EFFECTIVE PREVENTION WITHOUT SIDE EFFECTS

A Study of Male Acceptance of Female Condoms in Lagos, Nigeria

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Abbreviations

ABC	Abstinence, Be faithful and use Condoms
ACMS	Association Camerounaise pour le Marketing Social
AIDS	Acquired Immune Deficiency Syndrome
AIGHD	Amsterdam Institute for Global Health and Development
AIID	Amsterdam Institute for International Development
ARYI	African Regional Youth Initiative
CSW	Commercial Sex Worker
DHS	Demographic and Health Survey
FC	Female Condom
FGD	Focus Group Discussion
FP	Family Planning
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
IUCD	Intra-Uterine Contraceptive Device
KAPB	Knowledge Attitude, Practice, Behaviour
LGA	Local Government Area
MC	Male Condom
MMR	Maternal Mortality Ratio
N	Naira (Nigerian currency)
OCP	Oral Contraceptive Pill
PLHA	People Living with HIV and AIDS
PSI	Population Services International
SFH	Society for Family Health
STI	Sexually Transmitted Infection
UAFC	Universal Access to Female Condoms
UNFPA	United Nations Population Fund

Executive Summary

Rationale and objectives

This report presents the findings of a qualitative study of male acceptance of female condoms in Nigeria, 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 August 2011 in different Local Government Areas (LGAs) of Lagos. This 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. 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 Nigeria, 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 Nigerian 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 fifteen focus group discussions (FGDs); eleven with men (114 participants) and four with women (39 participants). Groups were divided by sex, marital status, and frequency of female condom use; 92 men and 28 women were classed as users. Bias was towards men and frequent users; 70 men and 28 women were frequent users. Society for Family Health (SFH), the local UAFC Joint Programme partner, facilitated mobilization of FGD participants. The data collection teams consisted of local researchers and the Dutch authors.

[1] Fishbein (2000).

Before the start of the FGDs the research team members interviewed the participants using a short structured questionnaire, with the aim of obtaining background information and ascertaining the correct FGD for the respondent to participate in.

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 Nigeria or for all Nigerian men. In addition, this study should not be interpreted as an evaluation of the current policies and practices of female condom programmes in Nigeria. 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.

Main Findings

Initial exploration of participants' opinions on female condoms showed that believed positive aspects are that they are strong, effective for contraception and protection, and make sex feel natural. Negative aspects are that they are difficult to insert, take time to insert, can be pushed inside the vagina, and are expensive and scarce. A positive finding was that nearly all users and female non-users considered female condoms to be more effective than male condoms in pregnancy prevention and protection against diseases because they do not tear like the male condom and cover more of the pubic area. In a few male and female groups participants brought up the notion that female condoms are more effective because women can be more in control, while some male one/two time users or non-users thought the opposite, that male condoms are more effective because then men are in charge and know by wearing one that they are protected.

An important finding was that female condom acceptability and acceptance differed by type of sexual partner. The types of partners men have are influenced by norms in society. Men's sexual partners can be divided into four categories: 1) marital partner; 2) stable girlfriends (for married and single men); 3) casual partners; and 4) prostitutes or commercial sex workers (CSWs). Types of partners differ in terms of exclusivity, trust, gender power relations, exchange of money or goods for sex, and purpose. Men have exclusive rights to the sexuality of their wives through the payment of brideprice, and normatively make all decisions. Men do not have the same power over their (extra-marital) stable girlfriends, because the relationship is not formalized. Even if there may be a commitment to marriage and the extra-marital partner has children with the man, a man cannot be sure to be the exclusive partner. The purpose of casual relationships is sex, which can be just once or more times, and there is no commitment or trust. Usually a man gives her some drink or food, but the difference between this category and sex workers is that casual partners do not have sex as a business. About half of the men had had more than one sexual partner in the previous year. About one-third (29%) of the married men had had an extra-marital stable partner in the year preceding the study, 27% had had sex with casual partner(s), and 4% with CSW(s); 81% of single men had a stable sexual partner, 63% had sex with casual partner(s), and 19% with CSW(s).

Female condoms are generally acceptable in relationships of trust. For men they are acceptable as a family planning method within marriage and with stable relationships, though they are not acceptable with casual partners or sex workers. The main reason for non-acceptability with casual partners and sex workers is that they do not like to insert the female condom for her. Additionally, with sex workers men fear her possibly misusing the man's sperm for *juju* (black magic). However, some say that since CSWs know very well how to use female condoms, a man does not have to help her, thus making them more acceptable with CSWs than with casual

partners. Surprisingly, women were more divided over male acceptability in marriage, because they considered that the introduction of female condoms could be interpreted as a sign of mistrust between partners; women did believe, however, that men find female condoms acceptable to use with casual partners and sex workers.

