DUAL PROTECTION, WITH DIFFERENT SEXUAL PARTNERS

A Qualitative Study of Male Acceptance of Female Condoms in Cameroon

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Abbreviations

ABC	Abstain, Be faithful and use Condoms.
ACMS	*Association Camerounaise pour le Marketing Social*
AIDS	Acquired Immune Deficiency Syndrome
AIID	Amsterdam Institute for International Development
ART	Anti-Retroviral Treatment
CAMNAFAW	Cameroon National Association for Family Welfare
CSW	Commercial Sex Worker
DHS	Demographic and Health Survey
EDSC	*Enquête Démographique et de Santé Camerounais*
FC	Female Condom
FGD	Focus Group Discussion
FP	Family Panning
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
IUCD	Intra-Uterine Contraceptive Device
KAPB	Knowledge, Attitude, Practice, Behaviour
MC	Male Condom
PLHA	People Living with HIV and AIDS
STI	Sexually Transmitted Infection
UAFC	Universal Access to Female Condoms

Executive Summary

Rationale and objectives

This report presents the findings of a qualitative study of male acceptance of female condoms in Cameroon, which was part of a three country qualitative study on male acceptance of female condoms in Zimbabwe, Cameroon, and Nigeria. The fieldwork took place in July 2011 in three towns, Bamenda, Douala, and Yaoundé. This study is part of a larger research project commissioned by the Universal Access to Female Condoms (UAFC) Joint Programme; this programme aims at increasing the uptake of female condoms with the ultimate goal of reducing HIV prevalence and the rate of unintended (mistimed and unwanted) pregnancies. The UAFC Joint Programme aimed to explore the role of men in the acceptance and use of female condoms. The vast majority of research on acceptance of female condoms has been conducted among women – with one of the conclusions being that men may be an obstacle to women using them. However, very little evidence exists about men's opinions of the female condom and whether indeed they actually do *not* want their partners to use them and why. This study aims to fill this gap in knowledge by exploring men's perspectives on female condom use in Cameroon, and whether and how they can be motivated to accept them and become frequent users – set in the contexts of local socio-cultural and economic conditions, and perceived accessibility (of female condoms). The main study objective was to explore the factors influencing acceptance of female condoms by married and single men with different types of sexual partners, with the aim of providing recommendations to programmes for education and promotion of the female condom in order to increase acceptance among men.

Methodology

Data collection and analysis was guided by use of the theory of planned behaviour, as presented by Fishbein.[1] This model distinguishes two categories of factors that may influence behaviour and behaviour change: personal factors and environmental factors. Personal factors include knowledge, skills, attitudes, self-efficacy, and risk perception. Environmental factors include the social and cultural context, social influence, and other external factors, depending on the type of behaviour under study. This study therefore explored the influence of men's knowledge, skills, and attitudes towards female condoms, and the environmental factors such as the gender power relations in different types of sexual relationships, set in the context of dominant societal norms. Other external factors studied were social influence by partners, and the availability, accessibility, and affordability of female condoms.

Key study concepts and their definitions are: 1) *acceptability*, which is the positive attitude towards using female condoms; and 2) *acceptance*, which is the actual use of female condoms. Acceptance may amount to just one time use or more frequent usage. Frequent use in this study was defined as someone who had used female condoms between three and ten times and at the time of the study was still using, or someone who had used female condoms more than ten times.

Data were mainly collected through nineteen focus group discussions (FGDs); 12 with men and 7 with women. Groups were divided by sex, marital status, and frequency of female condom use. Bias was towards men and frequent users. The *Association Camerounaise pour le Marketing Social* (ACMS) facilitated mobilization of the FGD participants in the three towns. The data

[1] Fishbein (2000).

collection teams consisted of local researchers and the Dutch authors. Before the start of the FGDs the research team members interviewed FGD participants using a short structured questionnaire, with the aim of getting background information and determining the correct FGD.

This was a small explorative study of persons in (semi-)urban settings, who were selected by convenience sampling. The findings, therefore, cannot be said to be representative for the whole of Cameroon or for all men in Cameroon. In addition, this study should not be interpreted as an evaluation of the current policies and practices of female condom programmes in Cameroon. However, the views of men and women, single and married as well as the findings from the pre-FGD questionnaires were compared. We consider the study findings to be meaningful indications of male views on female condoms.

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Main findings

Personal factors influencing acceptability and acceptance of female condoms relate to knowledge about what they look like, how they are used, what the advantages are, and belief in their positive attributes. A very positive finding was that nearly all participants were convinced of the superior effectiveness of female condoms for prevention of pregnancy and protection against HIV and STIs in comparison to other contraceptive methods and male condoms. The other main advantages they saw were that sex with a female condom feels like natural sex, that it increases sexual pleasure, that a man does not need an erection for it to be used, that it does not constrain the penis, and that the woman can control her sex life and be protected when raped because she can put in a female condom beforehand (if she is going somewhere where there is risk). The main perceived disadvantages related to difficult insertion, that it is too big, is not widely available, and is expensive.

An important finding is that female condom acceptability and acceptance differed by type of sexual partner. The type of partners men have is influenced by the norms in society, which form part of the external factors. Men differentiate between four categories of sexual partner: 1) spouse; 2) stable partner (for married and single); 3) casual partner; and 4) commercial sex workers (CSWs). Categories of sexual partners differ in terms of duration, exclusivity, stability, trust, power relations, exchange of money or goods for sex, and purpose. With all partners, men feel and women concur that men have the power to make decisions about contraception and protection. Men have most normative power over their wife/wives (in Cameroon polygamy is legal). About one third of married men had had an extra-marital stable partner (called *deuxième bureau*) in the year preceding the study, 42% had sex with casual partner(s), and 6% with CSW(s); 94% of single men had a stable sexual partner, 45% had sex with casual partner(s), and 3% with CSW(s).

The female condom is generally more acceptable in relationships of trust and more exclusivity – marriage and stable relationships – as a family planning method only. Using it for HIV prevention would indicate mistrust (of extra-marital affairs). More married than single men regarded female condoms as more acceptable with casual partners and CSWs, because they are known to have multiple partners and thus pose greater risk of HIV and STI transmission; therefore, married men use female condoms in such sexual encounters for protection. Single men were more often not in favour of using female condoms with casual partners and CSWs, as they suspected these women of using the same female condom multiple times or said that there is no time for insertion because sex is often quick. Married women had similar ideas to men, but surprisingly all single women thought that for men female condom use is less acceptable in marriage and in stable relationships because the men want natural sex and condoms are associated with casual sex and prostitution.

About half of the married men said that *initiation by women* of the use of female condoms is not acceptable (even with female condoms often positioned as a female initiated method), while others said that their wives or stable girlfriends could introduce female condoms after having explained very well how they got to know about them and that it is for family planning. Others thought it would be unacceptable because it would be an indication of mistrust; moreover, gender norms require men to make decisions, especially for wives. Most single and about half of married men were against casual partners and CSWs initiating female condom use because of fear of misuse – although they admitted that they might accept when they are eager for sex. Surprisingly, most women thought that men would not accept initiation from stable partners, and would be more likely to accept it from casual partners.

Even less acceptable is when a man finds a sexual partner with the female condom already inserted – the majority of men and women thought this to be so. For stable partners, this was justified by two main reasons: because she might have sexually exited herself in his absence, or she might have used it or plans to use it with another man. With casual partners pre-insertion of the female condom is not acceptable, because she might have used it with another man.

Men gave various reasons why they do not use or do not intend to use female condoms. The two main reasons were lack of knowledge about them and non-availability. Other mentioned reasons were: they are too expensive, insertion takes too long and a man may lose his sexual appetite, and the package is too big to (discretely) walk around with. Only in Bamenda did men say that the man might not want to give control to the female partner.

Men had three major motivations for using female condoms for the first time. The personal factor was 1) curiosity about how it would feel sexually and compared with the male condom. The external factors were 2) that the sexual partner convinced the man, or insisted upon use, or 3) that a female condom was the only method available at the time and the man was eager for sex or needed prevention/protection. First experiences were mainly with married men's spouses or single participants' stable sexual partners.

Generally more men (5-6 out of 10) than women (2 out of 10) had positive first female condom experiences. The most mentioned positive first experiences by men were that they felt as if there was nothing there, that it felt natural and thus pleasurable. Male participants' most common negative first experience was unease and pain, mostly related to the fact that their partner did not know how to insert the female condom well. The main reason why single men stopped using female condoms was a negative first experience; the main reasons for married men were that the free samples finished, the female condom is expensive, and they went back to using male condoms – even if the first experience was positive.

The main reason for continuing female condom use for single and married men was the sexual pleasure that they and their stable partner derived from it, and being protected; single men added the fact that their partner was now fully involved in the sex. Women thought that men become frequent users because they do not like sex with a male condom and some partners make them use it. Women are mainly motivated for frequent use because female condoms give them effective protection and they feel in control. This made them continue use, even after a first negative experience.

The common pattern of female condom use by men is to alternate it with male condoms – either for sex with different sexual partners or with the same partner depending on the mood and availability of female condoms. Only very few used them very frequently; in general, more men used male condoms. The main reported obstacles for more frequent use were the personal factor of limited sexual positions when using a female condom, and external factors of limited

accessibility, having a stable partner who does not want to use one, and the high price (compared to male condoms). The very frequent users have female condoms easily and freely accessible – for example through support organizations or by being a peer educator.

Married men users were divided about evenly over three groups regarding with whom they used female condoms and for what purpose: one group only used them with spouses for family planning; one only with external partners for disease prevention; one with all partners (but with spouses for family planning and other partners for protection). Most single men used female condoms only with their stable partner because it requires intimacy, less hurried sex, and hygiene. With casual partners most do not use them because there is limited time for sex and they fear that these partners misuse the female condoms; furthermore, sex with these partners is not intimate.

The major external factors hindering male (and female) frequent use of female condoms – if persons want to use protection or prevention – were, according to FGD participants, scarce availability, high price (relative to male condoms), and cultural inaccessibility. Some groups felt shame buying female condoms, especially women and young girls. But men also felt shame because female condoms are supposed to be for women.

The main critique that participants had of present female condom promotion was that messages are mainly directed at women, that mass media campaigns only explain *why* to use a female condom and not *how*, and that promotion is not widespread enough.

Recommendations

The conclusion of the study is that female condom programmes should consider men to be an opportunity rather than a hindrance in increasing female condom uptake, because most of them like sex with a female condom and believe in its effectiveness as a contraceptive and for STI and HIV protection. To make female condoms more accepted by men and to spread use of the female condom, personal as well as external factors influencing acceptance and use should be considered, including local dominant gender power relations in different sexual relationships. Following are the main recommendations for female condom programmes in Cameroon. The recommendations are a direct result from the study and are not based on the current policies and practices of female condom programmes in Cameroon. The recommendations are:

- Promoting female condoms solely as a product for female empowerment is not conducive for uptake because a woman needs the cooperation and often approval of her male partner. Efforts should be made to educate men and couples – giving men a role in introducing the female condom is more acceptable in Cameroon than focusing on initiation by women. Furthermore, unequal gender relations, distrust among partners, and risk perceptions for HIV in marriage should be addressed.
- Communication messages to men should stress the advantages and address the disadvantages of female condoms, and tailor the messages to appropriate target groups and their sexual partners. In promotion, stress the effectiveness for family planning without side effects; effectiveness for protection against STIs and HIV; that it feels like natural sex; that there is sexual pleasure in female condom use; that it can be used during menstruation; that practice makes insertion easy; that female condoms offer variation in protected sex which prevents fatigue in condom use. In messages address the local reasons why men do not (want) to use female condoms with certain sexual partners (e.g. hurried sex, misuse by some women).

- Address the distrust men have towards using female condoms with casual partners and sex workers. Advise men to ask the woman to open the package and insert the female condom in their presence and dispose of the female condom together.
- Female condom promotion to men (as to women) should *always* be accompanied by a demonstration.
- Visual mass media promotion (on television or posters) should include *what* a female condom looks like and *how* it is used (and what difficulties may arise) – thus not only talking about the benefits and showing the package.
- During demonstrations to females (and males), participants should be invited to practice by opening the package and attempting insertion with an artificial vagina. Prepare 'female condom starter packs' to give out during demonstrations, with five female condoms and information including where to buy them. Women should be advised to practice insertion before trying with her partner – to make his first experience more likely to be positive.
- Hold a peer education session with men in places where they gather, such as markets, bars, churches, and clubs. Peer education is more suitable to address some of the intimate questions – for instance, related to female condom use in different sexual positions – than public campaigns.
- Continue educating women in negotiation skills appropriate to the type of sexual partner. Address the shame women have when buying and carrying condoms.
- Continue to increase sales points for female condoms and look into whether female condoms could be even more subsidized. More advertisements should be given on sales through barbers and hairdressers – which are a potentially private place to buy them.
- Do not put male condoms and female condoms forward as an either-or choice, but promote them together, for men and women, as complementary.

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CHAPTER 1: INTRODUCTION

This report presents the findings of a qualitative study on male acceptance of female condoms in Cameroon, which was part of a three country study – the other countries being Zimbabwe and Nigeria.[2] Data collection in Cameroon took place in July 2011 through nineteen focus group discussions (FGDs) – 12 with men and 7 with women – and two in-depth interviews (IDIs). The study was commissioned by the Universal Access to Female Condoms (UAFC) Joint Programme; this programme aims at increasing the uptake of female condoms with the ultimate goal of reducing HIV prevalence and the rate of unintended (mistimed and unwanted) pregnancies. Launching an effective female condom programme is not straightforward, because motivating people to engage in safer sex by using a condom is a difficult task. Literature explaining the low rates of male condom use in Sub-Saharan Africa point to socio-cultural influences including: a focus on fertility and pro-natalism; risk perceptions that differ by type of sexual partner; gender relations and related rejection of contraception use; and the association of condom use with promiscuity. When looking at female condoms, we see that the usage of female condoms is very low – in most countries not reaching 0.1%, and in Cameroon 0.2%.[3] In comparison to the male condom, the female condom suffers from three additional problems: the lack of acceptability, availability, and affordability.[4]

The vast majority of research on the acceptance of female condoms has been conducted among women – with one of the main conclusions stating that many men are an obstacle to women using them. However, very little evidence exists about men's opinions of the female condom and whether indeed they do not actually want their partners to use female condoms and why. This study aimed to fill this gap in knowledge. The study explored men's perspectives and whether and how they can be motivated to accept female condoms and become frequent users – taking into account local socio-cultural and economic contexts, and perceived accessibility (of female condoms).

This introduction chapter continues with a brief overview in 1.1 of the UAFC Joint Programme and the local partner ACMS (*Association Camerounaise pour le Marketing Social*). Presenting ACMS is important because it is the biggest female condom programme in Cameroon. When participants gave their views on the affordability and availability of female condoms and on which programmes they knew about (in Chapter 7 and 8), they were mainly referring to ACMS activities (mostly without knowing it as coming from ACMS). Section 1.2 then presents a literature review of relevant studies and reports; the review starts with a brief overview of the prevalence of HIV/AIDS and unintended pregnancies in Cameroon – which influence the risk perception and felt need for use of (female) condoms – and then figures on contraceptive use are provided (1.2.1). Section 1.2.2 addresses the socio-cultural contextual factors which may influence female condom use. The following section (1.2.3) summarizes what is known about female condom use in Cameroon. The last two sections summarize the study rationale (1.3) and the study objective and questions (1.4).

[2] Nigeria and Cameroon were chosen because they are part of the UAFC Joint Programme, and Zimbabwe because it has a large and well known female condom programme and is often mentioned as a success story. The programme in Zimbabwe was launched in 1997 by Population Services International (PSI) as a social marketing project. The synthesis report *Male Views on Female Condoms* is available from the UAFC Joint Programme website.

[3] ACMS (2010).

[4] Several studies point to these issues, for example: Cecil et al. (1998), Ray et al. (2001), Welsh et al. (2001), Hoffman et al. (2004), Gollub (2005), Peters et al. (2010).

1.1 Universal Access to Female Condoms (UAFC) Joint Programme

The UAFC Joint Programme began in 2008 and is a joint initiative of the Dutch Ministry of Foreign Affairs, Oxfam Novib, I+ solutions, and Rutgers WPF. The UAFC Joint Programme dedicates its activities to three components. First, the *Support to Manufacturers and Regulatory Issues* component focuses on decreasing the price of female condoms and increasing variety. Second, the *International Advocacy, Linking & Learning, and Communication* component focuses on increasing financial and political support as well as gathering good practices and lessons learnt to render implementation of large scale female condom programmes more effective. The third component aims at creating sustainable demand for and access to female condoms by introducing two large scale programmes in Nigeria and Cameroon. These country programmes are executed by local partner social marketing organizations, namely the Society for Family Health (SFH) in Nigeria and the Association Camerounaise pour le Marketing Social (ACMS) in Cameroon. The objectives of these programmes are to create female condom demand by increasing public awareness, to ensure availability of female condoms by effective supply chain management, and to include female condoms in existing programmes and health services.

The ultimate goal of the UAFC Joint Programme is to reduce the number of unintended pregnancies – and subsequently reduce maternal deaths – as well as to reduce the prevalence of sexually transmitted infections (STIs), including HIV. In addition, the UAFC Joint Programme intends to promote gender equality and the empowerment of women.

Association Camerounaise pour le Marketing Social

Since the diagnosis of the first AIDS case in Cameroon in 1985, the government of Cameroon has expressed a strong commitment to fight HIV and AIDS.[5] A programme with the focus of reducing unintended pregnancies and HIV infections was implemented by the *Association Camerounaise pour le Marketing Social* (ACMS) with the support of PSI in 1989: *Programme de Marketing Social au Cameroun* (PMSC). The initial programme aimed at selling subsidized high quality condoms and hormonal contraceptives through private sector channels.[6] In 2003, the government formulated a 2000-2005 AIDS Strategy that consisted of three focus points: 1) development of communication and outreach campaigns, targeted at youths, women, and people from rural areas; 2) creation of partnerships with different groups within the society; and 3) promotion of male and female condoms. The last point in particular is as relevant today as in 2003. Amongst other initiatives, PMSC has introduced subsidized, branded condoms, named 'Prudence Plus' (male condoms) and 'Protectiv' (female condoms).[7] Despite all efforts, in 2004 female condoms were rarely available, if at all.[8] In reality, female condoms were not included in the standard prevention packages during most clinical trials.[9]

Since 2009 the female condom has received more attention due to the launch of the UAFC Joint Programme in Cameroon. ACMS has increased the social marketing for 'Protectiv' (the branded female condom).[10] In 2009, female condoms were promoted through TV, radio, billboards, leaflets, and posters.[11] Figures show that female condoms have become more available over the years: in 2007 14,822 female condoms were distributed, in 2008 distribution increased significantly to 143,593 female condoms, and even more in 2009 when 382,276 female condoms

[5] WHO (2005).
[6] Niebuhr et al. (2004).
[7] Meekers (2005).
[8] Niebuhr et al. (2004).
[9] USAID (2009).
[10] PSI Cameroon (2011).
[11] UAFC Joint Programme Integrated narrative and financial report (2009).

were distributed.[12] By September 2010, 862,217 female condoms had been sold and 244,157 distributed for free since January 2009.[13] The female condom is available for 100 CFA (0.15 Euro) at pharmacies.[14] Part of the UAFC Joint Programme has been to train grocery and hair salon owners and their staff on the use of female condoms, and make the female condoms available in their stores. By September 2010, 1522 points of sale of female condoms had been set up or created since January 2009, and peer educators from 145 hair salons trained to introduce the female condom.[15]

1.2 Literature review

1.2.1 HIV and AIDS, unintended pregnancies, and contraceptive use

HIV and AIDS

The adult (15-49 years old) prevalence rate for HIV in Cameroon is 5.1% (measured in 2008).[16] By comparison, this figure is in between the prevalence rates of Zimbabwe at 14.3% (measured in 2009),[17] and Nigeria at 3.6% (measured in 2007).[18] The HIV prevalence rates within Cameroon differ dramatically per region, from 1.7% in the North Region to 8.7% in the Northwest Region (EDSC-III 2004: xxviii). Furthermore, when looking at the prevalence rates for males and females we see that females demonstrate higher prevalence rates at 6.8%, than males at 4.1%.[19] This pattern is not uncommon. Barnett and Whiteside (2006) emphasize that women in Sub-Saharan Africa are disproportionately affected by HIV; on average, there are thirteen HIV infected women for every ten men, and this gap is increasing.

Unintended pregnancies

In addition to HIV and other STIs, unprotected sex can lead to unintended pregnancies, which are a major cause of induced abortions. In Cameroon, it is estimated that around 5% of all pregnancies are unwanted and more than 17% are mistimed (CDHS 2004).[20] By law, abortion in Cameroon is only legal in the case of medical necessity or rape.[21] Hence, many pregnant women resort to dangerous illegal abortion procedures. According to estimates the annual incidence of unsafe abortions in 2000 and 2003 ranged from 20 to 29 per 1000 women.[22] According to Schuster (2005:131), in 2000 the number of maternal deaths caused by unsafe abortions in Cameroon was estimated to be 90 per 100,000 live births, which would mean that 14% of maternal deaths in Cameroon are due to abortion. These figures, as well as those on HIV, emphasize the importance of continued attention to contraception methods in Cameroon.

Contraceptive use

When looking at the use of contraceptives among Cameroonian women we find that in 2004 26.1% of all women used a contraceptive method, of which 13.5% used a modern method.[23] The preliminary findings of the most recent DHS (2011) show a decrease in the use of contraceptives among Cameroonian women: it was reported that 23.1% of the female population uses contraceptive methods. This decrease in overall use is due to a decrease in traditional methods, which accounted for 12.5% in 2004 and was estimated to be 8.9% in 2011. The use of modern

[12] UNGASS report (2008); NACC (2010).
[13] UAFC Joint Programme (2010: 5).
[14] OANDA Currency Converter: http://www.oanda.com/currency/converter/
[15] UAFC Joint Programme Q3 (2010).
[16] Country Situation, UNAIDS (2009).
[17] UNAIDS (2010).
[18] FMOH [Nigeria], (2011).
[19] Country Situation, UNAIDS (2009).
[20] EDSC-III (2004: 134).
[21] Hollander (2003).
[22] WHO (2007), Schuster (2010).
[23] EDSC-III (2004).

methods, however, increased to 14.4%. The most commonly reported contraceptive methods in 2004 were periodic abstinence (10%) and male condoms (9.7%).[24] These two methods were also the most commonly reported in 2011, though the percentages changed: the percentage of women who reported using periodic abstinence decreased to 8.9%, and reported condom use also decreased to 7.9%.[25] Contraceptive pills were used by 1.3% of all women in 2004 and by 1.9% of the all women in 2011. Interestingly, the use of injections has increased from 1.1% to 3% of all women.[26] Marital status matters in contraceptive use; sexually active single women use contraception methods more often (68.5%) than married women (26%).[27]

In Cameroon, the rates of male condom use are higher than in other countries and differ dramatically within the county. When comparing male condom use among women in Cameroon, Zimbabwe, and Nigeria, we see that in 2004 9.7% of Cameroonian women reported the use of male condoms, which is a much higher rate considering that only 2% (2005/2006) of Zimbabwean women and 4.7% (2008) of Nigerian women reported male condom use.[28] Interestingly, large differences in condom use were found between women of different socio-demographic backgrounds. Male condom use in 2004 was higher among urban women (12.9%) than rural women (2.5%), and higher among women from Yaoundé (23.2%), Douala (13.9%), and Ouest (12.9%) compared to other regions.[29]

It is generally believed that the usage of male condoms depends on the type of sexual partner.[30] In Cameroon, 7.6% of married women used male condoms compared to 42.8% of unmarried sexually active women.[31] De Walque and Kline (2011) investigated condom use by type of partners in thirteen Sub-Saharan African countries, including Cameroon. From their study we learn that 29.7% of all Cameroonian men reported having used a male condom at last sexual intercourse, and 16% of the married and 53% of the unmarried men used a male condom at their last sexual intercourse. De Walque and Kline (2011) investigated with whom the male condom was used at this last sexual intercourse. They showed that only 7.6% of males and 5.7% of females in Cameroon had used a condom with their spouse during their last sexual intercourse. Interestingly, when looking at married men and women, the reported use of male condoms with a non-spouse during last sexual intercourse was 54.5% for men and 41.5% for women. De Walque and Kline (2011) conclude that their findings, which were similar for all thirteen countries, show that male condoms are mainly used with non-spouse partners and hardly at all within marriage. These findings are confirmed by Meekers and Klein (2002) who report that male condoms are more often consistently used with casual partners than with regular partners.

