they remain inside their body. The majority 21/32(65.6%), rated themselves with less knowledge. This is because many women, especially in conservative or resource-constrained settings, receive inadequate or biased sex education, which often focuses on male condoms. This study is consistent with that of Ekono et al. (2019), who showed that. Many of the students had little knowledge, and few had good knowledge. Very few respondents 1/32, 3.1%) preferred female condoms. This could be because some women experience irritation or allergic reactions to male condoms. This study is in line with Sitonga et al. (2023), who found out that mothers preferred to use Implanon contraception in female condoms; on the other hand is consistent with that of Mahlalela et al (2015) who reported that students showed positive attitudes towards the female condom and preferred it to hormonal contraceptives.

From the study findings, the majority of 15(46.9%) women reported difficulty in insertion as failures when using female condoms. This may be because many women are not adequately informed about the correct insertion technique, leading to difficulties. This is in agreement with the study done by Sitonga et al. (2023), which found that there was difficulty in inserting the female condom.

Health facility-related factors affecting utilization of female condoms among women of reproductive age attending family planning unit at SRRH.

Half 16/32, 50.0%) of respondents reported that male condoms were recommended to them by health workers. This could be because they are easy to use and accessible. This study is in agreement with that of Ettang and Parimalaranie (2024). which revealed that nurses preferred to recommend the male condom. More than half of 17/32(53.1%) reported an inability to open up to health workers. This could be because of fear of judgment or criticism from health workers. This study aligns with Kabwela et al. (2023), which showed that. Inability to open up to healthcare workers limited awareness.

Most 12/32(37.5%) respondents reported difficulty in accessing female condoms. This may be because of restricted access in rural or resource-poor areas. This study collides with Nkobodo et al. (2014), which revealed that women had more motive not to use female condoms than men because of difficulty in accessibility. In the study findings, 26/32(81.2%) respondents reported never finding female condoms at health facilities. This could be because of limited procurement and distribution in the health facilities. This aligns with Beksinska et al. (2022), who revealed the facilities reported stock-outs, and some reported they had a supply of expired female condoms, limiting the availability of the condoms. More than half of 21/32(65.6%) respondents revealed that female condoms protect against unintended pregnancy. This could be because female condoms give women control over their reproductive health, hence allowing them to take charge of protection without relying on their partner. This study is in agreement with that of Beksinska et al (2020) that female condoms stated that female condoms protect against

unintended pregnancies. Only 2/32(6.2%) reported a lack of distribution measures of female condoms. This could be because female condoms are often not prioritized in national condom distribution programs, leading to inadequate supply and inconsistent availability. This study correlates with that of Phiri et al. (2015), which found that the lack of distribution measures made the availability of condoms a challenge.

Conclusion

In conclusion, the factors affecting the utilization of female condoms among women of reproductive age at the family planning unit at SRRH included the following.

On socioeconomic factors; majority of respondents reported that their source of information was health worker, most respondents reported social stigma, a large number of respondents reported partner's support, half of the respondents reported expensive, majority did not know about partner's experience.

On individual factors, more than half of the respondents do not know, half of the respondents said female condoms might remain inside the vagina, the majority of respondents rated themselves with less knowledge, the majority of the respondents preferred other methods and the majority of women said the difficulty in insertion as hardships for using a female condom.

On health facility factors, the majority of respondents reported other methods of family planning, reported inability to open up to health workers, reported difficulty in accessibility, half**)** respondents revealed that female condoms protect against unintended pregnancy, and the majority of the respondents reported few customers.

Recommendation

The Ministry of Health should develop and implement policies promoting reproductive health, such as emphasizing radio talks and television shows to sensitize community members on where and when to seek reproductive health services like female condoms.

The government of Uganda should put more emphasis on increasing the distribution of female condoms to rural and resource-poor areas to enable accessibility of female condoms by all women of reproductive age.

The health care providers should develop standardized counseling protocols to address misconceptions and improve informed decision-making, as well as advocate for increased resource allocation for female condoms.

In nursing education, there is a need for proper health education and demonstration of inserting female condom in the vagina.

Community leaders collaborate with healthcare workers to mobilize and encourage male partner involvement in reproductive health services, such as family planning discussions.

Acknowledgment.

I thank almighty God, who has enabled me to complete this piece of work. May his name be glorified forever, amen.

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List of abbreviations.

FC: Female Condom
FP: Family Planning
HMIS: Health Management Information System
MoH: Ministry of Health
SDG: Sustainable Development Goal
SRRH: Soroti Regional Referral Hospital
STIs: Sexually Transmitted Infections.
VHTS: Village Health Teams
HCWs: Health Care Workers
WHO: World Health Organization.

Source of funding.

No source of funding.

Conflict of interest.

No conflict of interest was declared.

Availability of data.

Data used in this study is available upon request from the corresponding author.

Authors contribution

CFA designed the study, conducted data collection, cleaned and analyzed data and draft the manuscript RN supervised all stages of the study from conceptualization of the topic to manuscript writing.

Authors biography

Constance Florence Amella is a student with a diploma in comprehensive nursing at Soroti School of Comprehensive Nursing.

Rosemary Nakitende is a research supervisor at Soroti School of Comprehensive Nursing.

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