Generally married men do not accept *initiation* by their wives and stable girlfriends. Most single men do not like initiation by their girlfriend because condoms are associated with women being loose and wayward, and with prostitution. For married men, initiation by casual partners and CSWs is somehow more accepted. The majority of single men would not accept female condom initiation from CSWs because they fear sperm 'harvesting' for *juju.* Insertion of a female condom beforehand by any partner was not acceptable for the large majority of men in the study: with wives and regular partners because she may have had sex with another man; with prostitutes because she may use the sperm for rituals.

The two main motivations for first time use of female condoms by men were: trying out an alternative method for family planning which does not have side effects (mainly married men); and curiosity about experiencing the feeling, especially in comparison to male condoms. Most married men had introduced female condoms to their partner, while more single men were introduced to them by their stable or casual partners. Quantitative findings confirm the qualitative findings that most first time use is between spouses (74% men, 89% women), or stable pre-marital couples (61% men, 67% women).

The majority of married male frequent users and all single users had overall a positive first experience using a female condom; while the majority of one/two time married users had a negative first experience. The most mentioned positive experience was that men felt more sexual pleasure than with the male condom. Negative experiences were mainly related to the cumbersome insertion process, which made the couple afraid and tense. Some female partners complained about pain because of the inner ring. Women overall had relatively more negative first experiences than men (half of married users and the majority of single users).

A negative first (or second) experience was the major reason why men stopped using female condoms after trying them. They preferred the quicker, less cumbersome male condom. A few – especially single men – said that they stopped because female condoms are not widely available.

The main reason why married men became frequent users is that they had found an effective form of contraception without side effects. Their second reason was the sexual pleasure. For single men, its effectiveness as a method for dual protection counted as the main reason for becoming frequent users, also followed by sexual pleasure. They both also gave as a reason that the female condom gives them the possibility to always have sex with their wives and stable girlfriends whenever they want, also during menstruation; this reason for becoming frequent users was also given by married women, since female condoms allow them to be able to satisfy the sexual urge of their husbands at any time of the month.

Married men (and women) mainly used female condoms with their spouses for family planning, thus during the unsafe period, when she is breastfeeding, and during menstruation. Couples did not use other contraceptive methods and very few had used other forms of contraception before the female condom. Some married men said that they sometimes use female condoms with their regular girlfriends, but never with their casual partners. The majority of single men used female condoms mainly with their stable girlfriends; some said that they do so every time they have sex, while others said that they use male condoms when they want to have quick sex or when the female condom is not available – in the latter case they use a male condom or have unprotected sex. Most single women said that they always use a female condom; they only use a male

condom when their partner insists. Some women said that they were using other contraceptives before, but changed to female condoms because they do not have side effects.

All participants agreed that female condoms are scarce and not as easily available as male condoms. However, none of the users said that they were not available at all, it is just that they are not easy available and not at all times of day (i.e. exactly when they need them). Users bought female condoms in chemists, pharmacies, at NGOs, or got them from health centres. In some areas they are also sold by *mallams* (small street shops) or in supermarkets, hotels, or bars.

Generally married men and married and single women were shyer than single men about buying condoms because of the association with promiscuity and extra-marital affairs. Some men felt especially shy asking for *female* condoms. Single men reported less shyness in this respect. Nearly all married men and most single male users said that usually they buy the female condoms for their partners to use, or get them from seminars or workshops. Very few had their wives or girlfriends buy or obtain the condoms. The majority of users said female condoms are too expensive compared with male condoms; non-users had no idea of the price. A surprising finding was the variation in price, depending on the area and the outlet. A pack of two went for any price, from 50 Naira to 200 Naira, and even up to 700 Naira was reported.

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 Nigeria. The recommendations are a direct result from the study and are not based on the current policies and practices of female condom programmes in Nigeria. The recommendations are:

- Realize that spreading female condom use cannot go via women only; educate men or men and women together. Giving men a role in introducing the female condom would make them more acceptable in Nigeria. Promoting female condoms as a female initiated product for women's empowerment will not be conducive for uptake because in Nigeria a woman needs the cooperation and often approval of her male partner.
- In communication messages, stress the advantages and address the disadvantages of female condoms, and tailor the messages to appropriate target groups – and their sexual partners. To married men (and women) mainly stress their effectiveness as a contraceptive *without side effects*; to single men as allowing pleasurable protected sex. In messages, address the local disadvantages and reasons why men do not (want) to use female condoms – for instance, fear of them slipping in the vagina or supposed misuse by some women.
- 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 *how* it is used – thus not only talking about the benefits and showing the package.
- During female condom promotion and demonstrations, participants should be invited to practice by opening the package and doing mock insertion. Prepare 'female condom starter packs' to give them out during demonstrations with five female condoms and

information, including where to buy them. Women could be advised to practice insertion before trying with her partner, to make his first experience more likely to be positive.