Furthermore, consistent condom use differs between sub-groups. In Mosoko et al.'s study (2009) among 4011 persons of different sub-groups, 51% of men working on pipelines, 49% of health service providers, 38% of truck drivers, 34% of university students, and 23% of female sex workers reported inconsistent condom use with casual partners in the past twelve months; the remaining percentage of each group reported regular condom use with casual partners. In addition, a study of Dia et al. (2010) among people living with HIV and AIDS (PLHA) also showed that they often have sex without condoms. Of the 907 HIV infected respondents (299 men and 608 women) who were sexually active in the past three months, 35.3% engaged in inconsistent condom use with their partner (the other 64.7% said they always used a condom). Different

[24] EDSC-III (2004).
[25] CDHS (2011).
[26] CDHS (2011) & (2004).
[27] EDSC-III (2004).
[28] EDSC-III (2004: 88); ZDHS (2005-06: 64); NDHS (2008: 70).
[29] EDSC-III (2004).
[30] DeWalque and Kline (2011) refer to current literature on condom use and type of sexual partner within Sub-Saharan African settings.
[31] EDSC-III (2004).

factors were associated with higher inconsistent condom use: when people did not receive ART, when women were not head of the household, when people lived in a couple, when they are less educated, and when they were not members of associations of PLHA (Dia et al. 2010).

The report of CDHS in 2004 does not give statistics on female condom use; the preliminary finding of the DHS in 2011 reports 0.1% use. The only statistics available on female condom use in Cameroon are presented in the baseline report of the UAFC Joint Programme by *Association Camerounaise pour le Marketing Social* (ACMS). This study shows that 4.4% of their study population reported at one time having used a female condom. During the last sex encounter, 31.9% used any condom, but only 1.2% used a female condom. An even lower percentage of 0.2% systematically used female condoms.

It is important to note that reported condom use should be interpreted with caution, as reported use does not mean consistent use. Studies on male condom use point to the often inconsistent use of male condoms, meaning that high rates of condom use do not per se contribute to lower HIV prevalence and unintended pregnancy rates.[32]

Both male and female condoms have the potential to decrease health risks. The female and male condoms are the sole methods that offer protection against both STIs, including HIV, and unintended pregnancies. Furthermore, female condoms may contribute to reduced HIV transmission and unintended pregnancy when complementing (consistent) male condom use, rather than as a substitution – in the latter case, it may not have an overall effect.

The often mentioned advantage of the female condom over the male condom is that it gives women more power over their sexual health, as she is the one who inserts it. However, female condom use is not completely female controlled because a woman needs the approval and cooperation of her male partner. Studies point out that men may have different reasons for refusing contraception, including the female condom.[33] The following section further discusses the different reasons for not using condoms.

1.2.2 Cultural barriers to condom use

Barnett (2005) argues that programmes aimed at changing sexual behaviour – such as accepting contraceptives for protected sex – should integrate the fact that values and norms around sexuality form people's sexual desires and practices. The focus in this section is on male-to-female sexuality, and in addition we limit the extensive literature on cultural values and norms in sexual behaviour and gender relations to those dealing with influences on condom use – and in particular how this prevents (consistent) condom use.

Importance of fertility

In many Sub-Saharan African cultures, maleness and femaleness is defined by fertility. In Preston-Whyte (1999)[34] it is discussed that part of a woman's (social) identity is determined by her fertility. Women are expected to be fertile and they need to achieve this as early as possible. In addition, children ensure care in old age. This means that at a certain point in time, women have strong incentives to refrain from condom use even when they perceive a risk of contracting HIV. In addition, Barnett and Whiteside (2006) point to the importance of ancestry and descent in African cultures. Hence, childbearing is for a woman at times more important than the risk of HIV. This creates a barrier for women using condoms. Being fertile is also important for males. Barnet

[32] See for example Okafor and Obi (2005); Sunmola et al. (2007); Audu et al. (2008); Abdulraheem and Fawole (2009); Francis-Chizaroro and Natshalaga (2003); Mosoko et al. (2009); Agha et al. (2002); Lagarde et al. (2001).
[33] See section 1.2.2 for an overview.
[34] In Barnett and Whiteside (2006).

and Whiteside (2006) argue that producing descendants is seen as a greater virtue than having a long term monogamous relationship. Thus males also have strong motives to refrain from condom use when the urge for a child is higher than the perceived risk of contracting an STI, including HIV.

Economic circumstances and sexual power

Women might also use their bodies as a part of their survival strategy. Especially in Sub-Saharan Africa where the majority of the population live below the poverty line, women use their bodies as a resource to make a living or pursue an education. This does not necessarily mean that these women are commercial sex workers. Receiving gifts from a boyfriend is well accepted and occurs often. Barnett and Whiteside (2006) illustrate this by referring to a study in Nigeria among female students. This study by Edet (1997) suggests that pursuing a university degree might result in having three sexual partners at the same time: her teacher (for good grades), her sugar daddy (to pay her fees and living expenses), and her boyfriend. By being dependent on a male for financial resources or for good grades, she loses her bargaining power when it comes to sexual intercourse. Hence, when the man demands unsafe sex, she will go along with it because she depends on his socio-economic resources. Klein Hattori and DeRose (2008) investigated the extent to which young women (between 15-24 years) in urban Cameroon feel that they can refuse sex from a man who funds their education, or is their teacher or employer. They found that the perceived ability to refuse sex is lower in case of a man who pays their tuition fees (56.4% would refuse sex), but higher when the man is a teacher or employer (75.6% would refuse sex). However, a large proportion of the young women (14.6%) still stated that they would have sex with someone who pays their tuition fees. Klein Hattori and DeRose (2008) argue that young women who have few financial resources for their educational career might become dependent on a man who insists on sexual favours in exchange for paying their school fees.

Types of sexual relationships and sexual power

Whelehan (2009) points to the fact that emotional and psychological attachment to one's partner affects sexual decision making. She argues that protected sex diminishes when emotional and psychological attachment occurs between two partners. Whelehan (2009) explains that emotional attachment involves trust, and trust is part of intimate relationships. Introducing a condom into such a relationship, for example marriage, suggests mistrust. This idea is strengthened by research that focuses on condom use that points to the fact that it is more associated with extra-marital affairs, promiscuity, and commercial sex workers.[35] It is estimated that 60-80% of African women who are infected with HIV were infected by their partner, while they had only one sexual partner.[36] Hence, women have many reasons to desire to negotiate safe sex within their relationships. However, they do not have the power to do so when they are in a marriage or in a stable relationship that is expected to end in marriage. With the paying of brideprice in many African societies – as in the countries under study – the husband acquires ownership of the sexuality and children of his wife.[37] Whelehan (2009) explains that women balance the risk of contracting HIV or becoming pregnant against the possible rejection of her husband and producing descendants.

1.3 Female condom use

In this report we explore the opinions of men on female condoms and female condom use in Cameroon. The following paragraphs show what we currently know about female condom users in Cameroon and what they see as the advantages and disadvantages of female condoms. The

[35] Agha et al. (2002); Abdulraheem and Fawole (2009); Iwuagwu et al. (2000); Munoz et al. (2010); Saddiq et al. (2010); Smith (2007); Sunmola et al. (2007); Okonkwo (2010).
[36] Barnett and Whiteside (2006).
[37] Koster (2003).

only study available about female condoms in Cameroon is the baseline study for the UAFC Joint Programme by ACMS, and some case studies of people with experience of female condoms. Even though these are not representative we preset them because no other sources were available.

1.3.1 Experiences of female condom users

Male and female users in the ACMS case studies mentioned that the female condom can be difficult to use in the beginning, but over time usage becomes easier. According to the participants in the study, sexual intercourse can feel natural with the female condom, which is not the case when using the male condom. Another advantage of the female condom over the male condom is that the female condom is not too tight around the penis; hence some participants mentioned feeling more free and comfortable. Some women and men even reported feeling more sensation when using the female condom. In addition, people said they felt safer with the female condom because it is stronger; the male condom more often breaks or slips off during sex. Another participant no longer experienced allergies since using the female condom. Women stated that they liked the control they had with the female condom.

Some negative experiences were also reported in the case studies. A few women said they were afraid that the condom would get stuck in their vagina. Other women thought the female condom is too big. Some people reported that they did not like the noise the female condom makes. The price also seems to be an obstacle in female condom use because it is much more expensive than the male condom.

1.3.2 Reasons for not using female condoms

In the baseline study report of ACMS, different reasons for non-use of female condoms were mentioned among regular partners. Only a few reasons can be related to the product itself. A few respondents mentioned for example that the female condom reduced sexual pleasure (2%), did break (0%), does not smell good (0.4%), or they were afraid that the female condom would slip into the vagina (0.7%). Other reasons for non-use of the female condom were, for example, unavailability, not knowing how to use it, partner refusal, wanting to have children, and trusting the partner. The frequency in which these reasons where reported differed between types of sexual partners.[38]

Reasons for not using the female condom *with regular partners* outside marriage were: trust in the partner (42.4% of males and 39.6% of females), not knowing how to use them (21.4% of males and 17.2% of females), lack of availability (19.3% of males and 14.9% of females), wanting to have children (10.8% of females and 4.2% of males), partner does not have HIV or no risk (7.9% of males and 8.4% of females), and partner refusal (6.5% of females and 1.6% of males).

For males and females *with casual partners* the main reasons for not using the female condom with these partners were: lack of availability (40% of women and 27.6% of men), not knowing how to use them (28.6% of females and 27.6% of males), partner refusal (15.8% of females and 14.3% of males), and not trusting their partner (17.9% of males and 10.5% of females).

For males who *pay causal partners* or females who are *paid by casual partners* the main reasons for not using the female condom were non-availability (50% of men and 33.3% of women) and partner refusal (50% of men and 33.3% of women).

[38] ACMS (2010).

1.4 Study rationale

To summarize, HIV prevalence rates as well as the number of unintended pregnancies are considerable in Cameroon. Both male and female condoms offer dual protection against HIV and unintended pregnancy. With the introduction of female condoms, couples have a dual choice in dual protection, i.e. to use either a female condom or a male condom, with widespread use having the potential to reduce rates of HIV infection and unplanned pregnancy at the same time.

One of the perceived advantages of female condoms over male condoms is that women have more say and control over its use. As women are more often infected with HIV and also bear the burden of unintended pregnancies, there is a strong rationale for focusing on a method for women. It seems straightforward to solve female sexual health problems with a female controlled method. However, studies show that the female condom is not completely female controlled because a woman needs the approval and cooperation of her male partner. The studies among women referred to above showed that men may refuse to allow a woman to use contraception and female condoms for various reasons. This partly depends on the type of sexual relationship, which is taken into account in this study. Thus female condom programmes have to consider the socio-cultural contexts, including gender power relations, in different sexual relationships.

Since men are key to female condom acceptance and use by couples, in-depth qualitative information on males' perspectives is needed to inform education and promotion messages targeted to men and women, with the aim of increasing acceptance and use of female condoms. Before acceptance (frequent use) people have to be aware about the female condom and to have a positive attitude about using it, i.e. female condoms should be acceptable to them. This evidence on the acceptability and use of female condoms is lacking in Cameroon (as in other countries). This study will thus explore men's attitudes to female condom use with different sexual partners, and what can make men have a positive attitude and then become an actual frequent user of female condoms – possibly in combination with other prevention and protection methods. The study will not focus on the actual availability of female condoms, which is another barrier to use (and one of the focus areas of UAFC Joint Programme and ACMS). However, the availability and accessibility in the study areas as perceived by respondents was explored, because these were two factors that influenced acceptability and use.

1.5 Study objective and study questions

The main study objective is to explore the factors influencing the acceptance of female condoms by married and single men with different types of sexual partners. The contribution of the study to female condom programmes is to provide recommendations for approach, content, and channels for education and promotion in order to increase acceptance among men.

The questions answered in this study are:

1. What kind of sexual relationships do single and married men have? And within these relationships, how do gender power relations affect the decision making process on the usage of prevention methods (against STIs, HIV, and unintended pregnancy)?
2. How acceptable is the use of female condoms by single and married men with their different categories of sexual partners, and why do they not want to use them (with certain partners)?
3. What motivates men to use female condoms for the first time and what are their experiences?
4. What motivates men to become frequent users of female condoms and what are the patterns of use?

5. What recommendations do study participants give to female condom programmes to increase male acceptance of the female condom?
6. What are the study findings' implications for female condom programmes?

1.6 Report outline

The following Chapter 2 presents the study methodology including the theoretical framework used, the design, methods, and tools. It also describes the study populations and background of participants. Chapters 3 to 8 present the discussions during FGDs and the participants' answers to questions. Chapter 3 presents the participants' perceived advantages and disadvantages of the female condom, often in comparison to the male condom, as well as perceived effectiveness. Chapter 4 elaborates on the type of sexual partners men in Cameroon have and gender power relations within these sexual relationships. Chapter 5 continues by presenting the findings on the acceptability of female condoms with different types of sexual partners; it describes general acceptability as well as acceptability when different partners initiate use. This chapter also presents the reasons for not using female condoms and the motivations for why men may try the female condom. Chapter 6 discusses the facets of female condom acceptance by men: motivations for first time use and experiences are described, as well as reasons for stopping use of female condoms. This chapter also presents findings on reasons for and patterns of frequent use. Chapter 7 shows how participants perceive the availability, accessibility, and affordability of female condoms. The last two chapters discuss how female condom acceptance can be increased among men. Chapter 8 discusses this topic from the viewpoint of the FGD participants. They gave their opinion on current female condom programmes and how these can be improved, and how women can motivate men to use them. Finally, Chapter 9 summarizes the findings regarding which factors influence male acceptability and use of female condoms, and draws the implications for future programmes. It concludes by addressing the question which was the ultimate rationale for this study – whether men are an obstacle in spreading the use of the female condom – and the implications for prevention of HIV and unplanned pregnancies.

CHAPTER 2: STUDY METHODOLOGY

This methodology chapter starts with the theoretical orientations which guided data collection and analysis (2.1). Then the study design is presented in 2.2, including study methods, tools, themes, planned groups of participants, and ethical considerations. Section 2.3 describes data collection procedures. The following sections are on data analysis (2.4), reporting (2.5), and a description of the study populations (2.6). The chapter ends with a reflection on the study limitations.

2.1 Theoretical framework

The UAFC Joint Programme is a typical example of a Knowledge, Attitudes, Practices and Behaviour (KAPB) intervention – the type of intervention that seeks to alter (sexual) behaviour. Such interventions are based on the idea that a change in behaviour starts with an individual having the right knowledge about a certain issue, in this case the female condom. Second, an individual needs to change his or her attitude towards the issue, and finally alter his or her practices and behaviour. The main difficulty for many such behavioural change programmes related to sexual behaviour is that increased knowledge does not necessarily change behaviour, as people might not have the incentives or the power to change it, might not have the resources (no condoms available), and because sexual behaviour and gender relations (which might not favour the behaviour) are deeply rooted in culture which is not easily changed. Therefore, in this study we looked beyond knowledge and attitudes as influencing factors for behaviour (in terms of female condom use).

The study's data collection and analysis are based on the theory of planned behaviour as presented by Fishbein (2000). This theory distinguishes between two categories of mutually related factors that may influence intentions, behaviour, and behaviour change: personal factors and external factors. Personal factors include knowledge, risk perception, attitudes, skills, and self-efficacy. External factors include the social, religious, economic, and cultural contexts (including gender relations), social influence, and other external factors depending on the type of behaviour under study. A certain programme (like ACMS) trying to influence behaviour also constitutes an external factor. External factors influence the personal factors that may lead to intentions for certain behaviour, and also influence whether a person can realize the intention by executing the behaviour. Economic factors are external, but also personal when a person has economic power to realize his or her intentions.

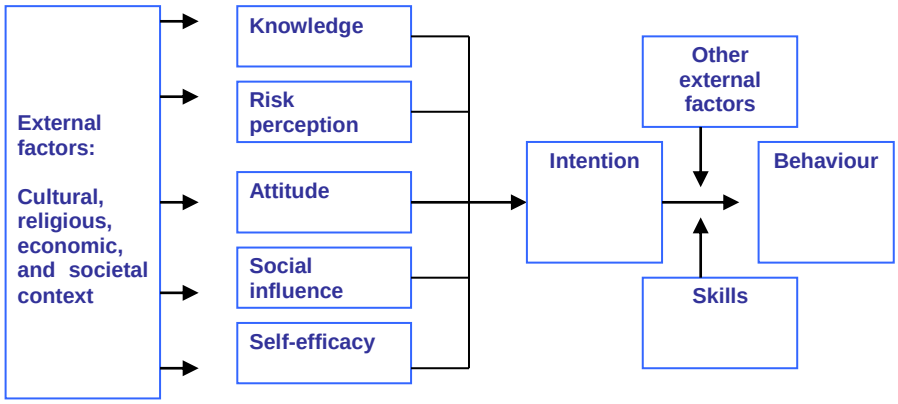

Figure 1: Theory of Planned Behaviour

When relating this model to sexual behaviour and condom use in general, the reasoning is as follows. External factors such as cultural and religious beliefs, prevalence of HIV, as well as societal roles and values influence an individual's perception of their risk of contracting STIs and/or HIV as well as unintended pregnancies. Determining one's risk means having knowledge about the existence of these risks as well as perceiving them as risks. Whether a person is able to do something about their situation when they realize they are at risk depends on a person's knowledge, self-efficacy, and skills. Once the individual has the intention to use condoms, this can again be disturbed by external factors such as the availability and affordability of the condoms, and by the refusal of a partner. In programming it is often assumed that changing the determinants (such as knowledge and risk perception), after establishing the link between the health problem (for instance HIV infection), behaviour, and its determinants, will result in behaviour change and improved health. However, Boler and Aggleton (2004), commenting on this theory, note that in the end external factors may be more influential in determining people's behaviour and behaviour change than knowledge, attitudes, and skills.[39]

In this report we study the behaviour and behaviour change related to the use of female condoms by men – as a protection against HIV and STIs and prevention of unintended pregnancies. Various personal and environmental determinants possibly influencing the use of female condoms are explored. We theorize that having a positive attitude towards the female condom (*acceptability* of female condom) is influenced by personal knowledge of the female condom (what it is, how it is used) and by one's belief in its effectiveness. These personal factors may be influenced by female condom programmes (external factor). Another factor influencing acceptability is type of sexual partner and normative gender relations. From the literature (see 1.2) it is known that men in Cameroon – as elsewhere in the world – have different types of sexual partners, with different gender power relations. It is theorized that female condom acceptability and use will differ by type of sexual relationship. In this study, we define actual use of the female condom as female condom a*cceptance*. Moving from acceptability – the positive attitude – to actual use by men for the first time is again influenced by various personal and external factors. Personal factors may be, for instance, self-efficacy (that the man thinks he will be able to use it, influenced by knowledge of the female condom), perception of need, and having the economic resources. External factors include female condom availability and accessibility, willingness or insistence of the partner, and the influence of peers. These same external factors may influence him to become a frequent user, with an additional influence from his first experience; if positive, he might be more willing to continue using. Figure 2 presents the conceptual framework of the study.

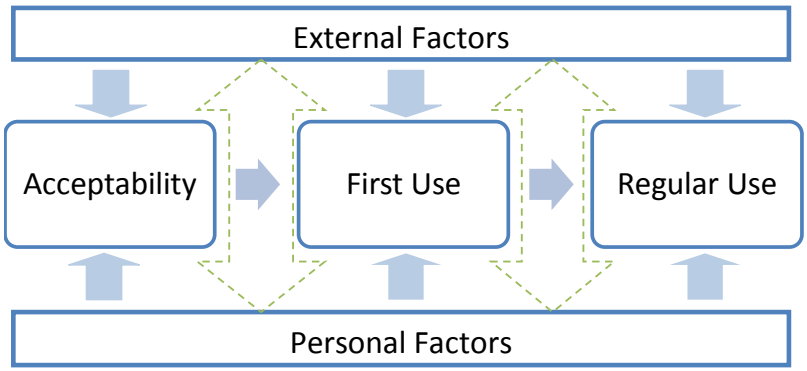

Figure 2: Factors influencing frequent female condom use by men

[39] Boler, T & P. Aggleton (2004).

2.2 Study design

The study was explorative because very little is known about the topic of this research, as has become clear from the literature review in Chapter 1. The study therefore used mainly qualitative data collection methods – focus group discussions (FGDs) and in-depth interviews (IDIs) – because these methods are more appropriate than quantitative methods for explorative studies. Before the FGDs quantitative background information was collected about the FGD participants.

When designing the study it was clear from the literature that the rationale behind (female) condom use or non-use differed among males and females, married people and singles. To give every individual the opportunity to speak freely in the discussion, we made separate groups at three levels. The first level of distinction was made between males and females. Although the emphasis of the study was on male acceptance of female condoms, we believed it was important to also have FGDs with women, to see what they thought about female condom acceptance by men. The second level of distinction was between married people and singles. As Chapter 1 points out, contraception use and gender relations are different within and outside marriage. Singles were defined as all men and women who were not formally married (thus among singles were also persons who were in a stable relationship and living together – which is one of the marital categories in EDSC). The third level of distinction was between user type. Participants (who had all heard about the female condom) were divided into three groups: 1) frequent users; 2) one/two time users; and 3) non-users. The reason for dividing the one/two time users from those who used female condoms more often was that from the literature it is known that the first time that female condoms are used they may be cumbersome and people may be put off from further use, but that afterwards people get used to them and start enjoying them. Thus, there were six different groups for FGDs (see Table 1).

We aimed to hold sixteen FGDs, of which 4 were with females and 12 with males (see Table 1). More FGDs were planned with male frequent users, because this group could give us the most insightful information about what may make men routinely accept female condoms. The twelve male groups were evenly divided between single and married men. For women, the groups of those who had used once or twice and non-users were combined into one group (thus cells are merged in Table 1).