- Address the distrust men have towards using female condoms with CSWs. 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. Empower CSWs to address this issue with customers.
- Continue educating women in negotiation skills appropriate to the type of sexual partner.
- Continue increasing sales points for female condoms and look into whether female condoms can be even more subsidized. Agree on a fixed price. Increase advertisements on sales through barbers and hairdressers.

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CHAPTER 1: INTRODUCTION

This report presents the findings of a qualitative study on male acceptance of female condoms in Nigeria, which was part of a three country study – the other countries being Zimbabwe and Cameroon.[2] Data collection in Nigeria took place in August 2011 through fifteen focus group discussions (FGDs) – 11 with men and 4 with women – and four in-depth interviews (IDIs). The study was commissioned by the Universal Access to Female Condoms (UAFC) Joint Programme; this programme aims to increase the uptake of female condoms with the ultimate goal of reducing HIV prevalence and the rate of unintended 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 points 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 Nigeria 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 acceptance of female condoms has been conducted among women – with one of the main conclusions being that many men are an obstacle to women using female condoms. 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 female condoms and why. This study aims to fill this gap in knowledge: exploring men's perspectives and whether and how they can be motivated to accept female condoms and become frequent users – set in the contexts of local socio-cultural and economic conditions, 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 Society for Family Health (SFH). Presenting SFH is important because it is the largest programme on female condoms in Nigeria. When participants gave their views on affordability and availability of female condoms and on programmes they know (in Chapter 7 and 8), they mainly referred to SFH activities and products. 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 and AIDS and unintended (mistimed and unwanted) pregnancies in Nigeria – which influence the risk perception and felt need to use (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 condom use. The following section (1.2.3) summarizes what is known about female condom use in Nigeria, and the last two sections summarize the study rationale (1.3) and the study objective and questions (1.4).

[2] Nigeria and Cameroon were chosen as countries of study 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] NPC (Nigeria) & ICF Macro, 2009.

[4] Several studies point to these issues. Examples are: Cecil et al. (1998); Ray et al. (2001); Welsh et al. (2001); Hoffman et al. (2003); Gollub (2004); 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.

Society for Family Health

Female condoms were first distributed in Nigeria in the late 1990s. At the time distribution was limited, the female condoms were too expensive, and they were targeted mostly at sex workers and women at government family planning clinics. General awareness of the benefits of and skills required when using female condoms was low.[5] In 2008, the UAFC Joint Programme in Nigeria started in three pilot states: Lagos, Edo, and Delta in Southern Nigeria, with SFH as the leading partner. SFH distributes female condoms under the brand name 'Elegance' (FC2). Programmes target men and women with the basic message of 'dual protection' against unwanted pregnancies and STIs, such as HIV/AIDS.[6] Female condoms are mostly provided, at €0.13 for a package of two, through the private sector, including at pharmacies, hair dressers, and beauty parlours. At the same time, the government and UNFPA work within the public sector, such as at family planning clinics.[7]

In 2009, female condoms were still not widely available and were difficult to access. In the SFH baseline study conducted in that year, among 811 men between 15-64 years old and 795 women of reproductive age (15-49), nearly 40% had heard about the female condom, but only 6.1% of respondents thought that female condoms were easy to obtain.[8] According to the 2009 year report of UAFC Joint Programme, however, the availability of female condoms had increased fast. In 2010, 756,516 female condoms were sold in the three pilot states (Lagos, Edo, and Delta), and 187,917 in other parts of the country. SFH also intensified messages through mass media, such as public billboards and advertisements on television.[9]

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[5] SFH (2009a).
[6] UAFC (2009).
[7] Mybody (2011); UAFC (2011).
[8] SFH (2011a).
[9] Q4 (2009).

1.2 Literature review

1.2.1 HIV and AIDS, unintended pregnancies, and contraceptive use

In 2009, an estimated 2.6 million people were newly infected which HIV; of these people an estimated 1.8 million are living in Sub-Saharan Africa. The World Health Organization (2011) estimated that 200 million couples in developing countries would like to delay or stop child bearing but are not using contraception methods. The perceived need for protection is influenced by external factors such as HIV prevalence and the availability of contraception methods. Therefore, it is important to investigate the acceptance of female condoms within the context of HIV prevalence and unintended pregnancies. This section focuses on Nigeria, starting with figures on HIV and AIDS.