Table 1: Number of planned FGDs, by groups of men and women

<table>
<tr><th rowspan="2">Group</th><th colspan="3">Men</th><th colspan="3">Women</th><th rowspan="2"># Total</th></tr>
<tr><th># Married</th><th># Single</th><th># Total</th><th># Married</th><th># Single</th><th># Total</th></tr>
<tr><td>Frequent female condom users</td><td>3</td><td>3</td><td>6</td><td>1</td><td>1</td><td>2</td><td>8</td></tr>
<tr><td>Used female condoms once or twice</td><td>2</td><td>2</td><td>4</td><td rowspan="2">1</td><td rowspan="2">1</td><td rowspan="2">2</td><td>6</td></tr>
<tr><td>Know female condoms but not used them</td><td>1</td><td>1</td><td>2</td><td>2</td></tr>
<tr><td>Total</td><td>6</td><td>6</td><td>12</td><td>2</td><td>2</td><td>4</td><td>16</td></tr>
</table>

Selection of FGD participants was planned through convenience sampling; men and women who were willing to participate and who were available at the proposed time for fieldwork. They were to be mobilized through the ACMS network by ‘gatekeepers’. We opted for this sampling method because female condom uptake is low and it is difficult to find enough eligible people to participate in a random sample. Moreover, for the study objective and considering the exploratory nature of the study, random sampling was not necessary. We aimed for two special groups: one of female sex workers and one of people living with HIV and AIDS. This was deemed necessary

because of the experience in the Zimbabwe study, which showed that these groups can complement the views of other groups.

In addition to the focus group discussions, we planned for two in-depth interviews with frequent male users, one married and one single. These interviews gave deeper insights into the motivation for and experiences of first time female condom use, and what obstacles the individual faced (for example, convincing his partner, insertion, etc.) that could have prevented him from becoming a frequent user, as well as how he handled these obstacles.

2.2.1 Data collection tools

Three tools were developed to collect the data: topic guides for the FGDs, a topic guide for the in-depth interviews (IDI), and a structured questionnaire for the pre-FGD interviews.

FGD topic guides
For each of three groups of users – frequent users, one or two time users, and non-users – we developed a different topic guide (see Annex 1). Two sets were made, one for males and one for females, thus making six different tools. The facilitator and the note taker were trained in the topic guides and received explanation about the kind of questions that were important for married and single persons.

The main themes in the discussions were: type of sexual partner(s); perceived advantages and disadvantages of female condoms and male condoms; perceptions of effectiveness of female condoms as dual protection; acceptability of female condoms compared to other prevention and protection methods, in particular the male condom, in different types of sexual relationships; experience with female condom use, first time and frequent use; decision making on use of contraception/protection methods, in particular on male and female condoms, by type of partner(s); patterns of female condom use with different sexual partners; availability, affordability, and accessibility of female condoms; recommendations for increased uptake and use of female condoms.

IDI topic guides
The topics in the IDIs were similar to the FGD topic guides for frequent male users (see Annex 4). During the IDI it was possible to explore the respondents' experiences in more depth.

Questionnaire
Before the start of the FGDs the research team members interviewed the FGD participants using a short structured questionnaire (see Annex 2). The aim was to get background information on the participants' marital status, sexual relationships, education, and use of female condoms. Moreover, the questionnaire was used to find out in which FGD the participant should participate.

2.2.2 Ethical considerations
Ethical clearance for the study was requested and granted from the *Cameroon National Ethics Committee* presided over by Professor Lazare Kaptue.

Ethical considerations during design of the study related to guaranteeing informed consent by FGD participants and diminishing the possible 'harm' for participants related to sensitivity of questions and time required for involvement in the study.

After arriving at the venue, facilitators explained the purpose of the study to potential participants[40] and asked for their consent to participate, after which a written informed consent form was given to complete before starting the interview or FGD (see Annex 3). Before starting the FGD the facilitator introduced the research team and procedures of the FGD. (S)he again asked for permission to proceed and audiotape, and assured the participants that they were free to leave at any time during the discussion.

The consent forms – with the real names – are kept secure in the office of AIID. The group pictures and pictures taken during the FGDs in this report were taken with the permission of the participants. Many participants asked for pictures and to be acknowledged in the report and possible presentations on the study.

Participants were not pressured to share their personal experiences, but most willingly did so. Participants always had the option not to answer a question or not to participate when a certain topic was discussed. To accommodate possible loss of productive time, interview and FGD hours were set at a time, place, and day convenient for participants. They were informed beforehand that the FGD would take 1.5 to 2 hours. No information on incentives was given to participants before the FGDs, so as not to attract participants who may forge answers to fit the criteria for participation, or raise expectations regarding awards. However, FGD participants were provided with a standard compensation for transport costs and received snacks and drinks during the FGD.

2.3 Data collection

Before data collection the local research team of FGD facilitators, note takers, and interpreters met for a day with the Dutch researchers to discuss the developed tools, get familiar with them, and adjust wording to the local context if necessary. During this day a pre-test was done (which was mostly already useful for analysis).

2.3.1 Mobilization of participants

Participants for the FGDs were mobilized through the ACMS and UAFC Joint Programme network. Two field promoters from UAFC Joint Programme, Horizon Femmes, and a spokesperson for commercial sex workers were responsible for the recruitment of participants. The mobilization took place in urban areas of Cameroon: Yaoundé, Douala, and Bamenda. The possibility to travel to three different cities in Cameroon increased the representativeness of the data as the environments are very diverse. Yaoundé lies in the Centre region of Cameroon and is seen as the political and administrative capital. Douala lies in the Littoral region and is seen as the economic capital of Cameroon. Both regions can be described as cosmopolitan, where many Christians live and the areas are French speaking. The HIV prevalence rate in Yaoundé was between 4.7% and 5.5% in 2004; the prevalence rate for Douala was between 5.6% and 6.9%. Bamenda lies in the Northwest region and is English speaking. This region, together with the Eastern region, has the highest HIV prevalence rate in the country: more than 6.9% in 2004.[41]

2.3.2 Type of focus group discussion

We had planned to conduct sixteen FGDs, but ended up with nineteen. In practice it appeared difficult to separate single and married males, as well as the type of users. Hence some groups

[40] The FGD topic guide included an introduction to the study (see Annex 2). We explained about the intention to increase the availability of the female condom. The moderators were instructed that they should not mention any further details about the female condom beyond the fact that it is a method against HIV and unintended pregnancies. This was to prevent people from thinking that the discussion groups were about the positive sides of female condoms instead of their honest opinion. Emphasizing the fact that all answers are correct, and that right or wrong answers do not exist, stressed this point even more.

[41] Epidemiological Factsheet HIV Cameroon, UNAIDS (2009).

were mixed, with more frequent users in some and more one/two time users in the other. In most cases we were able to separate the non-users from the users. There were more FGDS with women than planned because the pre-test (that appeared to give useful information) was with women (see Table 2).

Table 2: Realized total number of FGDs over user type category, by sex and marital status

Type of user	# FGDs with Males			# FGDs with Females			Total # FGDs (Males & Females)		
	Single	Married	Total	Single	Married	Total	Single	Married	Total
Frequent female condom users	4	3	7	4	2	6	8	5	13
Used female condom once/twice	1	2	3	-	-	-	1	2	3
Know female condoms but never used them	1	1	2	1	-	1	2	1	3
Total	*6*	*6*	*12*	*5*	*2*	*7*	*11*	*8*	*19*

Note: Used once/twice: used female condoms one/two times and used female condoms 3-10 times but stopped.
Note: Frequent Users: used female condoms 3-10 and continued use, and used female condom more than 10 times.

In total 171 people participated in the FGDs: 110 men and 61 women. FGDs had between 6 and 12 participants, with on average 9 participants. Table 3 presents the number (panel A) and percentages (panel B) of male and female participants by type of FGD. As by design, the majority of participants were frequent users (57%), while one-quarter (25%) were one/two time users, and about one-fifth (18%) were non-users. Relatively more females were frequent users (67%) than males (52%), and more single participants (60%) than married (54%), were frequent users. Further information on the socio-demographic characteristics of the participants is provided in section 2.6.

Table 3: Distribution of FGD participants over user type category, by sex and marital status

A. Distribution of FGD participants over type of user, marital status and sex (#)									
Type of user	**# Males**			**# Females**			**Total # (Males & Females)**		
	Single	**Married**	**Total**	**Single**	**Married**	**Total**	**Single**	**Married**	**Total**
Frequent female condom users	34	23	57	26	15	41	60	38	98
Used female condom once /twice	16	14	30	4	8	12	20	22	42
Know female condom but never used one	11	11	22	8	0	8	19	11	30
No information	1	0	1	0	0	0	1	0	1
Total	*62*	*48*	*110*	*38*	*23*	*61*	*100*	*71*	*171*
B. Distribution of participants over marital status, by type of user and sex (%)									
Type of user	**% Males**			**% Females**			**Total % (Males & Females)**		
	Single	**Married**	**Total**	**Single**	**Married**	**Total**	**Single**	**Married**	**Total**
Frequent female condom users	55	48	52	68	65	67	60	54	57
Used female condom once /twice	26	29	27	11	35	20	20	31	25
Know female condom but never used one	18	23	20	21	0	13	19	15	18
No information	2	0	1	0	0	0	1	0	1
Total	*100*	*100*	*100*	*100*	*100*	*100*	*100*	*100*	*100*

2.3.3 Data collection procedure

Each FGD session lasted about two and a half hours. The first half hour was for introductions, administering the questionnaires, and completing the informed consent form. The actual FGD lasted between one and a half and two hours. With the written permission of the FGD participants, the discussions were audio recorded. The discussions always took place in the language preferred by the participants, thus they were mostly held partly in French and partly in (pigeon) English.

The research teams consisted of local FGD facilitators, note takes and translators. The Dutch researchers and authors of this report were present at all FGDs.

Two IDIs were conducted with selected FGD participants, both male frequent users, who were willing to share their personal experiences. They were invited for an IDI after the FGD they participated in had finished.

2.4 Data analysis

The local research team members transcribed the FGDs and IDIs verbatim in digital word documents – the discussions in French were translated literally into English. The FGD information by theme from the digital word documents was transferred to spreadsheets by an AIID research assistant. For each FGD category (by user type, marital status, sex) a set of spreadsheets was made. Then manual content analysis was done by theme and by group and similarities and differences explored. Since the number of FGDs were small no qualitative computer analysis programmes were deemed necessary.

IDI information was analysed by theme. The pre-FGD questionnaire data (quantitative) were entered and analysed in Stata. In the analysis the three different single groups were taken together: 1) single with stable relationship; 2) single without stable relationship; and 3) single widowed, divorced, or separated.

2.5 Reporting

In this report, for all themes the differences between groups were explored, i.e. between married and single persons, women and men, users and non-users of female condoms. Where differences were found these are presented in the report. Findings are sometimes illustrated by quotes from FGD participants or IDI respondents – these are quotes that mainly represent majority views. Some quotes are presented that give minority or original views, or new ideas that may be useful for programmes, and will be indicated as such. Further illustrations and additions to the FGD findings were derived from the quantitative information from the pre-FGD questionnaires (in tables).

Chapters 3 to 8 present a summary of what participants discussed and answered (most) during the FGDs. We use the literal translations. In Chapter 9 their answers are analysed using the theoretical framework, thus personal and external factors are summarized which influence male acceptance of female condoms. Chapter 9 also draws conclusions on the implications of these study findings for female condom programmes.

2.6 Description of study population

As mentioned, our study group consisted of 171 participants: 110 males and 61 females. Table 4 shows some general background statistics of the FGD participants.

Panel A describes the marital status of the participants. Of our study population, 42% were married, 40% had a stable relationship, and 15% were single without a stable relationship. In the tables in the remainder of the document we have combined the multiple categories of singles: single, single with stable relationship, and single widowed/divorced/separated. This made it easier to compare the differences between single and married persons. When combining all single categories, the majority of our study population (58%) became classified as single. More men (48%) than women (26%) had a stable relationship. More women (26%) than men (8%) indicated that they were single without any type of relationship.

Table 4: Characteristics of FGD participants

A. Marital status	**% Males (N=110)**	**% Females (N=61)**	**Total % (Males & Females) (N=171)**
Married	44	38	42
Single	8	26	15
Single - stable relationship	48	26	40
Single - widowed / divorced	0	10	4
No information	0	0	0
Total	*100*	*100*	*100*
B. Age groups	**% Males (N=110)**	**% Females (N=61)**	**Total % (Males & Females) (N=171)**
<20	1	7	3
20-29	59	54	57
30-39	25	33	27
40-49	11	7	9
50-59	2	7	1
>60	0	0	0
No information	3	0	2
Total	*100*	*100*	*100*
Average age (in years)	*29.4*	*32.5*	*29.1*
C. Education level	**% Males (N=110)**	**% Females (N=61)**	**Total % (Males & Females) (N=171)**
No education	0	0	0
Primary school	4	7	5
Secondary school	35	51	40
University / tertiary	54	39	49
Other	5	3	5
No information	3	0	2
Total	*100*	*100*	*100*
D. Occupation	**% Males (N=110)**	**% Females (N=61)**	**Total % (Males & Females) (N=171)**
No job / housewife / student	39	43	40
Self-employed	27	10	21
Peer educator / community worker	3	13	6
Barber / hairdresser	0	5	2
Sex worker	0	16	6
Other	27	13	22
No Information	4	0	2
Total	*100*	*100*	*100*

Panel B of Table 4 shows that most participants were between 20-39 years old. People within this age category are expected to be the most sexually active. The average age of the population is 29.1 years old. When comparing these percentages to the averages in the three regions – Centre, Littoral, and Northwest – we see significant differences. For example, youths are not included in the study; men between 15-19 years old were not included, while 23% of the males in the three regions are between 15-19 years old. In addition, the age distribution has a strong bias

towards the ages 20-39; 74% of the males in our study belonged to that age group, while the regional average is 53%.

When looking at Panel C we see that our study population was relatively highly educated as most of the participants (40%) had completed secondary education, and 49% had even pursued higher education. This could have influenced our study results as educated people are expected to be more aware of the risks of engaging in unprotected sex.

Panel D shows that although educated, the majority of the study participants did not have an official occupation. Most males and females mentioned having no job at all (40%) or they were self-employed (21%). About 22% of the population, represented in the 'other' category, indicated having a specific type of occupation that can be described as (more or less) formal employment. As many different types of occupation were mentioned, they have been collected in the category 'other'. This category does not consist of occupations expected to bias the results of the group discussions.

Two important characteristics of the female study population should be highlighted here. First of all, it is important to note that a relatively large percentage of the females in the FGDs were peer educators (for female condoms) or community workers. They were expected to have knowledge about the female condom, to be educated about its use, and to have been exposed to other tools of empowerment. This could have had implications for the results. In the analysis, we report it when answers were mainly coming from peer educators. In addition, we organized an FGD with commercial sex workers who were also a relatively large part of the female study population at 16%. We analysed the findings for this group of women separately and took their exceptional background and thus possible different perceptions on female condom use into account.

Another point to keep in mind is that the males in our study population are not necessarily representative of the male population in Yaoundé (Centre), Douala (Littoral), and Northwest. The background information presented in Table 4 has been compared to demographics based on DHS data for the regions;[42] the paragraph below summarizes the main differences. As Table 4 presents the overall composition of the study group, the DHS data has also been combined for the three regions in which the FGDs took place. Hence, averages of the study population are compared to regional averages.

First, looking at marital status, we found that the men in our sample and in the DHS were equally often married. Second, we found the male population in our study to be highly educated: 54% indicated having completed tertiary education or university, while the DHS documents that on average only 9% of the male population in Yaoundé (Centre), Douala (Littoral), and Northwest completes higher education. Third, we looked at occupational status. From the DHS we do not have detailed information about type of occupation; though we do know how many men, on average, are employed or unemployed: about 22% of the men in the regions Yaoundé (Centre), Douala (Littoral), and Northwest are unemployed. This is comparable to the 39% unemployed males in our study group (though students account for part of this unemployment statistic).

[42] Note that the DHS data used here is from 2004. As the FGDs were organized in 2011, there is a time gap between the sets of data. The comparison is thus not optimal, though it gives an idea of how representative the study group is for further generalization.

2.7 Study limitations

Focus group discussions cannot be used for quantitative purposes such as testing hypotheses or for generalizing findings for larger populations. In addition, the previous section shows that the study group is not completely representative of the male population in Yaoundé (Centre), Douala (Littoral), and Northwest. The study population was highly educated and we could expect that they had more knowledge on female condoms and other contraceptives. They may also have had a higher economic status and possibly better access. Therefore, the results presented in this report need to be interpreted as explorations about the perceptions of men towards the female condom. For a generalization of the findings for broader areas, it would be necessary to conduct large scale surveys.

This study investigates male perspectives on the female condom. All respondents had heard about female condoms and had an opinion about them that they were willing to share. Thus, we deliberately missed out those people who had either no knowledge at all about female condoms or who did not want to talk about it. In addition, the participants were recruited in urban areas in and around Yaoundé, Douala, and Bamenda (the ACMS programme focuses on (sub-)urban areas). We thus have no knowledge about the perception of female condoms from individuals in rural areas.

It is also important to emphasize that this study is not an evaluation of the current policies and practices of female condom programmes in Cameroon. We did not ask the participants to what extent they were exposed to female condom programmes. Hence, this research should not be interpreted as an evaluation but as an explorative study on male acceptance of female condoms.

In conclusion: this was a small explorative study of persons in (semi-)urban settings, who were selected by convenience sampling. The findings, therefore, cannot be said to be representative for the whole of Cameroon or all men in Cameroon. The views of men and women, single and married, and the findings from the FGDs and pre-FGD questionnaires were compared. We consider the study findings to be meaningful indications of male views on female condoms.

CHAPTER 3: OPINIONS ON FEMALE CONDOMS

For female condoms to be acceptable people need to have knowledge and positive opinions about them. This chapter presents findings on participants' knowledge and opinions about the advantages and disadvantages of female condoms (3.1), and specifically on their perceptions of their effectiveness in protection against diseases and in prevention of unintended pregnancy (3.2) (most participants speak of unwanted pregnancies). Effectiveness is compared to male condoms and other prevention methods.

3.1 Perceived advantages and disadvantages of male and female condoms

This section summarizes the answers to the roughly ten minute long first ice breaking session for the FGDs. Participants were asked what they considered were the advantages and disadvantages of female and male condoms. The answers were written on a flipchart for everyone to see. Obviously the users shared more of their own experiences while non-users talked about what they had heard. In the analysis, advantages and disadvantages were categorized into (ease of) use, appearance, feeling, effectiveness, accessibility, and control; often the two condoms were compared to one another, with the advantage of one being a disadvantage of the other (for instance, the female condom is expensive, while the male condom is cheap). Some issues were both an advantage and disadvantage; for instance, pleasure was mentioned as an advantage of the female condom by some, while others mentioned lack of pleasure. Table 5 summarizes the answers mentioned most in the discussion group, by category and method. It is indicated when a (dis)advantage was mentioned by women only, by men only, or by non-users only. No frequency figures are given, because it was not the intention of this question to exhaust all opinions; however, the characteristics in each cell of the table are ordered in sequence with the most mentioned at the top and in bold. (Tables in Annex 6 present all mentioned advantages and disadvantages – also those mentioned only once.)

Effectiveness

Overall, participants perceived female condoms as an effective prevention method against STIs/HIV and unwanted pregnancies. The most frequently mentioned advantage of the female condom was that *it is effective to protect against STIs and HIV*. Protection against STIs and HIV was mentioned in nine FGDs, by both female and male participants. Protection against pregnancies was also frequently mentioned, although less often than protection against STIs and HIV. Some participants mentioned double protection, meaning that they protect against STIs as well as pregnancies.

When looking at male condoms and effectiveness, we see that male condoms were also perceived as an effective method to prevent unwanted pregnancies and STIs. Interestingly, the double protection advantage was mentioned mainly by men. Both men and women mentioned protection against unwanted pregnancies and protection against STIs and HIV separately, but women did not indicate male condoms as providing 'double protection'.

When comparing the 'effectiveness' of the male and female condoms, we see that participants related the advantages of female condoms to the disadvantages of male condoms. For example, bursting or tearing was seen as the main disadvantage of male condoms, while the fact that the female condom *does not burst easily* was its third most frequently mentioned advantage. Another example was the complaint that the male condom can *slip off the penis*, which is perceived as a disadvantage, while the female condom *stays in place (and) does not come off like the male condom*. Due to these reasons, with the possibility of a male condom bursting given as the most

important reason, some participants mentioned that they feel more secure with the female condom. However, some participants did not perceive the female condom as 100% reliable (see section 3.2 for more on the female condom and its perceived effectiveness).

Table 5: Perceived advantages and disadvantages of male and female condoms

Panel A. Advantages and disadvantages of the female condom		
	Advantages	**Disadvantages**
Effectiveness	• Protects against STIs / HIV • Does not burst (easily) – better material • Double protection – prevention against STIs and pregnancy (M) • Protects against pregnancies • Protects / reduces risks • More reassuring / protection (than male condoms) • Female condom stays in place – does not come off like male condom	• Not 100% reliable
Feeling	• Feel free during intercourse – not tight around penis • More sexual pleasure (M) • Feels natural • Feels comfortable • No vaginal dryness – (so no wounds) • Easy to ejaculate (M) • Women get more sex drive (M) • Well lubricated	• Reduces pleasure, does not excite you • Inner ring causes pain (F) • Cannot feel the heat of the woman / walls of vagina (M) • Insertion reduces sexual drive
Appearance and qualities	• Fits male organ	• Makes noise (M) • Having to keep female condom in place – reduces pleasure (M) • Can go inside (F) • Too big (M) • Too oily / lubrication is messy/slippery • It comes out (F) • Package too big – cannot be carried secretly • Too big – feels foreign to the body (and so reduces sexual pleasure) • Not stable in vagina – can move (M) • Outer ring is not stable – can move
Availability / Affordability		• Scarce – not easy to find • Too expensive
Control	• Women can put it on before – protects against sexual violence/rape • Woman can control her sex life (F) • Woman can protect herself • Can be put on without man noticing (M)	• Leads young girls to prostitution / sexual acts (M)
Use	• Can be put on before sexual act (3-8 hours) (M) • Easy to remove • No need for erection (M) • Hygiene increases because women have to look at their private parts (F) • Can use it for a second round	• Difficult to insert • Insertion takes too much time (M) • Cannot do different sex positions (M) • Women do not know how to use them (M) • You need to know how to insert it very well (M) • Too much work – have to direct penis all the time

(Table 5: Continued)

Panel B: Advantages and disadvantages of the male condom		
	Advantages	**Disadvantages**
Effectiveness	• Prevents unwanted pregnancy and STIs (M) • Protection against pregnancies / family planning • Protects against STIs • Protects	• Can burst easily • Can slip from penis • Tears if partner is too violent (F) • Not 100% reliable
Feeling	• Almost body to body contact (M) • Man can stay long on the woman – prolongs sexual which is beneficial to women and increases sexual pleasure (M & F) • Intense pleasure (also depends on type of male condom)	• Tightens penis • Slows ejaculation (M) • Reduces sexual pleasure (M)
Appearance and qualities	• Well lubricated	• Not well lubricated – facilitation of penetrations decreases after time (M) • Lack of good lubrication causes infection, stomach pain, itches (F) • Very fragile (M) • Bad smell of lubrication / male condom has perfume • Can cause wounds (F)
Availability / Affordability	• Good price / cheaper (M) • Available everywhere (M)	
Control		• Leads young girls into prostitution / sexual acts
Use	• Easy to use	• Needs full erection (M) • Can get stuck inside (F)

Note: (M) = male response; (F) = female response.

Feeling

In general we can say that users appreciated the feeling of female condoms during sexual intercourse. They especially liked that sexual intercourse *feels free – not tight around the penis*. This advantage is again clearly related to a disadvantage of the male condom, that it is *tight around the penis*. This shows that the female condom has some beneficial features over the male condom, which are valued by participants. *Feeling free during intercourse – not tight around the penis* was mentioned in nine of the FGDs by both men and women, and is therefore in the top three most frequently mentioned advantages of the female condom. Participants also mentioned that using the female condom feels like having natural sex and is comfortable. Men also said that they derive more sexual pleasure while using the female condom, they ejaculate easier, and according to some men women get more sexual drive.

On the other hand, men and women mentioned that the female condom *reduces pleasure as it does not excite you*. In addition, some women experienced pain caused by the inner ring, and some men said that the female condom *does not allow you to feel the heat of the women or the walls of her vagina*.

According to respondents, the male condom increases pleasure on the one hand and decreases it on the other. Men said that the male condom gives them pleasure because it is almost body-to-body contact, and women said that the sexual act is prolonged when using the male condom, which is beneficial for women's pleasure. However, men also said that the male condom slows down ejaculation and reduces pleasure, while both men and women also said that the male condom tightens the penis.

Appearance and quality

When looking at the category appearance and quality, it immediately stands out that it contains many disadvantages of the female condom, and only one advantage: *the female condom fits the male organ*. This advantage is of course related to the above mentioned advantage *feels free – not tight around the penis*. The disadvantages of female condoms within this category can be divided between appearance and quality and will be discussed separately.

The third most frequently mentioned disadvantage of the female condom was related to quality: *it makes noise*. Men in particular regarded the sounds that the female condom makes during sexual intercourse as a disadvantage. Men also mentioned that the female condom needs to be kept in place during sexual intercourse, which reduces pleasure. In relation to this point, some men said that the female condom is not stable in the vagina, that it can move. Women confirmed this by mentioning that the female condom can go inside the body or come out. Another mentioned disadvantage of the female condom was that it is too oily.

Many comments were made about the appearance of the female condom; the most frequently mentioned problem was that it is too big, in the sense that it feels foreign to the body and the package is too big and thus cannot be carried discretely. These two disadvantages were mentioned by both men and women, though the criticism that the female condom is simply *too big* was mentioned mostly by men.

The category 'appearance and quality' also contains mainly disadvantages of the male condom, the majority of which were related to lubrication. According to some men, the male condom is not lubricated well enough, so that the facilitation of penetration decreases after time. Women mention that the lubrication is not good as it causes infections, itching, and stomach pains. However, the one advantage of the male condom mentioned in this category contradicts these statements, as it says that *the male condom is well lubricated*. Men and women both mentioned that the lubrication has a bad smell or that they do not like the perfume of the male condom. Some men said that the male condom is very fragile and some women mentioned getting wounds from them. This last point could be related to insufficient lubrication.

Availability and affordability

The participants had a clear opinion on the affordability and availability of male and female condoms. According to them, the female condom is *too expensive and scarce / not easy to find*. This was mentioned in all FGDs, and because it is of great importance for the uptake of the female condom. Chapter 7 will discuss these matters in more depth. The male condom on the other hand has a good price according to the participants, and is also available everywhere.

Control

Some participants spoke positively about the fact that the female condom is a female controlled device. The most frequently mentioned advantage in this category was that women can protect themselves if they are raped by inserting the female condom beforehand; for example, before going out or going to an area where rape frequently happens. Women also said that they now have the opportunity to control their sex life and they perceive this as an advantage. Men said that women can insert the female condom without the men noticing. This is an advantage because the woman and the man are protected, while he thinks she is wearing nothing.

A reported disadvantage to female and male condoms is that they might lead young girls into prostitution or sexual acts. Or in other words, some participants were afraid that condoms increase promiscuous behaviour.

Use

The main stated advantage of using the female condom was that it can be put in place before the sexual act. Another advantage mentioned mostly by men was that the female condom does not require an erection. The main disadvantage of the actual use of the female condom was insertion. Men and women said that it is difficult to insert: *it takes too much time* and *you need to know how to insert it well*. Some men, referring to the insertion process, said that some women *do not know how to use them*. In addition, men mentioned that the female condom can only be used in certain sexual positions, which is perceived as a disadvantage.

The most frequently mentioned advantage of the male condom, as stated by both men and women, was that it is easy to use. Men pointed out that using a male condom requires a full erection which they see as a disadvantage. Females mentioned that the male condom can get stuck inside.

3.2 Perceived effectiveness of female condoms

As mentioned in section 3.1, most participants believed the female condom to be very effective prevention against unwanted pregnancy and protection against STIs and HIV. They usually compared female condoms to male condoms, and most users said that the former are more effective because they do not burst so easily (something which they all had experience with or had heard about). Male users said that the female condom is more effective because it covers the whole penis up to the base, unlike the male condom. A married male user in Douala said:

> It also protects the man so much because with the male condom, if you do not put it on properly, some parts of the penis at the base do not fit in completely. After intercourse, pimples could develop on the area because of contact with the female skin. It is not the case with the female condom. It is better to use the female condom because it protects from vaginal secretions from which one could possibly contact infections. It protects completely from within and so the advantages are more than those of the male condom.

Single male users in Douala said that it is also more effective because women are in control, and they are most motivated to use it well. Female users confirmed this as a reason for female condoms being more effective. However, the condition for female condoms to be effective, as mentioned by some participants, is that the woman knows how to use it and controls it well. Accidents can happen; there is a danger that if the female condom is not inserted properly the man can pass sperm alongside rather than inside it, and it can also happen that if it is not taken out properly, sperm can spill into the vagina.

Commercial sex workers (with whom there was one FGD) said that they preferred female condoms over other contraceptives because they provide dual protection and are more effective than male condoms, which can burst. Single girls added that this is the case only if well inserted.

More non-users than users were unsure about the effectiveness of the female condom. Single non-users were afraid that the female condom is not effective when women do not know how to use them properly; semen may spill into the vagina, or she may not be in time to insert. Some of the single female non-users thought that they can break just like the male condom. Married men in Bamenda were also not completely sure; some said they never burst, so are more effective, but others did not know how they work and thought that there may be contact between the penis and vagina. They also noted that if the female condom is used by a woman for sex with several men, it is not effective. It appeared that they did not know much about the female condom, and both groups showed great interest in learning more in a demonstration.

The female condom compared favourably to other contraceptive methods. Participants mentioned that monitoring the ‘safe period’ when conception is less likely is not as effective for

preventing pregnancy, because one can be mistaken. When discussed in the FGD, both male and female participants preferred female condoms over pills, mainly because with pills women have side effects, such as disturbance of the menstrual cycle, while with female condoms there are no such side effects. A single male user in Yaoundé said:

> I prefer [female] condoms because pills add too much chemical substances in the blood. We do not know what it can cause later. So I prefer to stick to condoms and now the reliability of the female condom is higher than the male condom in light of all that is said in terms of inconveniences. The fragility of the male condom suggests that we are more exposed to different STIs and early pregnancy, unlike the female condom which at least has some guarantee in terms of stability and stiffness and all the rest.

In one group of single male users, the female condom was also compared to the IUCD (intra uterine contraceptive device). The mentioned disadvantage of the IUCD was that *one must see a specialist to place it, and when it is not well placed it can cause problems*.

CHAPTER 4: MEN'S SEXUAL PARTNERS

The second FGD ice breaker was to discuss the categories of sexual partners men have. This was important information because it was theorized that men's acceptance of female condoms differs by type of sexual partner. The answers were written on a flipchart for everyone to see and referred back to during the remainder of the FGD. Participants agreed that overall these partners can be divided into five categories: 1) marital partner; 2) stable extra-marital partner; 3) stable girlfriend (of single men); 4) casual partner; and 5) prostitutes/commercial sex workers (CSWs). FGD participants elaborated on each category, mentioned local names for the categories, and made sub-divisions. Analysis shows that the types of partners differed in terms of exclusivity, trust, gender power relations, exchange of money or goods for sex, and purpose. From the elaboration in the following sections it is clear that there was also overlap between the categories, for instance it was not always easy to differentiate between a sex worker and a casual girlfriend, and even between a casual and a stable girlfriend. It will be indicated where participants disagreed, for instance on trust and power relations. All information in the next sections is based on what FGD participants mentioned.

4.1 Marital partner

The women whom the male participants were married to were called the 'landlady', 'madam of the house', or 'the one of the house'; the husband has paid brideprice for her. Legally, Cameroonian men can marry more than one wife, if he has the money to pay the brideprice. Once brideprice is paid the bond is official. It gives the husband power over his wife and she has to submit to gender norms for a married woman. This means being submissive to the wishes of her husband, and having sex with him when he wants and only with him (a wife is not supposed to have other sexual relationships). Thus, after marriage the husband normally makes decisions over the number of children, and the use of protection and contraception. Moreover, he has the 'right' to unprotected sex with his wife. Spouses may discuss use and efficacy of methods of contraception to prevent unwanted pregnancy, but discussing protection against STIs and HIV is taboo, because this would imply that one partner distrusts the other (of having extra-marital sex). The main purpose of marriage for men and women is to have children, although intimacy and sexual pleasure may help a good relationship.

That the normative power lies with men does not mean that women are powerless. They have their tactics and subtle ways to (try to) get what they want and make their own decisions within the dominant gender norms – as will be illustrated in the course of this report.

4.2 Stable extra-marital partners

Many married men have more or less stable extra-marital relationships. The common name for the most stable relationship is '*deuxième bureau*' in Francophone Cameroon and 'second office' in Anglophone parts. A married man in Douala explained the difference as compared to the wife as follows:

> If the woman of the house cannot do what I want and I cannot manhandle her, then I have to look for another woman. This second woman is treated like the woman in the house. The difference is that I cannot spend the night out or sleep over at her place. She is a mistress.

With his *deuxième bureau* a man may have children, and some may intend to take her as a second wife. Men said that they have these women for sexual pleasure, comfort, and as a

change from their spouse. Table 6 shows that about one third of married male participants had had a stable extra-marital partner during the year preceding the study.

Wives know men have these extra-marital affairs (although they often do not know the specific women), and said that men have them for sexual pleasure and for when the wife cannot have sex – for instance when pregnant, nursing a small baby, or menstruating. Women said that they sometimes feel that their household is threatened because of these women pampering their husbands with food and attention, and because their husbands may treat these women better than their wives.

Men said that they are somehow committed to the *deuxième bureau*, but have less control over her sexuality than that of their wife, because they have not paid brideprice for her and therefore do not have exclusive rights to her sexuality. Thus men realize that they cannot trust her completely to not to have other sexual relationships.

Other stable sexual partners of married men are called a mistress, concubine, *njumba*, best girl, spare tire – these are all less serious than the *deuxième bureau*. With these women the men have regular sex, he may support her financially, visit her often, and they may have children together. There is some trust, but less than with the *deuxième bureau*, and the man cannot be sure that he is her exclusive sexual partner. Women may exploit men in these relationships to get money, goods, or other things they want. Female FGD participants said that 'best girls' threaten the household because men like to go to them often.

4.3 Stable girlfriends

The most serious stable girlfriend of single men is called *la titulaire* (or fiancée in Anglophone Cameroon). With this girlfriend a man is more serious because he may marry her. They may already be living together and even have a child together.[43] There is intimacy and trust to some extent. The difference between this and marriage is that the bond is not official and so the man does not have complete control over her sexuality. Thus, the woman has more decision making power – also regarding the use of protection and contraception – than a married woman. The *njumba* or concubine is the name for another type of stable partner for single men, and this is the next most serious type after *la titulaire*.

Some single men have older women as a stable girlfriend, called a 'sugar mommy'. One single man explained that, "*you are dating a woman who can give birth to you*"; some others, however, saw the sugar mommy as a casual friend. These women may be married but sexually unsatisfied by their husband.

With all these partners, men cannot be completely sure and have trust that they are the exclusive partner – although from *la titulaire* or fiancée this is more expected.

4.4 Casual partners

The most frequently mentioned name for casual partners of married and single men was '*bois blanc'* in Francophone and 'white wood' in Anglophone areas (this refers to a type of wood that burns very fast and is thus good to use when one is feeling cold). Many other (nick-) names were mentioned, indicating what the women are used for (e.g. spare tire, kick and pass, free wheel, stray bullet) or where she was picked up (outing girls, taxi, tooth pick, *arachide du deuil*). Casual partners may be for a one time encounter, or the man may have sex a few times with a woman or

[43] In the CDHS there is a marital category 'living with sexual partner – besides currently married and never married', which would be the category we are referring to here.

girl he meets in the street or elsewhere. Some men have their more regular casual partners. Some of these are women who are known to like sex with any men, thus are also called '*roue de secours'* (mattress or doormat). Married men may also have a relation with a younger girl, even a schoolgirl, for whom they are a sugar daddy.

Generally men have these casual partners for sex, excitement, and fun. The man may pay her something, or buy her food or drink, but this is not always so. It also depends on the woman. Some women, married and single, are eager for sex and are easily tempted by men or actively looking for sex. The difference between these women and CSWs is not always clear, because some girls which men pick up from the street expect money and do this routinely. Also some casual partners may become more regular after having had sex several times and starting to like one another.

In two FGDs, with married women in Yaoundé and single men in Bamenda, *men* were spontaneously brought up as being possible casual sexual partners of married and single men. Because this study was interested in female partners – being a study about female condoms – we did not explore male-male sexual relations in the FGDs.

Between casual partners there are no obligations and there is no trust. Men (and women) know that they are not the only sexual partner. Men have the power to make decisions, but the women and girls may have sexual power over the man because he is so eager for sex at that moment.

4.5 Commercial sex workers

CSWs are mostly called sex workers, prostitutes, or *waka*; they have sex for money. In Bamenda they are also called *nkolo yam oh* and *ashawo*. It was striking that in the FGDs with women in particular, the participants differentiated between professional and periodic prostitutes, with the latter being defined as women who at the end of the month need money or food. The women in the FGDs also considered girls going out with sugar daddies as clandestine prostitutes. The professionals have sex work as their main occupation and source of income.

It was articulated that there is no relationship between CSWs and the man they have sex with, and there is no other obligation than for the woman to give sex and the man to pay. Men can be sure that the CSW will not want to have a child from him and will want to protect herself from STIs and HIV (re)infection. The man, however, has power over the CSW, including over use of protection and prevention methods, because he pays.

4.6 Prevalence of types of sexual partner

For the sake of simplicity, for the rest of this report we use the four categories of: 1) spouse; 2) stable partner (for single men usually referring to the serious girlfriend he may marry, for married men to the most stable extra-marital partner); 3) casual partner; and 4) CSW. Table 6 indicates the number of sexual partners which men and women reported in the pre-FGD interviews to have had in the year preceding the study. The following figures should not be interpreted as representative, but still some conclusions can be drawn.

Table 6: Number of sexual partners in the last year, by sex and marital status (%)

No. sexual partner(s)	Males			Females		
	% Single (N=62)	% Married (N=48)	% Total (N=110)	% Single (N=38)	% Married (N=23)	% Total (N=61)
1 sexual partner	58	42	51	84	83	84
2 sexual partners	37	35	36	13	17	15
3 or more sexual partners	3	19	10	0	0	0
No sexual partner	2	0	1	0	0	0
No information	0	4	2	3	0	2
Total	*100*	*100*	*100*	*100*	*100*	*100*

About 40% of single and more than half (54%) of married men had had more than one sexual partner in the year preceding the interviews. Women generally had less sexual partners than men, with only 13% of single and 17% of married women having had two partners. The questionnaire did not ask whether these were concurrent or not. (However, the data for single women are not reliable, because the sex workers will have had more than three sexual partners – they did report on clients elsewhere, as is clear from Table 7).

Concerning the type of partners participants had, the pre-FGD questionnaire found that about one-third of married men had a stable extra-marital relationship and that 42% of the married men had had sex with a casual partner in the year preceding the study (see Table 7). A majority of single men had a stable partner (94%), though additionally about half (45%) of the single men also had casual partners. Strikingly, relatively more married men visited sex workers (6%) than single men (3%).

As expected, married women reported less extra-marital relations than men; 17% reported having a stable partner, and 9% a casual partner (sometimes this was the person who became her spouse in the same year). More single women reported having had both stable and casual boyfriends as sexual partners (but this was not necessarily at the same time).

Table 7: Type of sexual partners in the last year, by sex and marital status (multiple response)

Sexual partner(s)	Males		Females	
	% Single (N=62)	% Married (N=48)	% Single (N=38)	% Married (N=23)
Spouse(s)	0	90	3	87
Stable partner	94	33	63	17
Casual partner	45	42	21	9
Sex worker	3	6	0	0
Other (clients)	0	0	24	4
No sexual partner	2	0	0	0
No information	0	4	3	0

CHAPTER 5: MALE ACCEPTABILITY OF FEMALE CONDOMS

The study explored whether and why the female condom is acceptable to men – i.e. whether they have a positive attitude towards its use or not – and whether acceptability differs by type of sexual partner. Section 5.1 presents general findings related to male acceptance of female condoms with different sexual partners. Section 5.2 then zooms in on the acceptability of different female partners *initiating* female condom use. This information is important because often – also by UAFC Joint Programme – the female condom is positioned as a female initiated and controlled double protection method. The last two sections discuss the reasons why men do not use female condoms (5.3) and motivations why they may start using them (5.4).

5.1 Male acceptability of female condoms with different sexual partners

Male users differed in terms of their opinions on with which partner female condoms were more or less acceptable, and on which grounds.

Married men
The opinions of married users were about evenly divided between female condoms being more acceptable with the wife or more acceptable with extra-marital partners. Some men in Yaoundé also said that with all 'playing fields' (sexual partners) it is the same. The discussion between participants in the FGD for married male users in Douala illustrates well the different positions:

> I think it should be used on someone we esteem, someone we love. The male condom on the other hand is used to protect oneself against another. You put it on yourself except the lady in question refuses. I think that the female condom should be used within the marital setting rather than the male condom.
>
> I do not agree with him on the fact that the female condom should be used only at home. I prefer using it outside because it protects the man more since there are more possibilities of contacting infections from outside to transmit them to your wife. One has only one wife, you know... One could meet about fifty women before dying, so there is need of an assurance of protection from all of that.

With the wife and *deuxième bureau*, the female condom is only acceptable for family planning. Some men explained that it is only acceptable after they have discussed it and when their wife gives good reasons, for example for prevention of pregnancy.

The men who say that the female condom is more acceptable outside marriage reason that it is very effective and that these extra-marital partners cannot be trusted to have no other sexual relations, while they trust their wives not to have extra-marital affairs. In Bamenda, some married men gave other reasons why the female condom is less acceptable with the wife: for example, it would make her superior. Another reason why it is not acceptable in the house is that any condom indicates mistrust between partners. Men explained that when you have doubts that a certain woman – especially casual partners and sex workers – has other sexual partners, female condoms are acceptable. They consider that in this way a man maximizes his chances of not being infected. However, opinions on acceptability with *waka* varied more than with casual partners: opponents said that *waka* misuse them by using them with multiple men; men in favour said they are good because the man will be protected, and furthermore that with *waka* it will not take extra time since these women are experienced users.

Single men
The majority of single men believe that female condoms are most acceptable with *la titulaire* because of confidence and intimacy. These partners may discuss sex issues and therefore also

discuss use of the female condom. With such partners it is mainly acceptable for family planning during the fertile period. These men believed that they are not acceptable with casual partners or *waka* because these women can misuse them, and moreover they are not practical because there is not much time for sex. A few others, especially in Douala, said that female condoms are acceptable to use with *waka* or casual partners who know how to use them, because the female condom is most effective in protecting against diseases; thus the man has peace of mind and feels protected.

Women
Women also differed in their opinions about with which type of partner female condoms would be more acceptable to men. Married female users in Douala said that they are more acceptable in marriage, also because wives know how to convince their husbands (though she has to know how to introduce them); these women conceded, however, that some husbands may be suspicious. They believed that with a man's stable extra-marital partner, the female condom is also acceptable. However, with casual partners insertion takes time and he probably does not trust these women; but on the other hand, he wants to protect himself. In contrast, married women in Yaoundé thought that female condoms are more acceptable outside of marriage, because the man will want to protect his family. It is only acceptable with the wife for family planning and if they have dialogue about it; if there is no dialogue there will be suspicion of infidelity between partners. A married woman explained: "*When you marry a woman she becomes your thing"*. These women thought that for men acceptability is higher with extra-marital partners because he wants to protect himself; these extra-marital partners are believed to have other sexual relationships whereas the wife is not supposed to have extra-marital affairs.

Single women in all three towns thought that the female condom would be less acceptable with wives and stable girlfriends because men want natural sex with them, and all condoms are associated with casual sex and prostitutes. They thought that in new relationships condoms are acceptable, but once the relationship becomes more stable, men stop using them. With stable partners female condoms are only acceptable to prevent pregnancy. In Bamenda, more women thought that the female condom is acceptable with a stable girlfriend for family planning. Single non-users in Yaoundé thought that it may be acceptable with all partners when the man wants to protect himself, and with the wife when she wants it and he loves her.

Married females living with HIV in Yaoundé said that with couples living with HIV, female condom use is acceptable. However, some of them said that for their husbands, the female condom is only acceptable for family planning during her fertile period. They thought that their spouses used male condoms or female condoms with outside partners.

According to CSWs, it is more acceptable for older than for younger men to use female condoms with *waka*, because younger men want to change sex positions, which older men do not need. They thought in principle that the female condom is acceptable to men in any relationship as long as the woman can convince him to use it.

5.2 Male acceptability of female initiation of female condoms

Female condoms are positioned as a female initiated and controlled method. Therefore in the FGDs it was discussed how men would react when: first, a sexual partner proposed female condom use; and second, if the sexual partner had already inserted a female condom.

If a partner proposes female condom use

Men

The acceptability of a woman initiating female condom use boils down to whether a man trusts her; this is related to how the man perceives the woman's motivations. Opinions varied on the acceptability of a women initiating use by type of sexual partner. About half of married men in Yaoundé and Douala would accept initiation by their wives after they had explained well to their husbands that they wanted to use it for pregnancy prevention. However, more married men were reluctant when their wives initiated *for the first time.* This would make them suspicious and she would have to explain herself well. These men thought that female condom initiation by extra-marital partners is not acceptable, especially if men do not know about female condoms. "*Then it is over between you two"*, said a man in Yaoundé. However, some men said that they realized that men may give in if the (extra-marital) partner insists and they really want sex. Some also said that refusing any partner (wife or extra-marital) may be difficult if men are really in the mood for sex. A married man said, *"I cannot refuse because the desire is there".* Some men thought that they may try to suggest a male condom first, but if the woman does not want it they would have to accept a female condom.

In Bamenda, more married users felt that initiation by a wife is *not* acceptable, again especially when men did not know about female condoms. Of married male users in Bamenda, five thought that a man would reject it, and three that a man would accept if a woman initiated. Reasons for not finding female condoms acceptable with wives included because they thought that it is a man's world and men should make decisions, not women; they may be mistrusting of their wives (perhaps she is cheating outside the marriage); or because they want flesh-to-flesh contact and not use any type of condom with their wife. These men thought that from outside partners, and especially from CSWs, men may be more accepting of female initiation.

Single users (in all three towns) said that if their *titulaire* would initiate female condom use, she would have to explain herself very well, in terms of how she got to know about them and why she wants to use them, because of suspicions about how she obtained them. "*For some men when it is their partner that proposes it, they feel cheated that she went somewhere else and it was good and that is why"*, said a single user in Yaoundé. Most said they would discuss the topic with her, although they said that the first thing coming to their mind would be doubt. A few single men said that there would not be a problem with her, that boyfriends would welcome trying something new. Others among the few participants with positive ideas said that men would be happy because it shows that the girl is sensitized and interested in trying new things.

More single than married men were against a CSW introducing it, because she may have used it with others. Some others would accept it, however, because it means that they are both protected. Some men specified that with a prostitute it is only acceptable if the man sees her insert the female condom.