HIV and AIDS
The national HIV prevalence rate in Nigeria has increased since the first reported AIDS case in 1986 to 5.8% in 2001. In Nigeria, HIV infection is most often a result of unprotected heterosexual intercourse; this is estimated to account for more than 80% of all infections.[10] Although the prevalence rate decreased to 3.6% in 2007 and has remained stable over the past years, Nigeria still has the second largest population living with HIV/AIDS after South Africa,[11] amounting to an estimate of 2.98 million people.[3] HIV prevalence is highest among young people: 4.3% of 15-24 years-old are infected.[3] From Barnett and Whiteside (2006) we learn that in Sub-Saharan Africa, women are disproportionately affected by HIV. We see this pattern also in Nigeria, where about 57% of HIV positive people are women.[12] Barnett and Whiteside (2006) mention that this gap between men and women is increasing.

Unintended pregnancies
Women are doubly affected by the possible negative effects of unprotected sex, since in addition to STIs it can lead to unintended pregnancies, which are a major cause of induced abortions and subsequent complications. It is estimated that 5.8% of all pregnancies in Nigeria are mistimed and 5.1% of births are the result of unwanted pregnancies.[13] The Guttmacher Institute (2006), specialized in research on reproductive health, estimated that 63% of all pregnancies in Nigeria are planned, 10% are unintended, 11% end in induced abortions, and 16% in miscarriage.[14] Abortion is illegal in Nigeria except in the case of saving a woman's life. As a consequence, most abortions are kept secret and thus true prevalence rates are probably much higher than the available estimates.[15] A nationwide study in Nigeria by the Guttmacher Institute (2006) showed that young and single women abort relatively more often than married women. It was estimated that 55% of all women who had an abortion were below 25 years of age and 45% above this age; 63% were unmarried and 37% married. The annual incidence rate of unsafe abortions in 2000 and 2003 ranged from 20 to 29 per 1000 Nigerian women.[16] Koster (2003) found an annual incidence of 7% among women in communities within Lagos State.

Unsafe abortions may result in complications and maternal deaths, and although the maternal mortality ratio (MMR) for Nigeria has been declining since 1995, it is still high at 545 (per 100.000 live births).[17] Unsafe abortions are a major cause of maternal deaths: it is estimated that this

[10] Maticka-Tyndale et al. (2007) ; UNGASS (2010).
[11] UNGASS (2010).
[12] UNGASS (2010).
[13] DHS Nigeria (2008 – author's calculations).
[14] Guttmacher Institute (2006).
[15] Okonofua et al. (2010); Koster (2003).
[16] WHO (2004) & (2007).
[17] NPC (Nigeria) & ICF Macro (2009).

accounts for 11% of all maternal deaths.[18] However, due to the illegal character of abortions this figure could be underestimated.

Contraceptive use

It is estimated that 14.6% of married women in Nigeria currently use some form of contraceptive method; 9.7% use a modern method, and only 2.4% use male condoms.[19] The rate of current contraception use among married men is 13.4%. Male condoms are the most often reported contraception method: 5.5% of married men reported currently using male condoms for contraception.[20]

Contraceptive use figures among single people are much higher than among married people. Of sexually active single women, 61% reported currently using any contraceptive method; 35.1% reported using male condoms. Current contraception use among sexually active single men is as high as 59.4%. Male condom use among sexually active single men is also much higher than among married men; 51.8% of the single population reported that they currently use male condoms for contraception.[21]

Female condom use is very low. DHS statistics (2008) show that although 14.7% of all women had heard about female condoms and 13.9% had heard a specific family planning message on female condoms, only 0.2% used them.[22] In the baseline study for the UAFC Joint Programme conducted by SFH (2011a), 38.9% of respondents had heard about female condoms, but only 3.5% of them had ever used them. Thus 1.4% of all respondents had used a female condom; with relatively higher use among men (1.7%) than women (1.0%).[23]

Female and male condoms are the sole methods that offer protection against both STIs and unintended pregnancies. Thus, next to the male condom, the female condom has the potential to become an important resource in reducing HIV prevalence and the number of unintended pregnancies. Figures on (fe)male condom use should, however, be interpreted with caution, as condoms are often inconsistently used; thus high reported rates of condom use do not per se contribute to lower HIV prevalence and unintended pregnancy rates.[24] Moreover, the choice of contraception method depends on the type of sexual partner. For example, studies in several Sub-Saharan African countries show that condoms are seldom used within marriage and more often used with non-marital partners.[25] It is therefore important to differentiate between married and single people when dealing with data on contraceptive use.