Most male non-users in Yaoundé and Bamenda were even more against their wife or stable girlfriend initiating female condom use than users. Single men in Yaoundé said that she would really have to explain to the man why she wants to use them, because in a stable relationship partners are faithful so there is no need for condoms – they would be suspicious that maybe there is something behind it. Male married non-users in Bamenda would distrust their wife and stable girlfriend if she asked to use female condoms, since it could indicate that either she is having an extra-marital affair and possibly a disease, or suspects him of such. Only a few single male non-users said that they would be pleasantly surprised that their girlfriend wanted to try something new. Concerning the acceptability of a casual partner or *waka* initiating use, non-users

said that it would depend on how badly the man wants sex – if very badly he will accept anything, if not he will walk away and not agree. Others said it was not a problem.

Women

Married women users in all towns thought that a wife introducing the female condom to her husband is very difficult – especially if the husband does not know about anything about them. The husband will suspect her of mistrusting him. They believed that the man's reaction would depend on his level of education, the information he has on the female condom, and his relationship with his spouse. Most husbands would think that his wife has something to hide or has another partner. Some women fear that the reaction could be very bad, and the husband would become angry. Only a few women thought that very few husbands might be pleasantly surprised that his wife is interested in something new and he would like to know about it. Generally, married women thought that cultural norms make it difficult for a married woman to initiate female condoms, as was explained by one of the participants:

> Here in Africa we have our cultures and we know that the man has the last decision. When a woman comes with a female condom in hand, she says to herself that my husband will say I am a *waka*. … I do not want to use this. I prefer to use his condom, his male [condom] because she says to herself her husband may think she is a prostitute or something like that.

Married women users think that if a prostitute or a casual partner initiates use it is more acceptable to the man, because it means these women are used to female condoms. Married women living with HIV thought that women cannot come home with a female condom and introduce it; however, she may try to explain it to him, get him interested, and ask him to buy one.

Single women users thought that initiation by some sexual partners is more acceptable to a man than by others. For instance, it was thought that female condoms are easy for sugar mommies to introduce, because they have power over the young man. They also said that when the relationship is between a boyfriend and girlfriend, the girlfriend can insist on using a female condom and even refuse sex. There is a risk, however, that a man can leave his mistress if she does this. On the other hand, if the girl is in an economically dependent relationship with the boyfriend she cannot insist. Single women said that for a wife it is more difficult to introduce female condoms than for a girlfriend, because as a wife you have the obligation to sleep with your husband. It is thus easier for a single woman not to get HIV because she can insist on using condoms – a wife cannot.

All CSWs said that it is more difficult to initiate and convince young men than older men – young men do not accept female condoms because they want to use different sexual positions, whereas older men use only one. The CSWs said that men never propose female condom use to them; the initiation always comes from them. They said that they try to initiate use, but if the man refuses they will not pressure him because then they will not get the money. However, if men are drunk the CSWs will not initiate with words, but will just insert one without him knowing.

If a woman has already inserted the female condom

Married men

Most married men (in all towns) were against their wife having a female condom already inserted before sex, for two main reasons (as illustrated in the quotes below). Firstly, she may have had sex with someone else, and secondly she may have excited herself alone, something which should be done together.

> If I come back and find my wife inserted with [a] female condom it means maybe she has agreed to have sex with somebody else. I will bring problems. (Bamenda)

> I will condemn the act immediately. Because I believe a sexual rapport is done when you are in front of your partner. We don't have to prepare for it in the absence of your partner. If not it means if I am at home or not able to get home from work in time and someone else comes before myself, he could have sex with my partner. (Douala)

Married men felt that their wife should not impose on them (for example by already inserting a female condom before sex), and that they should be the one to make the decisions. Some said, however, that after very frequent use of female condoms with their wife, they could accept it. A small number of male users said that they would accept pre-insertion because they know and trust their wife and know she has put it in just for him.

Concerning extra-marital sexual partners, married men in Bamenda said that they are careful when using female condoms with their mistresses when she has already inserted it, because the mistress may have sabotaged the female condom if she wants to get pregnant and take the place of the wife. Opinions of married men (in all three towns) varied regarding casual partners and *waka*, with some saying that these women have to propose something to protect themselves, thus it is good if they have already have it inserted, while most said that they would not have sex with her because she may have used it with other men. *Waka* in particular were not trusted, as the flowing quote illustrates:

> If I go to a girlfriend or a prostitute's place and I find her with a female condom, what will come to my mind is that somebody has already used it and it contains sperms, and she is trying to contaminate me. I will want to remove it to check there is no liquid inside before I go there. (Bamenda)

Single men

Most single men in all towns said that they would not accept it if their *titulaire* had a female condom already inserted, though for different reasons. One was that he would suspect her of being unfaithful and having used it with someone else: "*The man can take her to be unfaithful. Maybe she put on the condom to go out with another man without having talked about it to the man*", said one of the participants. Another reason was the suspicion that she may have stimulated herself sexually. The men thought that sex is something to agree on together, and not something a woman should decide on her own.

> I will not take lightly because the female condom, because maybe I am not the person. We all know that once it has been inserted [it] can be used several times except [if] it is removed. And before making love, I have to stimulate you, but if you have already inserted it, it means you have already stimulated yourself. (Bamenda)

Some single men said that acceptability depends on the relationship. They may like it if their regular partner is obviously in for sex; however, the first time she does it may be a problem and they will always pose questions about her motivations: "*If a woman has already the female condom inserted it means she is ready for sex. Some men doubt how she got into that mood."* Two groups of single male users in Douala said that they would accept their stable partner having it already inserted, because you can monitor if it was well inserted; but this is not possible with prostitutes, and there may have been others using it before him.

Single men's opinions on casual partners and *waka* generally differed, but most of them would not accept pre-insertion. They would never use it that way because it may have been used already. In Bamanda, all single men said that they would not accept it when a casual girl or *waka* had already inserted the female condom – only some people who like sex so much or who are drunk would not care. Some single men specified that they would oblige the woman to remove the female condom and put in another. However, one man was realistic and said: *"I will have a problem, but I know I'll end up doing it*".

Single men users in Yaoundé, talking generally about Cameroonian men, said that most men would not like it if any woman had inserted a female condom already, due to gender norms related to sexuality:

> I think that in our customs, that is to say African customs, it is scary. The problem is that usually here, it is we who weigh the price, it is we who bargain sex. And when you get in a situation where it becomes the opposite, it really frightens; in general it is scary. … It can even make me to run away … Generally, there is something hidden behind such a behaviour. … In Africa everybody will flee. Eight out of ten boys will flee.

Women

Married women in Douala said that you cannot just insert it beforehand, as it shows a lack of respect. You have to talk to your husband first until he says yes. Outside of the home it is easier, they thought, because the woman has nothing to lose – the man can just go if he does not accept it. However, if men are eager for sex (as they often are) they may accept it. In Yaoundé, married women disagreed, about evenly, with both pre-insertion by the wife and by an outside partner. If the wife has already inserted a female condom, the man may suspect her of having an outside affair or suspecting him of one and get angry, or he may be happy she is into sex. With outside partners, on the one hand they might distrust her, though on the other hand they say might that for *waka* it is her job to protect herself against diseases.

Single women users in Bamenda said that it is not wise for a wife to insert a female condom beforehand, because her husband will suspect her; though it also depends on the time of discovery. If discovered before the sex he will tell her to take it out. If after, it depends on how he enjoyed himself; he will be angry but maybe also happy if he derived a lot of pleasure. With girlfriends, reactions were also different. Most said that it would be a problem, and he could get angry and not see her again. However, he may be relieved if he has enjoyed himself and found out afterwards. Only when he knows that the girlfriend was expecting him might he not suspect her. However, if she had inserted one beforehand under other circumstances, he would think that she was expecting another man. With concubines, men have complete control over them, and they would get very angry. With prostitutes men will not be surprised, because it is their job. However, some men may reduce the money. Female single non-users in Yaoundé were not sure how boyfriends would react: some could be happily surprised and would want to satisfy their curiosity. They said that it would depend on the approach.

Sex workers said that if men are drunk, they do not notice the presence of the female condom, therefore they might have one inserted beforehand. Otherwise, they would not surprise the men by already wearing one, because men would not accept it.

5.3 Reasons why men do not use female condoms

Two major reasons which non-user single and married men reported for not using female condoms were that they did not know enough about them and that they were not easily available. Other negative aspects of the female condom, which influenced their non-use included: 1) they are too expensive (although these men could not give the price); 2) female condom insertion takes too long and a man wants to have sex when he has an erection (he may lose his erection or sexual appetite); 3) the package is too big to walk around with (as stated by both women and men). Married male non-users in Bamenda said that they did not want to give decision making over to the woman. One single man in Yaoundé said that women are to blame, because they do not want to use them – he said he had tried with three female friends who all refused.

Single women non-users in Yaoundé thought that men do not use female condoms because they look bizarre, are difficult to use, and take time to insert (unlike the male condom). Men may also just not be interested in it. Furthermore, these women thought that the rings would cause pain –

the outer ring to the woman and the inner ring to the man. These women did not use female condoms because they associated them with prostitutes, and even in discussing them with a partner they would risk being insulted. One single woman explained:

> There are people who are too conservative and they will ask you where you learned all that, where are we coming from with things for prostitutes. You are frustrated directly and can no longer experiment anything. You are blocked and just stop. This is why the use of the female condom experiences some difficulties. People are afraid to be insulted, treated like prostitutes etc.

Before the FGD, non-users answered the question as to why they had never used a female condom (see Table 8). The major reasons reported in the male groups for not using were related to not being familiar with female condoms: with the use of them, with their appearance, where to get them, or even with their existence. In the single female non-user group (there were no female married non-users) the main reason was that they were not interested in using one (however, half were non-responses). It was striking that none of the participants said that they did not use female condoms because their partner refused or their partner did not know how to use them.

Table 8: Reasons for not using female condoms (frequencies, multiple answers possible)

Reasons	# Males			# Females			Total # (males & females)		
	Single (N=11)	Married (N=11)	Total (N=22)	Single (N=8)	Married (N=0)	Total (N=8)	Single (N=19)	Married (N=11)	Total (N=30)
Do not know how to use them	6	2	8	1	0	1	7	2	9
Not interested	1	0	1	3	0	3	4	0	4
Looks odd	2	0	2	1	0	1	3	0	3
Do not know where to get them	1	1	2	0	0	0	1	1	2
Use another method	0	1	1	0	0	0	0	1	1
Never seen it, but know about it	1	0	1	0	0	0	1	0	1
Didn't know it existed	0	1	1	0	0	0	0	1	1
Other	2	5	7	0	0	0	2	5	7
No information	0	2	0	4	0	4	4	2	4

5.4 Reasons why men may try using female condoms

The majority of the thirty non-users (77%) in the pre-FGD questionnaire answered that they might try using female condoms in the future (see Table 9). Figures are too small to compare, but a difference was found between married and single participants: all of the married men who gave an answer said that they would like to try them in the future, while 20% of single men and 75% of single women said that they would *not* try them. (There were no married female non-users in the FGDs).

Table 9: Non-users about their future female condom use (frequencies)

Future use	# Males			# Females			Total # (males & females)		
	Single (N=11)	Married (N=11)	Total (N=22)	Single (N=8)	Married (N=0)	Total (N=8)	Single (N=19)	Married (N=11)	Total (N=30)
Yes	8	9	17	2	0	2	14	9	23
No	2	0	2	6	0	6	4	0	4
No info	1	2	3	0	0	0	1	2	3

Every FGD with non-users ended with a demonstration on female condoms by experienced promoters, and participants received free samples. After the demonstration all men said that they

would try them; but even before this, during the FGD some said that they already had some ideas about what could make men want to try them. Both married and single men thought that a man may start trying female condoms because he is curious about how it feels compared to a male condom. Another motivation, given by the single men in Yaoundé, could be that the female partner insists or encourages him to use a female condom. One single man envisioned that he would use one if the girl was very attractive and that use of a female condom was a condition of having sex with her. Married men suggested that their wives could convince them to use them if they told their husbands that they are in their fertile period and that female condoms are very effective at preventing pregnancy; wives could also point to the advantages for men. Single men said that they may use them if the female condom is the only method available and they want to have sex.

Single women in Yaoundé thought that a man may try using a female condom to please his partner – some female partners may be able to convince the men, if they keep insisting. He may also want to boast to his peers that he is using something new.

CHAPTER 6: ACCEPTANCE OF FEMALE CONDOMS

A total of 141 FGD participants, 88 males and 53 females, shared their experiences with female condom use (see Table 10). Some of them had just used them once or twice (23%), others had used them between three and ten times (41%), and 36% had used them more than ten times. Many of this latter group were frequent users, saying: "*Do you mean more than ten in the last month?"* Relatively more women were frequent users (45%) than men (31%) – and this was by study design (see 2.2).

Table 10: Frequency of female condom use, by sex and marital status

	Males						Females						Total (males & females)					
Frequency of female condom use	**Single (N=51)**		**Married (N=37)**		**Total (N=88)**		**Single (N=30)**		**Married (N=23)**		**Total (N=53)**		**Single (N=81)**		**Married (N=60)**		**Total (N=141)**	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Once or twice	16	31	9	24	25	28	2	7	5	22	7	13	18	22	14	23	32	23
3-10 times	19	37	17	46	36	41	15	50	7	30	22	42	34	42	24	40	58	41
>10 times	16	31	11	30	27	31	13	43	11	48	24	45	29	36	22	37	51	36
Total	51	100	37	100	88	100	30	100	23	100	53	100	81	100	60	100	141	100

This chapter follows the course of users regarding what motivated them to use female condoms the first time, what was their experience that first time, why they continued, and how some became frequent users. Twenty-seven participants said that they had stopped using female condoms, and in 5.3 their motivations for stopping will be presented.

6.1 Motivations for first time female condom use

Single men

The majority of single men said that their main reason for first time use was curiosity. They had heard about female condoms in a training session, were given some for free, or had received a demonstration (by ACMS) where the advantages and disadvantages were explained. They wanted to test how it felt, and were eager to experience the difference in sexual pleasure. Some reactions in the FGDs were: "*First reason is curiosity, second reason is a desire to compare with male condom*", and "*It is a new product and that makes single men want to try it – the effect of fashion.*" In one group of single men in Douala, five (out of thirteen) men said that they used a female condom for the first time because their partner had insisted: "*It was forced on me – was obligatory*", "*Female condom is the thing of my present steady*". For a few men it was the only protection around at the time he and his partner wanted to have sex.

The single man in the IDI, who had bought five female condoms from young people campaigning for an AIDS-free holiday in the community, wanted to try the condom out with different girlfriends – he had two stable and a more or less stable casual friend (only to have sex with). He wanted to compare the female condom with the male condom, and see how it was with different women. He said he had to convince one of his stable friends to use it, since she was wondering: "*How she would be able to put such a ridiculous thing in her vagina*".

Married men

Married men were also mostly motivated by curiosity about how it would feel and the difference with male condoms. A man explained: "*It was a comparative study*. *I am someone who loves adventures, so when I heard about the female condom, I decided to use it*". These men were curious to experience how such a big shape enters the vagina; they were given a sample, heard about it on television, or told about it by a friend. Some had one at home and when there was no male condom they used the female condom – for prevention of pregnancy. Others said they found themselves in a situation where they wanted casual sex and the woman had insisted on a female condom; or there was only a female condom around. They wanted to see the degree of pleasure derived from using it. Only a few men said it was not their motivation, but their (casual) partner who insisted on using it. Men who were female condom sales persons said that they wanted to try what they were going to sell.

Women

Women also cited curiosity as the main reason for wanting to try female condoms; they heard about them through advertisements, during trainings and sensitization campaigns, on TV, in the hospital, from peer educators, or from their association (of women with HIV). Women were curious about how the female condom compared with the male condom, how it feels, whether and how it brings sexual pleasure. Women were also motivated because they had heard that it is the most effective method for pregnancy and disease prevention. Many said that they or their partners were given some female condoms to try and they did. About half of the married women in Yaoundé and Douala said that their partner had brought the condom home and wanted them to use it – their partners had got it from a friend or during a seminar. Some women received training as peer educators for female condoms and wanted to try out the item they were going to promote.In the pre-FGD questionnaire we asked with which partner the female condom was used for the first time (see Table 11). The findings confirm those of the FGD that first time use was mostly with a spouse for married men (68%) and women (83%), and a stable partner for single men (84%) and women (57%). However, a considerable number (24%) of married men also had their first female condom use with a casual partner – this is considerable given the fact that 42% of men had had sex with a casual partner in the last year (see Table 7). CSWs had often used female condoms for the first time with their clients.

Table 11: Type of sexual partner for first time female condom use, by sex and marital status

Sexual partner	Males		Females		Total (males & females)	
	% Single (N=51)	% Married (N=37)	% Single (N=30)	% Married (N=23)	% Single (N=81)	% Married (N=60)
Spouse	0	68	7	83	2	73
Stable sexual partner	84	5	57	9	74	7
Casual partner	14	24	13	4	14	17
Sex worker	0	3	0	0	0	2
Clients	0	0	23	4	9	2
No information	2	0	0	0	1	0
Total	*100*	*100*	*100*	*100*	*100*	*100*

6.2 Experience of first time female condom use

Men

Married and single men had positive and negative first experiences, with some reporting both and then summarizing the experience as "*overall it was 80% positive*" or "*it was a little bit good, say 40%*". On average about five to six out of ten men had positive first experiences. Positive first experiences of single and married men mainly related to it feeling unconstrained (as opposed to

the male condom), feeling as if there was no condom, feeling liberated, and having the sensation of a 'natural fire'. These men also reported that there were no problems with insertion and removal. Two single men in Bamenda who had received a demonstration said that they had showed and inserted the female condom for their partner. Single and married men talked about extra pleasure and feeling heat, greater excitement, sweet ejaculation, a "*feeling beyond your experience*" – compared to the male condom which is too tight. A few single and married men said that it was good because they felt secure because they were protected against diseases and unwanted pregnancy. One married man said that he had a positive experience because he could just stay in and start a second round of sex.

A married man explained why probably he had had a positive experience, after hearing the negative experiences of other FGD participants: "*I would say I was lucky because during the sensitization I was there with my wife. Because of that she was better informed and we had no problem*".

The single man in the IDI worded his positive first experience that brought sexual pleasure as follows:

> Strangely, my first experience was pleasant. Really, I found my first experience pleasant, with respect to the fact that I derived more pleasure than I ever did with the male condom. For example, the pleasure was intense since with the male condoms you must always exercise control so that it shouldn't slip out, among other things. And as such, one sometimes loses track before coming back. That is, with the female condom I felt a certain degree of freedom. Furthermore, with the male condom I always feel some pains at the tip of my penis during ejaculation, even around the glands. During ejaculation, the pressure that hits the plastic is propelled back up the penis thereby causing some pain. But with the female condom, I didn't feel this pain. And I was focused, thus making ejaculation more intense and quicker than with the male condom. ... I also realized that my partner was satisfied, since I asked after the act what she thought of intercourse with a female condom. ... at this juncture she told me that she felt herself more involved and that the pleasure was different in that it was more intense than with male condoms. She also mentioned that she felt more secure now because she was in charge. She wasn't scared that it could get burst. Her only fears were that it could get burst or penetrate into her vagina. At that time, she realized that the first ring fitted well in to the vagina, and thus her doubts disappeared at that point.

Single men gave various reasons for why their first female condom use was a negative experience. Some felt anxious that the female condom would slip inside the vagina. They also complained that it took such a long time to insert and that it made too much noise during intercourse. "*It was negative because before she was able to put the condom on I was already dead*", said a single man in Douala. Some said it was psychological – they were frightened because it was something new, and they could not make love as usual. Some of them had difficulty ejaculating. Also the appearance of the female condom was not appealing – "*Like a plastic bag in the vagina*". Some did not like the lubricant.

Married men had negative first experiences similar to the single men. In addition, what made the experience negative was that their partner (usually their wife) complained of pain and that the ring was inconvenient for the woman. Some men said that they had problems entering the vagina. During intercourse some men did not like the noise, had a problem of dislocation, and could not change sexual positions easily, or the female condom kept coming out. When they tried another position, "*the fire cooled down*". Some men considered the oil too much. Interestingly, a few men said that they did not feel satisfaction because it felt as if there was no condom. A man in Douala said he missed the feeling of the male condom at the base of his penis.

Women

Women also had positive and negative first experiences. However, relatively more women had negative first experiences: on average eight out of ten. The main negative experience was related to not knowing how to insert it well. Then, the women did not hold the outer ring (well) and the man pushed the female condom inside the vagina (or almost), and this disturbed the sex. Some women felt pain when their partner entered his penis, often because of the inner ring. Their partners were also disturbed and uneasy, they were complaining, which made the experience even more stressful, and some men took out the female condom and put on a male condom instead to have sex. Some women said it was negative because it was difficult for both partners to reach orgasm. Just a few women complained about the disturbing size and the noise. This last point was mostly made by women who had their first use with FC1. [44]

The few women with positive first experiences said that this was because with the female condom they had reached an orgasm early – earlier than with a male condom. Only in the group of CSWs and of women living with HIV did the participants suggest that the first experience was positive because they felt protected against STIs, HIV, and unwanted pregnancy.

6.3 Reasons for stopping female condom use

Twenty-seven participants stopped using female condoms after one or two uses, or a few times. The main reasons for stopping were a negative first experience and because the female condom is too expensive.

The main reason given by single men who stopped was that they did not want to use again after a bad first experience. Mainly they thought that the female condom takes too much time to insert and did not bring satisfaction early. "*During intercourse the time to come out, enter again ... it takes too much time. And it discourages, frankly ... You do not find yourself making love but sports instead*", said a single man in Douala.

The main reasons married men gave for stopping use differed from those of single men. Some married men in Yaoundé and Bamenda stopped after the free samples were finished, because female condoms are expensive – some adding that nevertheless their experience with female condoms was good. Another reason for stopping, even with a good first experience, was that some men went back to the male condom because they considered the female condom just an experience, after which they went back to what they were used to. Only one man said he stopped because the female condom was not available, another because his wife preferred male condoms, and another because female condoms did not give him satisfaction.

Reports from women about why they stopped came from the group of married women in Douala, in which five out of nine participants had stopped using them. Three said that their husband did not want to use them again because he did not like the first experience. The other women said that they did not feel comfortable with the female condom. One woman said that she had tried it the first time out of curiosity and then tried it a second time, "*but, it is not worth the trouble*".

One key idea about why people may stop using female condoms, given by a group of single men with whom this question was discussed, was that female condoms are not easily available. They thought that people may have got some female condoms for free, and used them, but when they ran out they did not get new ones because there are no sales points close by. Others believed that the reasons could include that people do not dare to buy female condoms out of shame, or because new partners are unwilling to use female condoms. It could also be that men do not feel

[44] FC1 was the type of condom before the FC2 which is now used. Generally people prefer the FC2 design.

the emotions they are used to feel when having sex, and thus are not interested in using them again.

In the pre-FGD questionnaire, people who stopped after having used female condoms were asked *why* they stopped. Relatively more of the people who stopped did so after using them one or two times, rather than three or more times (though this is not a representative figure because of the sampling frame) (see Table 12).

Table 12: Participants who stopped using female condoms after number of times used, by sex and marital status (#)

	Males			Females			Total		
# of times female condom used	**# Single (N=7)**	**# Married (N=10)**	**# Total (N=17)**	**# Single (N=3)**	**# Married (N=7)**	**# Total (N=10)**	**# Single (N=10)**	**# Married (N=17)**	**# Total (N=27)**
Once or twice	7	5	12	0	4	4	7	9	16
3-10 times	0	5	5	2	3	5	2	8	10
>10 times	0	0	0	1	0	1	1	0	1

The figures are too small to compare, but relatively more married women stopped using female condoms because their partner did not want to use them, and more women relative to men temporarily stopped because they had no current partner. Relatively more married men complained that it is too cumbersome or uncomfortable to use (see Table 13).