As the female condom is an equally effective method as the male condom, both have the potential to lower sexual health risks. The often mentioned advantage of female condoms over male condoms is that they give women more power over their sexual health, as they are the one who inserts the condom. When considering the fact that females are more often infected with HIV and also bear the burden of unintended pregnancies, the renewed attention to the female condom is understandable. However, female condom use is not completely female controlled

[18] Other causes are haemorrhage (23%), infection (17%), obstructed labour (11%), toxaemia/eclampsia/hypertension (11%), malaria (11%), and anaemia (11%). The remaining 5% of maternal deaths are caused by, among others causes, HIV/AIDS (FMOH Nigeria 2011).
[19] DHS Nigeria (2008).
[20] DHS Nigeria (2008 – author's calculations).
[21] DHS Nigeria (2008 – author's calculations).
[22] NPC (Nigeria) & ICF Macro (2009).
[23] SFH (2011a).
[24] See for example Okafor & Obi (2005); Sunmola et al. (2007); Audu et al. (2008); Abdulraheem & Fawole (2009); Francis-Chizaroro & Natshalaga (2003); Mosoko et al. (2009); Agha et al. (2002); Lagarde et al. (2001).
[25] See for example Agha et al. (2002) in eight Sub-Saharan African countries; Meekers (2001) in Zimbabwe; Meekers & Klein (2002) in urban Cameroon.

because a woman needs the approval and cooperation of her male partner. Most studies on male acceptance of female condoms have been conducted from the viewpoint of women. These studies point out that men may have different reasons to refuse contraception use, including female condoms.[26] The following section further discusses the different reasons for not using condoms.

1.2.2 Fertility, sexual behaviour, and gender power relations related 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 (in Sub-Saharan Africa and Nigeria) 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)[27] 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 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.

Studies conducted within the Nigerian context reinforce the importance of fertility. Koster (2003) in her study of fertility regulation in Lagos state, explains that marriage is considered useless among Yoruba when no children are born. Furthermore, although pre-marital sex is traditionally not accepted, Simons (2009) describes that parents-in-law might actually prefer a pregnant bride, providing that the pregnancy is not obvious at the wedding, since they are then assured that the marriage will be fruitful. Traditionally, child bearing only ends naturally when a woman reaches menopause. However, child spacing is acceptable.[28] According to Koster, Yoruba women believe that children should be spaced with a two to three year interval to allow the mother time to physically and mentally recover from her previous birth.

Both Simons (2009) and Koster (2003) describe how traditional rules with regard to the number of children are changing. Women and men want to have more control over the number of children and not simply leave it in 'God's hands'. Koster explains that Yoruba want to limit the number of children for two reasons: to provide them with a better education and to protect women's health. Giving birth after six children is considered to be dangerous, but four children should be the minimum.

Condom use can thus be problematic within marriage, or a relationship that is expected to end in marriage, because of the importance of childbearing. However, to practice child spacing some sort of contraceptive method is necessary. Koster (2003) describes how most often postpartum

[26] See section 1.3 for an overview.
[27] In Barnett and Whiteside (2006).
[28] Koster (2003); Simons (2009).

abstinence is practiced. This method was especially mentioned by the older women in her study. Traditionally, polygamous marriages were more prevalent, and when one wife was breastfeeding, another wife could satisfy the husband's sexual needs until the first wife recovered from her pregnancy and was ready for a new one. Nowadays monogamous marriages are more common among Yoruba and thus the fear increases that a husband will begin extra-marital affairs when postpartum abstinence is practiced for too long. Simons (2009) points out that women have the feeling that whenever their husband wants to have sex, they need to cooperate. Married women fear that if they refuse sex, their husband will find another woman to satisfy his sexual needs. Other methods to prevent pregnancies are thus necessary. Modern types of contraception such as the injection, oral contraceptive pill (OCP), and intra-uterine contraceptive device (IUCD) are not commonly used. According to Koster, the main reason why married and single women do not use such contraception methods is the fear of side effects. The main concern with these methods is their influence on a woman's menstruation cycle and thus fertility. A common natural method to prevent pregnancies is periodic abstinence during what is often referred to as the 'unsafe period'.[29] Simons mentions that some men and women combine this method with condom use when the woman is in her 'unsafe' period.[30] However, there are several more general objections against condom use. According to both Koster and Simons, the main reasons for not using condoms are: reduced sexual pleasure, risk of the condom breaking, and the condom causing cuts and bruises in the vagina.

Types of sexual relationships and contraceptive use

Whelehan (2009) describes that in general, emotional and psychological attachment to one's partner affects sexual decision making. Whelehan argues that for most individuals, protected sex diminishes when emotional and psychological attachment occurs between two partners. Emotional attachment involves trust, and trust is part of intimate relationships. Introducing a condom into such relationships suggests mistrust. Whelehan's idea is strengthened by studies in Nigeria which focus on condom use and which point to the fact that many people associate condom use with extra-marital affairs, promiscuity, and commercial sex workers.[31] Koster (2003) also explains that within Yoruba society contraceptives are associated with immorality, as women can use them to hide pre-marital sex or extra-marital affairs.

The general opinion among Yoruba in Koster's study (2003) is that pre-marital sex is unacceptable. Although all participants knew that pre-marital sex occurs, all disapproved. This influences the choice of contraception method. Young girls who buy contraceptives display that they are having sex when they are not supposed to; young girls who use contraceptives are often seen as prostitutes. Both Koster (2003) and Simons (2009) describe how girls engage in pre-marital sex because of peer pressure or in order not to lose their partner. As a result, the sexual intercourse which young girls have is not regular and is often unplanned, and thus they might not be prepared to protect themselves, resulting in the use of post-coital methods to prevent pregnancy (Koster 2003).

With the payment of brideprice in many African societies – as in Nigeria – the husband acquires ownership of the sexuality and children of his wife.[32] Contraceptive use by the women is thus not easily accepted by the husband as he is the one to decide how many children they should have. Furthermore, as mentioned before, choice of contraceptive methods is influenced by the fear of side effects. Yoruba men and women are scared that especially modern methods such as OCP or IUCD will affect women's fertility. As men have the right over their wife's fertility, they feel

[29] Koster (2003).
[30] Koster (2003) explains that Yoruba women and women calculate their 'safe' period differently than in biomedicine.
[31] Agha et al. (2002); Abdulraheem & Fawole (2009); Adebayo et al. (2010); Iwuagwu et al. (2000); Munoz et al. (2010); Saddiq et al. (2010); Smith (2007); Sunmola et al. (2007); Okonkwo (2010).
[32] Koster (2003)

concern over these perceived side effects, and can forbid their wives to use them. Another reason why Yoruba men do not accept contraception use is the fear of wives having extra-marital affairs because they are no longer at risk of getting pregnant.

Economic circumstances and sexual power
Women might also use their bodies as 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 often occurs. 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. Being dependent on a man for financial resources or good grades makes a woman submissive to his will, and she loses her bargaining power when it comes to sexual intercourse. Hence, when the men demands unsafe sex, she will go along with it because she depends on his socio-economic resources.

When setting the goals of an intervention in a certain society that aims to change sexual behaviour, these contextual factors need to be taken into account.

1.2.3 Female condom use

The following paragraphs review the literature on female condom use in Nigeria; the current knowledge is mostly based on information from female respondents.

Experiences of female condom users

Positive experiences with female condoms
The only study in Nigeria that describes the reasons given for using female condoms is that of Okunlola et al. (2006). In this study among 850 female students it is shown that 40.6% of the female students who used a female condom used it for dual protection, 27.1% used it solely to prevent pregnancy, and 19.8% to prevent STIs, including HIV. A relatively large percentage (12.5%) had used it just to try it out.

Simons (2009), who conducted an action research to educate and train young men and women on female condoms, reported that after using the female condom more than once, single men and women became more positive about female condom use. The majority of participants and their partners preferred the female condom over their currently used method and would like to switch to using the female condom in the future. They experienced the female condom as safer and more natural and comfortable than the male condom.[33]

SFH also conducted research where the advantages and disadvantages of female condom use were explored. The study consisted of thirty FGDs with men and women. Current users in this study revealed that they all had issues with initial insertion, but that after persistent usage they had few complaints. Some men perceived use of the female condom as “freedom from having to use a condom themselves”, and that it “increases male enjoyment” and provides “maximum pleasure and protection”.[34]

In a dual protection intervention study by Adeokun et al. (2002), women pointed to the advantage that they can insert the female condom in advance. Some women said that even if men do not

[33] Simons (2009).
[34] SFH (2011b).

like female condoms, they can use it because they can insert it before having sex; their husbands do not always notice it.

Negative experiences with female condoms
The study of Simons (2009) also describes some negative experiences of female condom users. Male participants thought insertion is time consuming, were afraid that the condom would get stuck inside the vagina, and said that the inner ring felt uncomfortable; they complained of over-lubrication, difficulty in penetration, that they did not like the look of it because of its size, and regretted not being able to do oral foreplay. In addition, female users reported dislike of the slipperiness.[35]

Reasons for not using female condoms

The most often mentioned advantage of the female condom over the male condom is that it is female controlled.[36] This is an important feature of the female condom, as we have seen that women are more at risk of contracting HIV and unintended pregnancies and thus they need a method to protect their sexual and reproductive health. However, female condom use by women is not as straightforward as it seems. Studies point out that women face difficulties when introducing the female condom to their male partners. Women say that men refuse to use female condoms. In addition, studies point out that it is difficult (if not impossible) to use a female condom without the partner's consent as he will notice the female condom on the outside of the vagina.[37] This section summarizes the existing literature on reasons why people do not use the female condom.