Table 13: Participants who stopped using female condoms, reasons for stopping use, by sex and marital status (#)

Reasons for stopping use	Males		Females		Total	
	# Single (N=7)	**# Married (N=10)**	**# Single (N=3)**	**# Married (N=7)**	**# Single (N=10)**	**# Married (N=17)**
Partner doesn't want to use it	0	2	0	3	0	5
Too cumbersome to use	1	3	0	1	1	4
Prefer to use another method	1	1	1	1	2	2
Not comfortable using it	2	1	0	0	2	1
Don't know how to use it	1	2	0	0	1	2
No partner at the moment	0	0	1	1	1	1
Not available	0	1	0	0	0	1
No sexual pleasure	0	0	1	0	1	0
Wants pregnancy / is pregnant	0	0	0	1	0	1
Other	1	0	0	0	1	0
No information	1	0	0	0	1	0

6.4 Frequent use of female condoms

Why they became a frequent user

Men

The main reason given by married and single men who continued using female condoms after their first experience was the sexual pleasure they derived from it. Single men a bit more often than married men gave this as the first reason. Men derive satisfaction because the sex feels natural, unconstrained, free, there is more sensuality, they are not hindered in movements, and have a full erection without tightness. Single men in a group in Yaoundé said that they became a frequent user because their girlfriend insisted, and with the female condom the girl is fully involved. The men also said that they like it that women who use them derive pleasure from it

and want to have sex, and that it is thus not the man who always has to ask for it. Their involvement creates sexual excitement and pleasure for both. A single man in Yaoundé elaborated:

> My frequency of use increased partly because I found that the more the woman feels responsible or empowered in the relationship, the more pleasure she derives. In this sense, then I realized that the female condom leads them to play their part in the sexual intercourse. And then this contribution allows them to feel they can really feel involved in it and derive more pleasure. And it solves the problem of frequent dissatisfaction of women after sexual intercourse to the extent that since she is involved in the relationship [it] motivates her the more. This motivation enables her to get involved and the motivation linked to their involvement also creates sexual excitement and pleasure.

Some single men said that they became a frequent user also because they had a supplier for the female condoms, or were a supplier themselves. They also considered that the female condom has more advantages compared to male condoms. Interestingly, in one FGD the men reported that they used the female condom when they wanted to have more sexual pleasure with their stable girlfriend and they used the male condom when she wanted to have more. However, another man said that both enjoyed using the female condom: "*It is the opposite sex that is asking me to use it every time we want to go in for the activity, because they said they never knew you could have so much fun and excitement*".

A bad first experience is not always a reason to stop using. A married man in Yaoundé explained how he did not like the female condom the first times he used it, but that he persisted after hearing from others that it was nice, and so he and his wife started enjoying the sex after continuous use:

> The first time it left me with a bitter taste. I asked why it was like that and some people told me they did not have the same problem as me. The second time I tried, I changed tactics and we took our time. The third time, I think we each used our condoms just to see what it was like. As time went by, I realized that the more we tried to use the condom, the more we liked it because we discovered various positions that can permit the easy use of female condoms.

Women

Married women were mainly motivated to frequently use female condoms for child spacing, because it is an effective family planning method that they can more or less control. They said that with this motivation, even after a negative first experience, they continued trying and had now become used to it and liked the sex with a female condom. For some women it was more difficult because they also had to convince their husbands to continue using after a bad first experience. For some women it was easier to get their husband to continue because their husband did not like to use male condoms for pregnancy prevention, and he was also more or less pleased that his wife was taking the responsibility. Women also saw the advantage that with the female condom they can have sex the whole month, also during menstruation. Several women mentioned that they had become a frequent user because the female condom lubricates the vagina so that they do not get wounds as they did with the male condom – especially when they have multiple rounds of sex.

Single female users in Bamenda thought that men become frequent users because they do not like to have sex with male condoms, and that knowing they have to protect themselves, sex with a female condom is more pleasurable. These women also thought that some men just become frequent users by force because their girlfriends make them use them. The single women themselves became frequent users because, as with married women, they were motivated to protect themselves and have some control with the female condom. Like the married women they persisted in trying to use them, even after a negative first experience, and now enjoyed the sex with a female condom. Even some of their partners now said that they preferred the female condom over the male condom.

CSWs became frequent users because they felt that it gives them protection against diseases and places control over pregnancy in their own hands. Even if they did not like the first time, they persisted and got used to it. They said they were now used to the female condom and liked that the noise with the FC2 is not much as with FC1. Their frequency of use, however, depends on the wishes of their clients. Some of the CSWs said that they insert the female condom before they go out and use it with several clients – so they are protected, but not necessarily their clients.

Women living with HIV know that they always have to protect themselves for health reasons against re-infection and to protect their partner (if he is HIV negative). They thus became frequent users because of this motivation, and alternate use with the male condom. Some of them realized that men do not always want to use male condoms, and with the female condom they feel they have control. They had also realized that it is easier for them to be a frequent user because they have free access to female condoms through their association.

Patterns of frequent use

Married men

Overall the married men we talked to did not frequently use female condoms; they explained that this was mainly because they were not easily accessible. Men said that frequent use also depends on the partner, especially the stable partner. If she likes to use female condoms and is comfortable with them, they were also more inclined to use them. Furthermore, with a casual partner they depend on her, whether she knows how to use them and likes them. The main usage pattern was to alternate between male and female condoms, with most using the male condom more frequently – because the price of male condoms is lower and because male condoms allow for more sexual positions. Only the men who had easy access to female condoms, sometimes through their wives, used them more frequently.

The married man in the IDI stated that he alternates between female and male condoms because his wife prefers female condoms and he prefers male condoms. He thought that male condoms are easier to use, and although he enjoys sex with a female condom he also points at some disadvantages: insertion of the female condom takes more time; female condoms only allow for one sexual position; it is too oily, but gets dry after having sex more than twenty minutes. He has also tried different sexual positions – from behind, for example – but these make holding the outer ring impossible. He explained in depth about this issue as follows:

> So there is also one problem with the female condom, is that you, in sex, you also, why I did not like it at times is because it is mostly prescribed for a particular position. The woman lies under and the man on top. … The woman does not have to get on top and sex with female condom is too long. I believe that the oil will go down like this and came out. All the oil will get out and came down and that she might not be able to hold it firmly as she use to hold it when she is lying, and that if you have to take another style it might not be too easy; for instance, that she is lying on the bed, and you are taking her from behind, from their back, it will be very difficult to her to do the thing like that. You must not only go to sex with somebody when her laps are open. When the laps are closed, it will be very difficult to control the female condom. [Interviewer: Yes, so did you try that or not?] … Yes, I have tried it so, it did not work. If you try, if you will see pushing the female condom inside the vagina; it pushes the female condom inside.

Although he prefers male condoms he uses female condoms often (his wife buys them, or gets them from the clinic), because, as he says: "*It is not like she imposes on me. I love the female condom because I believe that she loves it. So that is why I use it, because I believe that she loves it. So, I make sure that I satisfy her also; I satisfy her and satisfy myself*".

Married men are roughly evenly divided over three groups concerning with which partner they use female condoms and for what purpose. One group of men said that they use them mainly with their wives (as with the married man in the IDI), mainly during the unsafe period and menstruation for pregnancy prevention. A man in Doula explained:

> For about two or three years now, I have been using the male condom out of my home each time I am on mission. So I esteem the female condom in my home, given all that which I have already explained: I think it should be used on someone we esteem, someone we love. The male condom on the other hand is used to protect oneself against another.

The second group used female condoms mainly with extra-marital partners, for protection against STIs and HIV; they reasoned that there is more risk of contracting diseases with women outside marriage. The third group said that they used female condoms irrespective of partner; with the spouse and stable partner mainly for pregnancy prevention, and with the casual partner and sex worker mainly for disease prevention. Many men, though more so in Bamenda, said that any condom is unacceptable in marriage, except for family planning. Some men in Douala said that it is more used outside, with everyone, because you want to protect yourself, and this method is very effective; although others complained about the time it takes to put in. Some married men said that they tried to use it with all their partners, but not all their partners agreed to it. Married men who sold female condoms had easy access and used them often, at home for family planning and with any partner who wanted to use them.

Single men

The majority of single men in all three towns said that if they use female condoms it is more with their *titulaire* and stable partners than with casual partners. The main reasons given were that with their stable girlfriends there is less hurry to have sex, and that the atmosphere is more relaxed and good. Especially when his stable girlfriend favours female condoms, a single man would want to please her and use one. With her they can also discuss use and he could even oblige her to use one, as a single men explained:

> We find it much more difficult to use the female condom when you are not close to the sexual partner. The closer the relationship between the two partners, the easier it is to use the female condom. That is why I said earlier that [it] makes us responsible.

Other reasons given for using a female condom with your stable partner – and not with others – was hygiene, as a man in Douala explained:

> The female condom is very delicate and it requires a good practice of hygiene by your partner. As for me I use the female condom with my stable partner because I do not have to wonder if she has good hygienic habits, whereas with the prostitute you are not sure because there are so many illnesses outside. It is like they say commonly in the quarters that when someone is HIV positive he spreads it to everyone he can. So I feel that the female condom is safer with a partner you trust, a steady.

A minority of single men reported to (also) use female condoms with casual partners; however, most men used male condoms with outside women. They said that the main reason is that when they are eager for sex there is no time to insert a female condom. With their *titulaire* there is more time and they use the female condom for pregnancy prevention; with others for protection against infections. Some single men preferred to use female condoms with *waka*, because female condoms are the most effective protection, and with *waka* there is more risk for infection. Single men added that if they used the female condom with 'white wood' or *waka*, they insert the condom for her, and do not allow her to have it inserted already.

Single men reported using male condoms more than female condoms, mainly because male condoms are more available and cheaper. Single men in Douala talked about using female condoms 25% of the time, male condoms 50% of the time, and the remaining 25% they use no

condom. With their stable girlfriends some do have unprotected sex in the safe period. Female condom use ranged from 25-50% in this group of single users. None of the single men we asked used other contraceptive methods with their stable girlfriends, with the main reason being that these methods have side effects and inconveniences.

The single man in the IDI was very motivated to always use either male or female condoms, as he said:

> The intention is to have pleasure and to make sure not to die of pleasure or because of pleasure. That is, I always tend to protect myself, be it against unwanted pregnancies or STIs/STDs especially HIV/AIDS. Thus, it is with this strict frame of mind that I opted to use condoms. It doesn't matter if it is male or female, I use them.

He explained how with female condoms he needs to constrain himself more during foreplay, because it still takes more time to insert than to put on a male condom – which can be done with one hand while caressing the partner. He uses female condoms mainly with steady partners – also because he likes to please them – and they like sex with a female condom. They tell him that the female condom moves around inside them, which is exciting.

Women

About half of the married women only used female condoms for family planning, and only with their husbands – thus only during the unsafe period: "*When a condom is needed we use female condom*". The other women alternated with male condoms. One woman in Yaoundé used male condoms in her unsafe period and female condoms when she menstruates. Some single women said that they only use female condoms and no other methods, because it is the safest. Single women also used them together with other contraceptive methods.

Married women living with HIV in Yaoundé said that generally they alternated between female and male condoms. However, a majority of the women said that they used more female than male condoms. For some of them, this was because in this way they can control the protection, while two also said that their husbands prefer using female condoms because of sexual pleasure. One of the women said that her husband only wanted to use a condom (male or female) in her fertile period, while another said that they do not always use a condom, explaining: "*To share the same bed with someone day and night, each time asking him to put on a condom, it is true that sex is not every day but a day will come and he will tell you that he wants direct full contact*".

CSWs also reported using both male and female condoms. They said that they use female condoms if the customer allows it, which is not always the case.

Table 14, which presents findings from the pre-FGD questionnaire, confirms the FGD findings that frequent use of female condoms is mostly with spouses for married men and women, and with stable partners for single men and women. It is striking that with stable extra-marital partners men use female condoms relatively less than with casual partners. The use of female condoms with casual partners by single women is relatively high, but this is due to the fact that participants in one of the groups were CSWs.

Table 14: Frequent users' current use of female condoms, with type of sexual partners, by sex and marital status (multiple answers possible)

Type of sexual partner	Males		Females		Total (males & females)	
	% Single (N=34)	% Married (N=23)	% Single (N=26)	% Married (N=15)	% Single (N=60)	% Married (N=38)
Spouse	0	96	4	93	2	95
Stable sexual partner	91	9	54	13	75	11
Casual sexual partner	35	22	27	7	32	16
Sex worker	3	4	0	0	2	3
Clients	0	0	27	0	12	0

Note: Frequent Users: used female condoms 3-10 times and continued use, and used more than ten times.

CHAPTER 7: ACCESSIBILITY OF FEMALE CONDOMS

This chapter describes how participants viewed the accessibility of female condoms in their environment. When somebody has accepted the female condom and theoretically is prepared to use it, external factors may prevent the person from frequently using it. Barriers to use may be easy availability and affordability. Another barrier may be that the female condom is not accessible due to, for example, the shame of buying condoms. Section 7.1 describes how the FGD participants viewed the availability of the female condom, section 7.2 describes their ideas on accessibility of the female condom, and section 7.3 discusses how affordable the female condom is according to the participants.

7.1 Availability

The FGD participants, males and females, non-users and users, all agreed that the female condom is not easily available. Especially when comparing the female condom to the male condom, people say that the female condom is scarce. In all three regions, there seemed to be specific areas around or close to the bigger cities and/or certain neighbourhoods within the cities where the female condom was more available than in other places. According to the FGD participants (all from towns), the female condom is not available in villages.

Most single men in Yaoundé and Douala said that the female condom is not easily available – only in Bamenda did the majority say that it is easily available in pharmacies and local stores around town – but not in rural areas. In Yaoundé one can only get them in some pharmacies and big supermarkets; in one neighbourhood of Yaoundé (Mahimar) it was said to be available also in kiosks. One group in Douala said that they were available in residential areas, but not in underdeveloped quarters. A single non-user in Yaoundé said: "*I do not know where to get it while [the] male condom is everywhere*".

The users obtained female condoms from pharmacies or supermarkets; in Douala some also got them for free from the hospital. In Bamenda more men said that they got the female condom from ACMS or CAMNAFAW (Cameroon National Association for Family Welfare). The users in Douala obtained female condoms from peer educators, at stores in the market, and in the pharmacy.

Married men users in all towns said that the female condom is not always available and is much scarcer than male condoms, which are available everywhere; female condoms are only available in bigger towns and not in rural areas. Married men listed more places than women and single men where female condoms can be bought (e.g. drugstores, pharmacies, some local shops). In Douala, men said that female condoms are also available at some health centres in town, and only in Bamenda did men users and non-users report female condoms as available in some hair salons. It was striking that only in the non-user group was availability in some barbershops mentioned. A group in Bamenda explained how (poor) demand and (poor) supply were related to one another, because lack of sensitization in communities.

> The availability of the female condom poses problems because the sensitization in a community is very important. When the community is not well sensitized, the first set that is given to store keepers to sell, when they have the bad experience of taking a long time to sell, they will always prefer the male condom which is easily sold.

Women in Douala and Yaoundé said that the female condom is scarce and mainly available in pharmacies. Only a few provision shops sell them (one group in Douala said in 3 out of 10 shops), and a few women in Yaoundé said that they are available in some hair salons and from

community animators. The single women in Bamenda reported more availability of female condoms: in the Family Planning Unit of hospitals, in hair salons, pharmacies, and some provision stores. Women living with HIV in Yaoundé obtained them from their association and had easy access. CSWs usually obtained them in seminars, but still thought that they were not easily available, as they never saw them in shops, and only in some pharmacies (only three CSWs ever bought them). Women in Yaoundé said that if a shop or salon sells female condoms it is easily known because they advertise them. Most women compared the relatively poor availability of female condoms to the wide availability of male condoms, which can be bought everywhere.

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7.2 Accessibility

Men

Single men thought that for women and especially young girls it is difficult to buy condoms because of the association with prostitution, free sex, and the taboo against pre-marital sex. Young girls in particular are afraid that others will talk about them. For men it is easy to buy condoms because they are supposed to approach women for sex and do not care so much what others think about them. However, single men in Bamenda said that they felt a bit more shy asking for female condoms, because they are for women. It does not help that the female condom package is so big, so it is difficult to hide. Concerning who buys the female condoms, the answers differed and were roughly evenly distributed: some men buy them, some women do, and with some couples they both buy them.

The single man in the IDI confirmed that women often feel shy about buying condoms. He said that often he buys them, or his stable partners give him money to buy female condoms, because as he says: "*Women hide their sexuality, it's simple that women prefer to hide. They find it too intimate to be known … The largest number of women buying are prostitutes*".

Married men think that for all women, but especially for young women, it is difficult to buy condoms in general, thus also female condoms. Women were thought to feel ashamed, because they fear being accused of being a prostitute. In Yaoundé the groups also thought that young men are ashamed to ask for female condoms – or any condoms – especially in shops where there are many customers who can see them. The majority of married men said that mature men are not shy to buy condoms, but some men in Yaoundé said that they are shy buying female condoms, because they are for females, adding: "*We have our own*". All men in this Yaoundé group reported that their female partners buy the female condoms and they never do. Interestingly, in Bamenda and Douala nearly to all of the men said that they usually buy the female condoms. In Bamenda, the group added that the CSWs buy female condoms and keep them for their customers who want to use them.

Women

All women generally believed that buying condoms, both the male and female type, is difficult for women, though more so for young women. Married women are supposed to be submissive to their husbands and are considered 'loose' and possibly suspected of cheating on their husbands if they are seen buying condoms. Single young women are not supposed to have sex and thus buying condoms reveals that they are sexually active, which they would want to hide. Women said that it depends on the outlet where they buy condoms whether they will feel ashamed or not. If they can buy them discretely – such as in places where there are not many people – and if they feel the sales person is not judging them, they will not feel ashamed. One of the CSWs in Yaoundé, who generally denied feeling any shame, said: "*Still, buying condoms is not like buying bread. People will turn around when they hear the word condom*". Married women said that their husbands ask them to buy female condoms because it has the word *female* in the name.

Ultimately, this shame prevents women and young people from buying condoms. Adding to the problem is the large packaging, which cannot be hidden in their bra, for example.

Some women reported that they buy female condoms themselves, while for others the husband or boyfriend buys them. CSWs usually provide the female condom, while sometimes a customer brings it.

7.3 Affordability

Men
Single men thought that the female condom is too expensive and that the high price is one of the reasons why they do not sell well. In Douala, the group said: "*Female condom is not for everybody!*" However, in a group of non-users in Yaoundé, some men said that although female condoms are more expensive than male condoms, they were still affordable. One man added: "*There is no price on health*", and another said: "*It is not good to reject female condoms based on the price*".

All but two participating married men thought that the female condom is too expensive, and they usually compared them to male condoms; for example, you can buy four male condoms for the price of one female condom. The two participants in Douala who did not find female condoms too expensive pointed to the fact that the price had really gone down (from 1500 CFA to 100 CFA), and they thought that more people could now afford them. However, others feared that the majority of people still cannot afford to pay for female condoms, and that the price really is a problem. In Yaoundé a participant said: "*The female condom is made for the rich, for the high class. Somebody like you who is a hustler, can't remove 200 francs to buy condoms. So it's not for people who are managing life*". Another Yaoundé participant explained that people will keep comparing the prices of female condoms to male condoms, and thus favour using male condoms.

> The sexual act is perpetual. That is to say that it is done now and it will always be done for life. So the prices must be brought down because the female condom and male respectively cost 100 frs and 25 frs. These are two products that can be substituted so I will rather buy that which costs 25 frs instead of that which costs 100 frs.

The single man in the IDI liked the sex with female condoms more, but said that he was restricted by the price compared to the male condom.

Women
Women considered the female condom as expensive and usually compared it to the male condom; with the money for one 'Protectiv' – 100 CFA – one can buy three or four 'Prudence Plus' (male condoms). One woman in Bamenda used different calculations, however, by explaining that the price works out as about the same, because a female condom can be used in more rounds of sex, while a male condom can only be used once.

We can conclude that the three obstacles to female condom use – accessibility, availability, and affordability – are still present, despite the efforts of female condom programmes. From the above stories we learned that participants in the FGDs considered the female condom as not easily available, expensive – especially in comparison to the male condom – and females in particular have difficulty accessing female condoms, since buying condoms in general is shameful because people who see them might view them as promiscuous. Their suggestions for programmes will be put forth in the next chapter.

CHAPTER 8: OPINIONS ON INCREASING FEMALE CONDOM ACCEPTANCE BY MEN

This chapter presents the suggestions of participants on what could encourage men to accept female condoms and become frequent users. The first section presents their opinions on current programmes and their recommendations for increased acceptance among men. In the second section participants give their suggestions on how women can convince their male partners to use female condoms, and after that findings are presented as to whether participants thought that men or women are the biggest problem when it comes to spreading the use of female condoms.

8.1 Opinions on female condom programmes and recommendations

8.1.1 Knowledge of current programmes

Generally, male and female participants thought that the advertising campaigns for female condoms are not widespread enough, do not reach enough people, and do not give enough attention to addressing men. According to all, especially in rural and remote areas and ghettos of towns, people are neither reached with messages about the female condom nor with the product itself. A female group in Douala thought that some areas have no idea that female condoms even exist; they may have heard of the name 'Protectiv', but they do not know what it is. Married men in Douala reported that publicity in Douala is low, and in some parts female condoms are not known at all.

Although most participants have seen the advertisements on television, they fear that television does not reach enough people, because many people in Cameroon do not have access to one, especially in rural areas. Most married users in all the towns liked the advert on TV, but a few also criticized it because it only talks about *why* female condoms should be used and what they do, whereas they argued that it is not concrete and explicit about *how* to use female condoms.

Generally, female participants thought that programmes do not target men (enough). The messages indicate that women should take the lead. Single women in Yaoundé liked it that women are targeted to take their sexuality and health seriously; for instance, the message which says "*chose life and protect yourself*". Single women in Bamenda had seen the *100% Jeune* magazine and advertisements on television. They thought that the advert, showing a smooth negotiation between a woman and a man, was good – the man accepted. Posters showing a woman and a man on a bed were also good – showing that one should discuss the issue and take time.

Most single men (except for one group in Douala) recalled having seen the advert with the musicians on television. One group in Douala who saw the advert was generally positive about it, with one participant saying: "*I like the method of sensitization used by musicians like Manu Dibango. Music permits the message to be easily passed on*". Others, however, had some reservations. Some single men in Yaoundé thought that the advert focused too much on the celebrities and was directed solely at women, and not at all to men. A participant commented: "*I do not know whether it is the musician that they are enhancing or the condom, and I realize it is more the musician*". These men also criticized other adverts because only the package is shown and there is no explicit information about the use of female condoms. One participant said:

> The advert is good in colour and speech – but in action it is not. In the 'Protectiv' advert a girl is shown holding the condom. There is nothing concrete. … Something concrete could motivate people to use it. … Advert only shows why you should use it, not how we should use it.

Single users in Yaoundé said that female condoms are mostly targeted to women, and that is where they fall short. They thought that if messages were only directed at women this would discourage men.