Men refuse the female condom
A study among 850 female students by Okunlola et al. (2006) showed that 42.7% of the female students who had used a female condom said that their sexual partners approved. However, more than half (57.3%) of the female students mentioned that their sexual partner did not approve. Reasons given for non-approval were lack of sexual satisfaction (30.2%), difficulty of insertion (21.7%), pain during intercourse (5.2%), and method failure (2.8%). A qualitative study by SFH in Nigeria (2011b) concluded that female condom use is low largely because of partner refusal and the subservient nature of African woman. Some women who intended to use the female condom confirmed that they were scared of talking to their husbands and boyfriends about it because they feared negative perceptions and reactions, such as being viewed as possibly promiscuous or infected with HIV or another disease.

Female condoms have a negative association with promiscuity
Several studies identified that a major problem generally with the acceptance of female condoms in Nigeria is the association of (female) condoms with distrusting ones partner, no real love, extra-marital relationships, and commercial sex work.[38]

Female condom is expensive
The price can also be a problem because female condoms are more expensive than male condoms. The baseline questionnaire of SFH (2011a) asked respondents whether the female condom is affordable for them (no reference was made to price). Only 7.9% of the population in this baseline study responded that they could afford to buy female condoms. The same baseline report examined the price which female condoms should be sold for. A large majority of the study population (84.4%) said they would be willing to pay a (low) price, between N20 and N100 (€0.09

[35] Adeokun et al. (2002).
[36] Francis-Chizaroro & Natshalaga (2003); Ray et al. (2001).
[37] Buck et al. (2005); Ray et al. (2001).
[38] Agha et al. (2002); Abdulraheem & Fawole (2009); Adebayo et al. (2010); Iwuagwu et al. (2000); Munoz et al. (2010); Saddiq et al. (2010); Smith (2007); Sunmola et al. (2007); Okonkwo (2010).

to €0.44). On the other hand, from discussion with her participants, Simons (2009) concluded that if the price is made too low, people may distrust their quality.

Other perceptions of female condoms that are a hindrance to usage
Simons' study (2009) reveals several beliefs about female condoms that prevent people from starting to use them. The study indicated that before using a female condom, people may be afraid it will not fit, it is difficult to insert, it will get stuck in the vagina, will cause pain or discomfort, and/or is too expensive.

1.3 Study rationale

Nigeria has the second largest population living with HIV – after South Africa – with a national prevalence rate of 3.6%. In addition, it is estimated that 5.8% of all pregnancies in Nigeria are mistimed and 5.1% of the pregnancies are unwanted births. Unsafe abortions are a major cause of maternal deaths Nigeria: it is estimated that 11% of all maternal deaths are caused by induced abortions. 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 their 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 Nigeria (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 SFH). 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.

1.4 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 freqent 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?

1.5 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 Nigeria 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 (see Figure 1).[39] 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 SFH) 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.

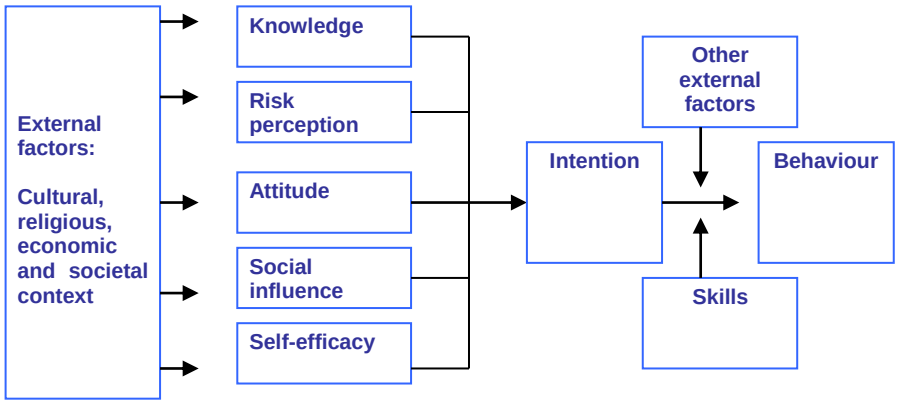

Figure 1: Theory of Planned Behaviour

[39] Fishbein, M. (2000). The role of theory in HIV prevention. *AIDS Care*, 12, 273-278.