Married male users in Yaoundé criticized the sensitization campaigns for female condoms for the fact that they seem to place male condoms and female condoms in opposition; and that with female condoms, women now take things under control. These men felt that the two condoms should be made complementary. Married men in Bamenda had just heard verbal explanations of how to use female condoms, but no demonstration was done. In Douala they said that the adverts gave the impression that they only concern women, and also complained that the female condoms themselves are not easy to comprehend – one needs a peer educator to explain them. Married men in Bamenda had all seen adverts on TV and said that the messages were mainly female oriented: *she* takes things under control.

8.1.2 Recommendations by participants for female condom promotion among men

Generally participants suggested that advertisements for female condoms should be more frequent and widespread, should explain *how* to use them instead of only *why*, and they should target men more than is done at present. Female condoms should also be made more widely available in many outlets for a lower price. Below are some more detailed suggestions by participants.

Channel and target groups
Television is a good medium through which to promote female condoms, but advertisements should be aired at the right times when many people are watching, for instance in between series. It is good to also use radio, because not all people watch TV.

Besides TV and radio, female condoms should also be promoted to men by peer educators; and not only in schools and universities, but also in markets and rural areas. Interestingly, four women in a group of single female users in Bamenda got to know about female condoms from peer educators (three of the peer educators were also participating and were users themselves). Single participants suggested training youth from different ethnicities and regions to go into the villages to educate men there and give demonstrations. Women also suggested that there should always be a demonstration on the use of female condoms. On television that is not possible, so there should be sufficient other channels such as peer education and campaigns, to allow for such demonstrations. Billboards were also seen as a good channel, and the number of advertisements should be increased. There should also be sensitization campaigns that can make use of existing gatherings, such as in churches or markets. A good place to promote and demonstrate female condoms to men, according to married men in Bamenda, would be bars and clubs where men gather.

Concerning target groups, most groups said that messages should be openly directed at women and men of all ages, and not imply that they are mainly for women, or only for young people. According to some participants, older men also have a zeal for sex. Other groups said that there should be more focus on men, because at the moment women are the primary target. If women are targeted, they should be taught how to talk to and dialogue with their husbands; they should be taught how to seduce men into using a female condom.

Single female non-users in Yaoundé suggested making a sketch or drama about a girl presenting a female condom to her boyfriend and talking about it; or about two couples, where one couple is fighting – the man in the non-fighting couple should show the female condom to his fellow man as the solution to the fight!

Availability and price

Participants in all towns suggested that there should be more sales points for female condoms, also in rural areas and ghettos in towns, so that they are widely and easily available. All groups thought it important that the price is lowered and suggested that two female condoms for 100 CFA would be reasonable; or better still, one for 25 CFA, which would put it at an equal price with male condoms. This should increase uptake. They also suggested distributing female condoms widely for free initially, and then when people have tried them start charging. This is what happened with male condoms. When people get them for free they will try them out and become interested in continuing use. They also suggested having machines that sell both male and female condoms. As one single man in Bamenda suggested:

> It should be rampant. That is, if you go to a pharmacy to buy a condom and they ask you male or female, then from there some people will even know there is a female condom. For those who are curious they can try both and then discover that the female condom, just like somebody said a while ago, it gives extra pleasure.

Design

Married men suggested that the design of female condoms should be changed to make it easier to use – like the male condom. Single men suggested making the package more attractive – not simply white as it is now – and also making it smaller so that people can carry it discretely. Some also suggested making a design that causes less noise. Women suggested changing the design to remove the ring, while still making sure that it holds and supports movements.

Messages

All participants agreed that sensitization is key. Messages should address the advantages of female condoms for men to motivate them: e.g. it does not tighten the penis, and it conserves warmth. Messages should also address fears and objections: e.g. stressing that it cannot get stuck inside the body. Participants said that it is important that the messages should be concrete and that they should also demonstrate how the condom looks and how it is used. Some suggested also that the vagina and the way a female condom is inserted should be shown on TV – a cartoon could be used to show this rather than live people. They suggested that maybe it is good to have a simple message like the one for male condoms: "*pinch and roll*". For female condoms "*pinch and insert*" could be used. Single men thought that the message that female condoms are for women *and* men should be made more explicit, because it is a couple using them. Married men in Yaoundé suggested that in sensitization efforts, male and female condoms should be promoted as complementary; focusing only on women taking control could be counterproductive.

In the last activity of the FGD, participants were asked to give suggestions for slogans for female condom campaigns. This brought some laughter and fun; some of the more funny, original, and useful slogans are presented in Table 15.

Table 15: Suggested slogans for female condom campaigns

– Female condom, protection guaranteed – Men, here is freedom for you – Honey, try me (showing the female condom) – Female condom, 100% (SAFE) pleasure – Greater protection, greater sex – Operation gender equality – Same excitement, same feeling (as natural sex) – You are safe with me – Eight hours before, take the initiative – Freedom of the mind with condoms – Safe journey to Jerusalem	– Protectiv, everyone, come on, give it a try! – It concerns all of us – Protectiv protects love – Protectiv is better than cure – No Protectiv no sex – Let's do it together – Tear and insert (as they do with the male condom) – Female condom for women and men – Just go and try female condom and you will never use a male condom again because of the sexual pleasure

8.2 How women can convince men to use female condoms

Before giving the participants' suggestions on how women could convince men to use female condoms, in the following paragraph the findings are presented regarding whether the participants generally considered men or women to be the main obstacle in spreading female condom use.

8.2.1 Are men or women the problem?

Married men

More married men (in all towns) agreed that men are the main problem when it comes to spreading the use of the female condom because they do not want to wait for the woman to insert it when they want to have sex. They also do not want their wife to initiate use, especially when men are not knowledgeable about them. However, they argued that lack of knowledge is also a problem for women, and that there are many women who are not comfortable using them. Others believed, however, that there was no problem if women insisted, and they would use them, because men badly need sex; thus that is also the best moment to negotiate.

> It depends on the presentation. At one point in time, it is the woman presenting the condom issue because I would not see a man who is ready for sex and there is no other option than the female condom who will not use it because he will not be able to overcome. So if the women think of ways to put it across, men will become used to it. You can say "dear presently I don't have the male condom. This is what I have". The man will definitely use it.
>
> Women do not insist enough, so they are also to blame. However, once married it is more difficult. Women could say it is to space births.
>
> I will say when you are married it means you trust your wife and at that point you cannot use condoms. You have intercourse without protection. It [is] only during ovulation when you do not want kids that you can use the condom.

Single men

Most of the groups of single men considered men to be more of a problem than women, but they were more divided than married men. Single non-users in Yaoundé thought that both partners have to agree, but that if a woman refuses you cannot force her because she has to put it in her vagina. However, either one, if they really want sex, has to accept the female condom from the other. Single users in Yaoundé thought that men should be the ones to introduce the female condom, since women are not used to talking about sex. Thus the problem is the person who does not know: so if a woman introduces the female condom the man will be reluctant, and vice versa. Single male users in Douala and Yaoundé thought that indeed it is mostly the men who are the problem: they need to get more awareness through education. All women should also

insist upon using it. "*Men generally accept when they have no choice*. *The proof is when we start discussing in small groups at home, eight or seven will say they do not want it*", said a participant in Yaoundé.

Single men in Douala said that women are also to blame because they do not want to try something new – men try everything. They did also blame men, however, because they knew that women cannot ask men to use female condoms, because if a woman asks this implies that she thinks the man is unfaithful.

Women
The majority of women also believed that men are the main problem in terms of increasing use of female condoms. CSWs described men as the problem because they refuse female condoms since they slow down their movement, and they cannot play like before. Married female users in Douala thought that men are the problem because they have male condoms and do not think they need another one.

Married women in Yaoundé believed that men would not want to give control to women; they want to be the master and fear losing authority. Single girls in Bamenda pointed at the changing gender power relations within marriage and in stable relations without official union. Here the girlfriend can insist on using female condoms and even refuse sex. As a wife, however, many women still have the strong obligation to sleep with her husband. Girlfriends use female condoms because they do not want to get pregnant and because they do not want to get STIs; they know men are unfaithful. Thus it is easier for a single woman not to get HIV because she can insist on using condoms, while a wife cannot. One participant expressed it as follows:

> Men allow them to use it because a girlfriend is not like a wife who must obey the husband. A girlfriend can insist and they will use it. However, they also point out that it depends on good introduction and that some women shy away while men want to use.

Single women non-users in Yaoundé felt that both men and women are to blame because they are not open about sex and are too traditionalist. However, men have more say and if they are in favour of female condoms then they will be used. Thus, this group argues, sensitization has to go through men, because they are the ones who frustrate women. Another group of single women users in Yaoundé said that it is somehow true that men do not want women to take control, but also that some women do not like to use female condoms anyway.

8.2.2 Suggestions for women on how to convince men to use female condoms

Married men
Married men generally suggest that their wife could convince them by talking about the advantages of female condoms. Pregnancy prevention is one good reason, thus they could say that they are in their fertile period and then suggest the female condom. However, men in Bamenda also pointed out that their wife should not be the one to convince them, because that is not her role. Husbands should introduce new things.

Single men
Many of the single men suggested that the best thing would be for the woman to start a dialogue and explain that female condom use is for both of their safety. Women should also stress the advantages and benefits of female condoms, explain about them, make jokes about them, so that men become curious to use them and compare them to male condoms. Women could also compare them with male condoms, including with the disadvantages of male condoms, such as irritation to the vagina, which the female condom does not produce. The woman could also try to

convince the man by arguing that he will feel free during sex, and that he will enjoy the sensation. Single men said that some women used drastic methods on them, like "*going though the preliminaries and when it is time to start she said it is female condom or nothing!*" They advised that women should know *when* to talk to the man – usually her stable partner – i.e. when he is happy and in the mood. At that time what she tells him will stick. She also has to be firm and say "*no condom no sex*", or she can even trap him and get him in the mood for sex so that when she presents the female condom he will not refuse.

Women

Women users also gave suggestions on how to convince men. The main thing they argued is to take time to introduce and explain the advantages for him: that it feels natural, he does not have to do anything, that it gives satisfaction, that it is stronger and safer, and is good for child spacing and health. Within marriage a wife can negotiate and discuss their pregnancy plans. Single girls can also motivate their partner by saying that it is the most effective way of preventing pregnancy, because neither partner wants to have a baby. They can point out that female condoms are better than male condoms because male condoms can burst easily (this argument cannot be used within marriage, however, because the male condom is not/hardly used within marriage). Many women said that they cannot really offer a strategy for how to introduce female condoms to a man, and that there is no fixed pattern; everyone knows their partner and will know how to introduce them. As a woman you know when would be the best time to start discussing them: e.g. *not* in times of trouble, and perhaps it is good to introduce the topic after you have cooked his favourite food. Single female non-users said that a woman should mention beforehand that she wants to use a female condom and explain the advantages – not let it suddenly come up. Hearing together about the advantages on television, for example, may help. The non-users thought that a woman should already know how to use a female condom before she proposes to a man to use it.

CSWs said that they sometimes just have the female condom inserted so that they do not have to negotiate its use.

CHAPTER 9: IMPLICATIONS OF THE FINDINGS

This chapter summarizes and discusses the study findings and their implications for female condom programmes. Although this was an exploratory study with a small study population in a few locations, some general conditions can be identified under which men may be more likely to accept female condoms. Based on these, suggestions can be given for possible programme strategies and activities to facilitate acceptance by men.

The discussion below is based on the 'theory of planned behaviour', as explained in Chapter 2. This theory distinguishes two categories of factors which possibly influence behaviour and behaviour change: personal factors and external factors. In this last chapter the personal and external factors influencing male female condom use (or non-use) are summarized. The chapter continues with a summary of the recommendations for female condom programmes (9.3). The recommendations are a direct result from the study and are not based on the current policies and practices of female condom programmes in Cameroon. The chapter ends with a final note on the involvement of men.

9.1 Summary of findings and the implications for programmes

9.1.1 Knowledge of and attitude towards female condoms

Personal factors found to influence the acceptability and acceptance of female condoms related to knowledge of what female condoms look like, how they are used, and what the advantages are, and to belief in the positive attributes of female condoms. Participants reported many advantages of female condoms, but also disadvantages related to effectiveness, use, appearance, sexual feeling, availability, and control. A very positive finding was that nearly all participants – including non-users – were convinced of the superior effectiveness of female condoms for prevention of pregnancy and protection against HIV and STIs in comparison to other contraceptive methods and male condoms. (We do not address scientific effectiveness of female condom for HIV prevention and contraception in this study). The other main female condom advantages (to men) were that the female condom does not restrain the penis and therefore sex feels free, that it feels like natural sex, that it can be put on before the sexual act, and that no erection is needed beforehand. The main disadvantages were the high price of the female condom and its scarce availability. Men also complained that the female condom makes noise, is too big, and is difficult to insert.

Recommendation
Programmes that aim to increase knowledge and positive attitudes towards female condoms should stress the advantages and address the disadvantages, tailored to local ideas and appropriate target groups. Female condoms can be promoted to men as making protected sex 'next to natural'. The main disadvantages, of price and availability, are integrated in the ACMS programme. More instruction on how to insert the female condom, and perhaps the provision of several samples for women to practice insertion with, might reduce the problems of insertion.

9.1.2 Types of sexual partners and acceptability of female condoms

An important finding was that female condom acceptability and acceptance differed by type of sexual partner for the majority of men. The types of partner(s) men have are influenced by the norms in society, which is part of the external factors. Men differentiate between four categories of sexual partners: 1) spouse; 2) stable partner (for married men called *deuxième bureau*, for single *la titulaire* or fiancée); 3) casual partner; and 4) commercial sex worker (CSW). Categories

of sexual partners were found to differ in terms of exclusivity, duration, trust, power relations, exchange of money or goods for sex, and purpose. With all these partners men feel, and women concur, that men have the power to make decisions regarding contraception and protection; this is according to dominant gender power norms, in particular when legally married men have decision making power over their wives. However, women in male dominated societies are not powerless; they have their own (often secret) tactics to get what they want within the dominant gender norms. Wives and *titulaires* know their husband's or boyfriend's character better than casual partners do and know better how to approach him.

Female condom acceptability by men with different type of partners is related to trust (or lack of trust) in the partner, the duration of the relationship, and to risk perception of unwanted pregnancy and STI and HIV infection. The groups were not unanimous in their opinions of with which partners female condoms were most acceptable, but the difference was clear in the different motivations for use. In relationships of trust (with a wife and *titulaire*) female condoms are acceptable as a family planning method. A few single men also said that they used female condoms with their *titulaire* for dual protection. Condoms are normally not acceptable in marriage because of the association with infidelity, extra-marital affairs, and diseases. With partners other than the spouse and even in the most serious stable (though unmarried) relationship a man cannot trust that he is the exclusive partner, and thus he feels at risk of STIs and HIV. This is the reason why about half of married men and even fewer single men in the FGDs feel that the female condom is more acceptable with extra-marital casual partners and prostitutes. However, at the same time, they mistrust these casual partners, especially *waka* (CSWs), and fear that they may misuse the female condom by using the same condom with multiple men.

Initiation of female condom use by *any* sexual partner is not acceptable for more than half of the men. Some men said that their wives or stable girlfriends could introduce female condoms to them after having explained very well how they got to know about them, providing a sample, and explaining that it is for family planning. Others thought that it is not acceptable because it would be an indication of mistrust; and especially for wives, men are supposed to make the decisions. Men fear misuse of female condoms by casual partners and CSWs, especially if they have been inserted beforehand – although they admit that they may accept to use them if they are eager for sex. Surprisingly, most women thought that men would not accept female condom use from stable partners and would be more likely from casual partners. Even less acceptable is when a man finds a sexual partner with the female condom already inserted – the majority of both men and women thought so. For stable partners there were two main reasons for this: either she has exited herself sexually in his absence, or she might have used it – or plans to use it – with another man.

Recommendation
In designing programmes, organizations should consider the external factor of dominant gender power relations which gives more power to men, but also leaves open some space for women to manoeuvre. They should address use with different types of partners, and the objections against use with certain partners. Promoting the product merely as women's empowerment and a female initiated method is not effective and may be counterproductive in societies where men hold normative decision making power over women, and even more so over their wives. Programmes should realize that spreading female condom use cannot go via women alone. Educating men, or men and women together, and letting men take the lead in introducing female condoms may be more acceptable in societies like Cameroon.

9.1.3 First time female condom use

Curiosity was the main personal motivation for using female condoms for the first time, for all groups of FGD participants. They were curious as to how it would feel sexually (after having

heard about them in trainings or advertisements). External factors that made men use the female condom for the first time were that his sexual partner convinced him, or insisted, and that the female condom was the only method available at the time and the man was eager for sex. For half of the married women in the FGDs, the first time they used it was when their husband brought the female condom home.

The most commonly mentioned positive first experiences by men were that they felt as if there was nothing there, that it felt natural and thus pleasurable. Men said that what contributed to their positive first experience was the psychology of feeling protected and safe by the female condom – more so than with the male condom which can burst. Male participants' negative first experiences were mostly related to the fact that their partner did not know how to insert the female condom well, which caused pain and unease. Women overall had more negative first experiences than men had. Mostly they realized they had not properly inserted the female condom which caused them pain and discomfort, even more when the man entered.

Recommendation
Programmes can learn from these motivations and experiences that it would be effective to promote female condoms to men, with information about increased sexual pleasure compared to male condoms. Men and women should be educated on how to insert the female condom to prevent negative first experiences. In promotion it should be explained that female condom insertion and sex with female condoms should not induce pain; if this is the case, the woman should see a doctor.

9.1.4 Motivations for continued female condom use

Study findings indicate that a first positive experience for men makes frequent female condom use more likely. Relatively more men who had had negative first experiences stopped using female condoms. However, even after negative first experiences, more women continued, because they were motivated by their effectiveness as dual protection or because their husbands insisted – with husbands often having the final say. Two main factors can be identified as making a positive first experience for men more likely: if men have knowledge on what a female condom looks like, how it is inserted, and how to enter the penis so that they know what to expect and they will feel more at ease the first time; and when the partner is an experienced female condom user – or at least when she knows how to insert the female condom well and how to direct the man's penis into the female condom – the experience will be more positive.

The main reasons for men continuing female condom use is the sexual pleasure they derive from sex with a female condom and the feeling of protection – usually when compared to male condoms. As a regular family planning method, users prefer it over other methods (such as the male condom) because the female condom is effective and does not have side effects. Frequent use with casual partners and *waka* is motivated by the superior effectiveness to protect against diseases. A minority of men said that they became frequent users because their wife or stable girlfriend prefers to use female condoms. However, very few men were frequent regular users; this was mainly related to external factors of non-availability and because the female condom is expensive (see 9.1.5).

Recommendation
Programmes should be directed to make first experiences more likely to be positive. Female condom promotion to men (as to women) should always be accompanied by a demonstration. Visual mass promotion (on television or posters) should include what a female condom looks like, and explain how it is used, for instance by drawings – thus not only talking about the benefits and showing the package. During female condom promotion and demonstration to females (and men), the participants should be invited to practice (during fieldwork we saw some good

examples of demonstrations, where participants were asked to repeat the demonstration given by the promoter). Having artificial vaginas as demonstration materials makes it easier to practice, rather than only using the hands. In promotion among females, women should be given ample number of free female condoms and be advised to practice insertion before trying with her partner.

9.1.5 Accessibility and female condom promotion campaigns

Major external factors hindering male (and female) frequent use of female condoms are the scarce availability, high price (relative to male condoms), and cultural inaccessibility (shame for some groups to buy (female) condoms). Places where participants know female condoms are available are pharmacies, drugstores, and some local shops; only in Bamenda did participants mention wider availability such as in hair salons, and one group mentioned a barbershop (which are ACMS sales outlets). Women and especially young girls feel ashamed asking for male or female condoms because of the association with casual sex and prostitution. Some men feel shame asking for female condoms because they are supposed to be for females and they have their own male condoms (which they are not shy to buy).

Various reasons were given why men do *not* use female condoms. The two main reasons were lack of knowledge about them (including how they are used and how they affect sexual pleasure) and non-availability. They do not see female condoms around and so they do not even think about using them. Other reasons for not using them relate to the dominant gender power relations (not wanting to give control to the female partner); to mistrusting certain types of sexual partners (who misuse the female condom); to the association of female condoms (like male condoms) with casual sex and CSWs; and to female condoms not being readily available.

Participants had useful suggestions for female condom promotion campaigns. Their main recommendations were: 1) to intensify female condom promotion in the mass media, billboards, and through interpersonal communication; 2) men should be targeted more and campaigns should look for the best places to reach out to them; 3) campaigns should explain *how* female condoms are used, not only *why* they should be used; 4) female condoms should be made widely available; 5) male and female condoms should not be treated as opposing, with women now taking control with the female condom, but rather should be promoted together.

Recommendation
Programmes should continue spreading sales points for female condoms and look into whether female condoms can be even more subsidized. They can intensify education and distribution through peer programmes, and address the shame of buying or carrying (female) condoms. Peer programmes are also suitable for discussing some of the more intimate questions on use, for instance on the possibility of use in different sex positions. Programmes should take the other recommendations by participants seriously and see whether also in mass media campaigns the issue of how to use the female condom can be addressed. The messages should also appeal more to men. In particular, the participants' recommendation that male and female condoms should not be treated as in opposition should be taken seriously by programmes, so as not to run the risk that male condom users shift to the female condom and so total condom use remains unchanged. Rather, they should complement one another.

9.1.6 Female condom negotiation skills of women

Participants gave suggestions about how a woman could try to strategically introduce female condoms to a man and make him accept using them. The first thing to remember in a stable relationship is that she cannot bluntly say that she wants to use them, but rather has to carefully plan her strategy. She should introduce the topic when he is (or when she has put him) in a good

mood, explain well where she got the information from, stress the advantages, make it sound exciting to use female condoms, and let him feel that he has made the final decision. In marriage, women should stress their effectiveness as a family planning method. Single women in particular can try to convince their partner by stressing the sexual pleasure for the man. Casual partners and sex workers can discuss the same pleasure effect, but also the effectiveness of the female condom as protection against infection. They should, however, open the package and insert the female condom in front of the man.

Recommendation
Programmes should continue teaching negotiation skills to women and consider the normative gender power relations with different partners. They should be advised to never have a female condom already inserted when planning sex with a casual partner or client.

9.2 Summary of factors influencing female condom acceptance

From the above we can extract several (inter-related) personal and external factors which influence the acceptance of female condoms by men in Cameroon. Men will be more likely to become (more) frequent users of female condoms with the following personal factors:

- Knowledge about the female condom – knowing the advantages, how it is used, that practicing makes insertion easier;
- Belief in the effectiveness of the female condom for family planning and STI and HIV protection;
- Having skills in how to use the female condom;
- Having a positive first experience of use of the female condom;
- Feeling the need for family planning and/or protection – depending on the type of sexual partner (risk perception of unwanted pregnancy and/or STIs and HIV);
- Liking sex with female condoms – sexual pleasure, and feeling natural, free, and protected;
- Has money to buy female condoms;
- Knows where to buy female condoms.

These personal factors are influenced by the following external factors:

- Dominant gender power relations – that give decision making power to men, and give women tactics to convince men;
- Norms about contraception and protection use – in marriage there is no perceived need for protection against STIs and HIV, only prevention of unplanned pregnancy; any contraception with side effects is suspected of influencing fertility;
- HIV/AIDS prevalence – with a higher prevalence, the risk perception will be higher, especially in sex with casual partners and CSWs;
- Easy accessibility of female condoms (affordable, available), and the influence of female condom programmes;
- Economic conditions;
- Sexual partners agreeing / convincing / insisting;
- Peers / role models.

9.3 Summary of recommendations

The following is a summary of the recommendations on how to make female condoms more acceptable to and accepted by men in Cameroon. These recommendations could be used by ACMS and other female condom programmes in Cameroon to further develop the programmes.

- In designing programmes, consider the dominant gender power relations in different sexual relationships. Promoting female condoms as a product for women's empowerment is not conducive for uptake because a woman needs the cooperation and often approval of the male partner. Thus, both men and couples should be educated. Giving men a role in introducing the female condom would be more acceptable in Cameroon than focusing solely on initiation by women. It is also important to address unequal gender relations, distrust among partners, and risk perceptions for STIs/HIV in marriage.
- In communication messages to men, stress the advantages and address the disadvantages of female condoms, and tailor the messages to appropriate target groups and their sexual partners. In promotion stress the effectiveness for family planning without side effects; effectiveness for protection against STIs and HIV; that it feels like natural sex; that there is greater sexual pleasure than with male condoms; that they can be used during menstruation; that practice makes insertion easy; that female condoms offer variation in protected sex which prevents fatigue in condom use. In messages address the local reasons why men do not (want) to use female condoms with certain sexual partners; e.g. hurried sex, (fear of) misuse by some women.
- Address the distrust men have towards using female condoms with casual partners and sex workers. Advise men to ask the woman to open the package and insert the female condom in their presence and dispose of the female condom together.
- Female condom promotion to men (as to women) should *always* be accompanied by a demonstration.
- Visual mass media promotion (on television or posters) should include *what* a female condom looks like and *how* it is used (and what may be the difficulties) – thus not only talking about the benefits and showing the package.
- During demonstration to females (and males), participants should be invited to practice the skill by opening the package and trying insertion with an artificial vagina. Prepare a 'female condom starter pack' to give out during demonstrations, with five female condoms and information, including where to buy them. Women should be advised to practice insertion before trying with her partner – to make his first experience more likely to be positive.
- Have peer education sessions with men in places where they gather, such as markets, bars, churches, and clubs. Peer education can better address some of the intimate questions – for instance, related to female condom use in different sex positions – than public campaigns.
- Continue educating women in negotiation skills appropriate to the type of sexual partner. Address the shame women have buying and carrying condoms.
- Continue increasing sales points for female condoms and look into whether female condoms can be even more subsidized. More advertisements should be given on sales through barbers and hairdressers, which are a potential private place to buy.
- Do not put male condoms and female condoms forward as an either-or choice, but promote them together, for men and women, as complementary.

Final note

We want to end this report by addressing the question which was the rationale for this study: *Are men a problem in spreading use of female condoms in Cameroon (and Sub-Saharan Africa)?* The majority of FGD participants thought that they were and would be if female condom programmes only or mainly target women – in this case men may very well resist accepting female condoms. Although this was a qualitative study and we cannot generalise findings, we agree that without more involvement of men, uptake will be slow. However, in the presence of facilitating external factors, including wide availability of affordable female condoms, and if

promotion takes into account the dominant gender power norms within different sexual relationships, men may accept female condoms if they are targeted in promotion campaigns and are given the relevant knowledge and skills. Personal factors such as positive sexual experiences with female condoms, and the conviction of their effectiveness for pregnancy prevention without side effects and protection against STIs and HIV, will facilitate female condom acceptance by men. Female condoms do not have the association with HIV as strongly as male condoms, and this should be fostered by promoting it as a family planning method. Thus, if the programmes consider the external factors influencing male acceptance in their campaigns and also target men, men will no longer be a problem in spreading female condom use and may even help to increase use.

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Annex 1: Focus group discussion – Topic Guides

We used a topic guide in French in Douala and Yaoundé. Only the English topic guide, used in Bamenda, is presented here. The topic guides were also adjusted to the type of focus group discussion. The introduction (part 1), the questions for all groups (part 2), and those for the specific type of users (part 3) are presented below. In practice, we made a topic guide for each type of focus group discussion. Hence six topic guides were made: frequent users, one/two time users, non-users, separate for male and female groups.

Part 1: Introduction

Introduce people present / research team

We are representatives from ACMS and a researcher from the Netherlands who were asked to conduct this study. Some organizations, like ACMS and government intend to make female condoms wider available besides the male condom as dual protection against unwanted pregnancy and sexually transmitted infections and HIV which are all health problems in Cameroon.

You are in the FGD because you know about female condoms and are a frequent user. With this study we want to explore the acceptability and acceptance of female condoms among men. We like to discuss with you your opinions on the female condom.[45]

Also we would like to have your views on whether and how you think female condoms could be made more acceptable and accepted in Cameroon.

There are no right and wrong answers in this discussion. Everyone's opinion, views and experiences are valuable to us. So please, feel free to contribute to the discussion. As a rule we will keep a central discussion and let a person finish his talking before the next person contributes. We will also respect other people's views.

We like to ask your permission to audio record this discussion, to be better able to grasp all your contributions in the report. Be assured that we will keep your names private and there will be no referral to your names. However, if you like to you can give your name and you will be acknowledged in the report. This report will be presented to government and the organizations working on female condoms. It will inform them how they can improve their operations.

Introduce informed consent form
Introduce questionnaire

Part 2: General questions

1. ***Ice breaker:*** **Advantages and disadvantages of female and male condoms**
   [*Fill a spread sheet – for all to see]*
   Probe: sexual pleasure of man/woman; effectiveness; side effects; male/female controlled; price; availability; association with modernity/style; appearance)

2. **Categories of sexual partners men in Cameroon have – (GENERAL, NOT ONLY PARTICIPANTS)**
   Probe: Specific names for the categories

3. **Effectiveness of female condoms**
   1. For prevention of unintended pregnancy
   2. For protection against diseases

   Probe: For comparison with other methods, and male condoms

4. **Acceptability of female condoms by type of sexual relationship (GENERAL, NOT ONLY PARTICIPANTS)**
   Probe: For all categories of Question 2

5. **Talking with others about female condoms (PARTICIPANTS' PERSONAL EXPERIENCE)**
   - With whom?
   - About what?

   Probe: Give advice on how to use female condoms?

[45] Each topic guide was adjusted to the participants. Hence, the introduction for males and females differed as did the introduction of users and non-users. At this point in the introduction we adjusted it to users by saying: *Because you have experience with using it, you are the right persons to share with us what men like about it and not like about it; and why and when a man would use it or not.* And we adjusted it to women thus: *We like to discuss with you your opinions on the female condom as it relates to men.*

6. Acceptability of a woman initiating female condoms (GENERAL, FOR MEN IN CAMEROON)

A. How would a man reacts when**:**

- A woman asks a man to use a female condom (by type of partner)
- A woman has already inserted a female condom (by type of partner)

B. How can a woman convince a man to use female condom / control female condom use? (by type of partner)

C. From other research: women say that men are the problem in using female condoms, and say that men do not allow them and do not want women to use female condoms: Do you agree, disagree, explain.

Probe: decision making (power, economic, gender relations)

7. Three A's for female condoms (GENERAL)

- Availability: **probe**: always available, places?
- Accessibility: **probe**: to certain groups, ages, shame to ask?
- Affordability: **probe**: price, price at different places
- Who normally buys female condoms **(PARTICIPANT EXPERIENCE)**
- How easy is it FOR YOU to get female condoms? **Probe:** where, price **(PARTICIPANT EXPERIENCE)**

8. Female condom programmes

- What are current programmes / messages on female condoms? **Probe**: target groups? Also men?
- Opinions of current communication campaigns about female condoms
- Suggestions how organizations or government can promote female condoms among men:
  Probe: Channels, messages, target groups
- Can you think of a slogan to make men accept female condoms more?

Part 3: Questions to specific type of user

A) Frequent users

- **Reason for first female condom use (PARTICIPANT PERSONAL EXPERIENCE)**
  What made YOU use a female condom for the first time?
  Probe: curiosity, partner asked, peer influence, modernity, education programme

- **Experience first time female condom use (PARTICIPANT PERSONAL EXPERIENCE)**
  Indicate by raising your hand whether first time use was mainly positive or negative?
  Probe: (to each group) what was positive, what was negative about female condom first use experience?

- **Frequent use of female condoms –(PARTICIPANT PERSONAL EXPERIENCE)**
  - How did you become frequent users? (Many couples stop using female condoms after once or twice use)
  - What and who can motivate men to use female condoms more often? (Probe for differences by type of partners)

- **Patterns of frequent female condom use (PARTICIPANT PERSONAL EXPERIENCE)**
  - Frequency (always, sometimes)
  - With certain partners
  - With other contraceptive and protection methods
  - Why this pattern?

B) One/two time users

- **Reason for first female condom use (PARTICIPANT PERSONAL EXPERIENCE)**
  What made YOU use female condoms for the first time?
  Probe: curiosity, partner asked, peer influence, modernity, education programme

- **Experience first time female condom use (PARTICIPANT PERSONAL EXPERIENCE)**
  Indicate by raising your hand whether first time use was mainly positive or negative?
  Probe: (to each group) what was positive, what was negative about female condom first use experience?

- **Stopping female condom use**
  Why do some men / did you stop using after using female condoms once/twice?
  Probe: other methods preferred? why?

C) Non-Users

- **Reasons why men do not use female condoms**
- **Reasons why a man may *try* using female condoms**
  Probe: curiosity, partner asks, peer influence, modernity, education programme

Annex 2: Pre-Focus Group Discussion Questionnaire

Type of Discussion group: Male / Female; Single / Married Regular / One time / Non-users
Date: **Location:** **Interviewer:**

1. Sex	a. Male b. Female			
2. Marital Status	a. Married b. Single	c. Single - Widowed d. Single - Divorced	e. Single - Stable relationship f. Other:…	
3. Age	……Years			
4. Education level / status:	a. No school b. Primary	c. secondary d. university / tertiary education	e. Other …….	
5. Present job:	a. Formal employment, describe:…… b. Volunteer, self-employed, describe…… c. No Job / full time housewife / Student			
6. Last year, who were your sexual partners in the last year? **(you can circle more than one option)**	a. My spouse (the one man/woman you are married to) b. My spouses (married to more than one wife) c. My stable sexual partner (single, or married extra marital relationship) d. Casual partner(s) (boy friend / girlfriend) e. Sex worker f. No sexual relationships past year			
7. Last year, what methods to prevent pregnancy / protect against STIs have you (your sexual partner) used in the LAST YEAR? **(you can circle more than one option)**	a. Contraceptive pill b. Injectables c. IUCD d. Withdrawal e. Male condom f. Female condom	g. Emergency contraception h. Diaphragm i. Breast feeding post partum j. Abstinence k. Rhythm / Calendar / Safety	l. No method m. Other:	
8. *If male condom:* Please indicate the frequency: whether this is *Note: b and d can happen at the same time*	a. Always when you have sex with any partner, b. Always with certain sexual partner: (indicate partner) spouse / stable sexual partner / casual partner / sex worker c. Sometimes independent of partner d. Sometimes with certain partners (indicate partner) spouse / stable sexual partner / casual partner / sex worker			
9. Have you EVER used a female condom?	a. Yes ***(if yes: go to question 12)*** b. No			
10. *If no*, Why not? (open question: **not probing**, let respondent talk, interviewer circles answers – **multiple response possible)**	a. Not interested b. Looks odd c. Do not know where to get d. Do not know how to use e. Protection is not necessary		f. Partner does not want to g. Partner doesn't know how to use h. Other reason, specify ……	
11. *If no:* Do you think you might use female condom in future?	a. Yes b. No ***(After this question, Go to question 18)***			
12. How many times did you use a female condom?	a. One or two times, b. Three to 10 times,		c. More than 10 times.	
13. With whom did you use female condom for the **first time**?	a. Spouse b. Stable sexual partner		c. Casual partner d. Sex worker	
14. After that first time with whom did you use female condom? **(multiple answer possible)**	a. Spouse(s) b. Stable sexual partner		c. Casual partner d. Sex worker	
15. Are you still using F condom?	Yes ***(If yes, next question)***		No ***(If no, question 17)***	
16. With whom are you now using the female condom? **(multiple)**	a. Spouse(s) b. Stable sexual partner		c. Casual partner d. Sex worker	
17. *If not:* What is the main reason you do not use female condom anymore? (not probing)	a. Not available b. No sexual pleasure c. Too expensive d. Prefer to use other methods e. No sex: widow. / divorc. / single		f. Sexual partner doesn't want to use it g. Too cumbersome to use h. Not comfortable using it i. Other reason, specify ……	
18. Have you ever been tested on HIV?	a. Yes b. No **(end of interview)**			
19. Did you get the results of that test?	a. Yes b. No **(end of interview)**			
20. What is your HIV-status?	a. Positive	b. Negative	c. No answers	

Annex 3: Consent Form

A) French consent form

Formulaire de consentement

Etude sur l'acceptation masculine du préservatif féminin, Cameroun

Mon nom est ....., et je m'engage à participer à l'étude sur l'acceptation masculine des préservatifs féminins. Je vais participer aux groupes de discussion. D'après les explications que le facilitateur a données, je comprends que la discussion porte sur mes expériences et opinions sur les préservatifs féminins. J'ai pu poser des questions et des réponses satisfaisantes m'ont été données. Des éléments suivants m'ont été aussi expliqués :

- Le questionnaire anonyme à remplir, afin de s'assurer que j'appartiens bien au groupe de discussion indiqué.
- La participation est volontaire, il n'y a ni récompense, ni bénéfice particulier pour moi
- La discussion est enregistrée sur bande audio
- Mes opinions et expériences avec préservatif féminin, que je partage dans la discussion, seront traitées en toute confidentialité :
    - Les enregistrements seront effacés après la rédaction du rapport
    - Tous les participants aussi bien que le facilitateur, le rapporteur, le chercheur-néerlandais ne parlerons pas de moi et des éléments partagés en dehors du groupe de discussion.
    - Mon nom restera anonyme dans le rapport et ne peut directement être relié aux conclusions
    - Je traiterais avec confidentialité les expériences et les opinions des autres participants

      Date:
      Etes-vous d'accord: ..... OUI

B) English consent form (used in Bamenda)

Consent form

Study on *Male acceptance of female condoms, Cameroon*

My name is ....., and I agree to participate in the study on male acceptance of female condoms. I will participate in the Focus Group Discussion. From the explanations by the facilitator I understand that the discussion is about my experiences and opinions about female condoms. I had a chance to ask questions, which were answered to my satisfaction and the following was explained to me:

- An anonymous questionnaire is filled out to make sure I'm in the right discussion group
- Participation is voluntary; there is no particular reward or benefit for me
- The discussion is tape recorded
- My opinion and experiences with Female Condom, that I shared in the discussion, will be treated with confidentiality:
    - The recordings will be deleted after writing of the report
    - All participant as well as the facilitator, note-taker, Dutch-researcher will not talk about me and the things I shared outside the discussion groups
    - My name will remain anonymous in the report and cannot be traced back to the findings
- I will be confidential about the experiences and opinions of the other participants

Date:

Do you agree: ..... YES

Annex 4: In-depth Interview Guide

(For frequent users only)

Since you were very open during the FGDs and wanted to share your experiences and opinions we would like to ask you more of your personal experiences to get a more in-depth idea about frequent users of female condoms. We like to ask your permission to audio record this discussion, to be better able to grasp all your contributions in the report.

FIRST TIME

1. When did you hear for the first time about female condoms? Elaborate, where, from whom?
2. When did you use female condoms for the first time? How long after you heard about it – explain.
3. What was the reason for you using the female condom for the first time?
4. With whom did you use the female condom for the first time (type of sexual partner)?
5. Who initiated – yourself or your partner?
6. How and what did you discuss with your partner about using the female condom for the first time?
7. Did you use it that time mainly for pregnancy prevention or protection against STIs and HIV?
8. That time were you using other contraceptives / protection against diseases before? Explain.
9. How was your experience that first time?

REGULAR USE

10. You are a regular user now – how/why did you become a regular user while many men stop after once or twice?
11. Do you always use female condoms? Every time you have sex?
12. Do you use female condoms with all your sexual partners? **PROBE:** Who were your sexual partners (types) since the time you used female condoms?
13. Can you explain why you use female condoms with some sexual partners and not with others?
14. Do you use female condoms mainly for pregnancy prevention or protection against STIs and HIV? Different for different partners?
15. Does your stable partner agree to / like the use of female condoms?
16. How do you communicate with your stable partner / casual partner about female condoms? Were there at any time disagreements / problems with your partner(s) about using female condoms? Explain the discussions.
17. Together with female condoms, do you / your sexual partner also use other contraceptives / protection for STIs and HIV? Can you explain the pattern?

AVAILABILITY

18. From where do you usually get female condoms?
19. Are female condoms always available when you want them?
20. Who buys the female condoms? You or your partner? Explain.
21. Can you afford to pay for female condoms? How many do you get in a week / month?

Background respondent:

Name …… Age …… Marital status …….
Peer educator? Yes / No HIV positive: Yes / No

Annex 5: Advantages and Disadvantages of Female Condoms (all)

	Advantages	Disadvantages
Effectiveness	• **Protects against STIs and HIV** • Does not burst (easily) – better material • Double protection – prevention STIs & pregnancy (M) • Protects against pregnancies • Protects / reduces risks • More reassuring / protection (than male condoms) • Female condom stays in place – does not come off like male condoms Mentioned once: • Makes child spacing possible • Reduces itches and scratches • Safest for protection because covers lips • Safest for protection 100%	• Not 100% reliable
Feeling	• **Feel free during intercourse – not tight around penis** • More sexual pleasure (M) • Feels natural • Feel comfortable • No vaginal dryness (so no wounds) • Easy to ejaculate (M) • Women get more sex drive (M) • Well lubricated Mentioned once: • More feeling (M) • More sexual pleasure for both partners (F) (LHA) • Is soft (M) • Does not disturb sexual act (FCSW) • More pleasure to the men (FCSW) • Inner ring feels fine (F) • Produces warmth (M)	• Reduces pleasure, does not excite you • Inner ring causes pain (F) • Do not feel the heat of the woman / walls of vagina (M) • Insertion reduces sexual drive Mentioned once: • No fast ejaculation (M) • Do not feel at ease (M) • Too thick – reduces pleasure (M) • Uncomfortable (M)
Appearance and qualities	• Fits male organ Mentioned once: • Protects against abrasions (FCSW)	• Makes noise (M) • Having to keep female condom in place reduces pleasure (M) • Can go inside (F) • Too big (M) • Too oily / lubrication is messy / slippery • It comes out (F) • Package too big; cannot be carried discretly • Too big – feels foreign to the body (and so reduces sexual pleasure) • Not stable in vagina – can move (M) • Can go inside (F) • Outer ring is not stable – can move Mentioned once: • Inner ring too big (M) • Looks strange – not good first impression (M) • Ring on top can wound someone (MN) • Not well lubricated – dries out after a while (F) • Two rings are uncomfortable, feels like something dropped inside (F) • Does not take shape of male or female organ immediately (F)
Availability / affordability	Mentioned once: • Good price • More choice	• **Scarce – not easy to find** • **Too expensive**
Control	• **Women can put it in before – protects against sexual violence / rape** • Woman control her sex life (F) • Woman can protect herself • Can be put on without man noticing (M) Mentioned once: • Women can buy female condoms (M) • Female condom is more easily accepted in marriage (easier than male condom) (F)	• Leads young girls to prostitution / sexual acts (M) Mentioned once: • Increases infidelity in couples (M) • Brings independence to women (MN) • You don't know if men will accept (F) • Sparks controversies in marriage (F) • It is difficult to accept for women (M)
Use	• Can be put in before sexual act (3-8 hours) (M) • Easy to remove • No need for erection (M) • Hygiene increases because women have to look at their private parts (F) • Can use it for a second round Mentioned only once: • Can put on before, so you know it is well done	• Difficult to insert • Insertion takes too much time (M) • Cannot do different sex positions (M) • Women do not know how to use them (M) • You need to know how to insert them very well (M) • Too much work: have to direct the penis all the time Mentioned once: • Takes time to insert and must be checked all the time

	(FH) • Removing is done by women (M) • Man inserting is part of the romance (F) • You can take any position (M) • Female condoms make it possible to talk about sex – women who talk about female condoms can also talk about sex (M) • Easy to use (M) • When using female condoms no need to use male condoms (M)	(M) • Insertion time: man may lose erection (F) • Woman can hurt herself in process of insertion (M) • Women do not want to insert it (M) • Women shy to use (M) • Difficult to insert for women, men need to insert it – additional pressure for men (MN) • Vagina is very complicated – inserting something might not be good (M) • Inserting female condoms can cause infections (M) • Female condoms cannot be used spontaneously (M) • Difficult to use (MN) • If woman gets exited, female condom does not stay in place (M) • Difficult to pull back and enter again (M) • If badly inserted it hurts man (F) • Cannot express myself – difficult to change positions (M) • No easy penetration (FN) • Only some particular women can (know how) wear it (MN) • Needs a lot of cleanliness (wash hands) (F)

F: Female only, M: Male only, CSW: CSW only, N: Non users only

Annex 6: Advantages and Disadvantages of Male Condoms (all)

	Advantages	Disadvantages
Effectiveness	• **Prevents unwanted pregnancy and STIs (M)** • **Protection against pregnancies / family planning** • Protects against STIs • Protects Mentioned once: • More assured (F) • Protects penis from top to bottom (M)	• **Can burst easily** • Can slip from penis • Tears if partner is too violent (F) • Not 100% reliable Mentioned once: • Sperm can go through small cracks (M) • Male condom does not cover female vagina – so still contact (M) • Does not protect against all diseases
Feeling	• Almost body-to-body contact (M) • Man can stay long on the woman – prolongs sexual act which is beneficial to women and increases sexual pleasure (also F) • Intense pleasure (also depends on type of male condom) Mentioned once: • I (man) do not feel the male condom (M) • Increases lovemaking (M) • Sensation more refined (M) • Pleasure (F)	• Tightens penis • Slows ejaculation (M) • Reduces sexual pleasure (M) Mentioned once: • Feel pain when ejaculating (M) • No ejaculation (M) • Not feel free (M) • Slows down movement (FN) • Decreases sexual pleasure, because has to be removed after every round of sex (M) • Hurts (F) • Reduces erection (MN) • Does not produce warmth as desired (MN)
Appearance and qualities	Mentioned once: • Easy to transport (M) • Package is unattractive (M) • Small (M)	• Not well lubricated – facilitation of penetrations decreases after time (M) • No good lubrication causes infection, stomach pain, itches (F) • Very fragile (M) • Bad smell of lubrication / male condom has perfume • Can cause wounds (F) Mentioned once: • Unpleasant noise during intercourse (M) • Bizarre liquid inside (M) • Can cause skin cancer (M) • Sometimes bad quality (M) • Wears out quickly
Availability / affordability	• **Good price / cheaper (M)** • Available everywhere (M)	
Control	Mentioned once: • Accepted by most women (M) • Man does not bother me when I suggest it (CSW) • Men in control: can use it without partner's opinion (MN)	• Leads young girls into prostitution / sexual acts Mentioned once: • Using male condom shows lack of trust • Difficult for women to buy male condoms • Increases infidelity in couples
Use	• **Easy to use** • Man can stay long on the woman – prolongs sexual act which is beneficial to women and increases sexual pleasure (also F) • Well lubricated Mentioned once: • Easy to remove(M) • Easy to detect problems and remove male condoms (M) • Can use different positions (M) • Lubrication facilitates penetration (CSW)	• Needs full erection (M) • Can get stuck inside (F) Mentioned once: • Need to take it off straight after ejaculation (M) • Difficult to put on for aged people (M)

F: Female only, M: Male only, CSW: CSW only, N: Non users only

Annex 7: Pictures of Focus Group Discussion Participants

Douala

Bamenda

Yaoundé