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.[40]

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 the 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 the type of sexual partner and normative gender relations. From the literature (see 1.2) it is known that men in Nigeria – 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.

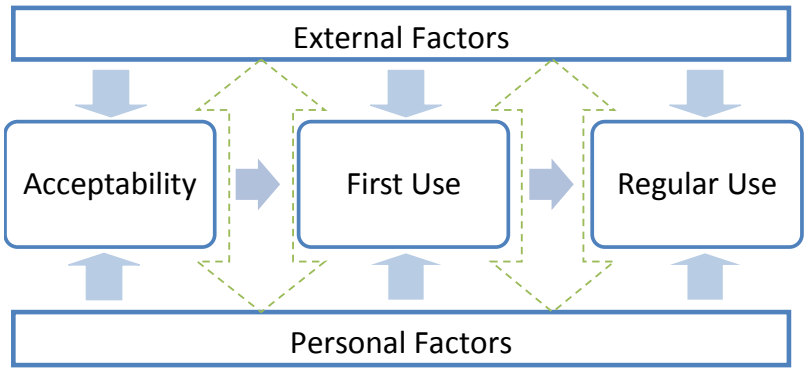

Figure 2: Factors influencing frequent female condom use by men

[40] 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). 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: Planned number of FGDs by user type category, sex, and marital status

Group	# Men			# Women			Total
	Married	Single	All	Married	Single	All	#
Frequent FC users	3	3	6	1	1	2	8
Used FC once or twice	2	2	4	1	1	2	6
Know FC but not used	1	1	2				2
Total	*6*	*6*	*12*	*2*	*2*	*4*	*16*

Selection of FGD participants was planned through convenience sampling; men and women were mobilized through gatekeepers (SFH staff and associates) on the basis of their willingness to participate and availability at the proposed time for fieldwork. 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 objectives and considering the exploratory nature of the study, random sampling was not considered necessary.

In addition to the FGDs, we planned for two in-depth interviews (IDIs) with frequent users, a married man and a single man. These interviews would provide deeper insight into the motivations for and experiences of first time female condom use, how these individuals experienced the first time, and what obstacles the individuals faced (for example, convincing their

partner, insertion, etc.) that could have prevented them from becoming a frequent user, as well as how they 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 IDIs, 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 and male condoms; perceptions of the 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. During the IDIs 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 by the National Health Research Ethics Committee (NHREC) of Nigeria, chaired by: Clement Adebamowo BMChB Hons (Jos), FWACS, FACS, DSc (Harvard), Honorary Consultant Surgeon, Director of the West African Centre for Bioethics, and Chairman of the National Health Research Ethics Committee of Nigeria (NHREC).

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[41] 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. Participants did not have to give their real names but were asked to provide a nickname for the sake of the discussion. Some participants were very creative in their nicknames for themselves, for example: *World Best, Young Money, Wise One, Too Handsome, H2O*.

The consent forms – with the real names – are stored securely in the office of AIID. The group pictures and those 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 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 were mobilized through the SFH and UAFC Joint Programme network. SFH executes the UAFC Joint Programme and co-operates with community implementers of local NGOs to promote female condoms in their respective Local Government Areas (LGAs). The community implementers recruited the FGD participants from their networks.

The study took place in Lagos State, Nigeria, which consists of sixteen LGAs. FGD participants were recruited in four LGAs: Ajeromi-Ifelodun, Agege, Apapa, and Alimosho. The research team visited each LGA so that participants did not have to travel outside their area. Although not representative for the entire state or country, the FGDs were conducted in diverse environments, thereby increasing the validity and reliability of the data. The characteristics of the four LGAs are described below.

Apapa is the major port city of Lagos with a bulk terminal, and the major companies in Lagos have their headquarters there. Apapa is located to the west of Lagos Island across Lagos

[41] 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, however, that they should not mention any further details about the female condom beyond the fact that it is a method to prevent HIV infection and unwanted pregnancies. This was to prevent people from thinking that the discussion groups were about the positive aspects 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.

Harbour. It shares a boundary with Apapa Iganmu to the East, and with Ajeromi to the West. Apapa has twelve political wards with a population of 522,384. The population consists of multiple ethnic groups. It also has a slum area with a large part of the population unemployed.

Alimosho is an LGA in the Lagos state capital Ikeja. It has 2,047,036 inhabitants and seven Local Community Development Areas (LCDAs). It is populated by Aworis and non-indigenes. It is a poor environment and in order to survive some inhabitants engage in risky sexual behaviours.

Ajeromi–Ifelodun is a poor LGA with a population of 1,435,295. Ajeromi contains many slums and ghettos. The inhabitants are of diverse ethnic backgrounds. The LGA is surrounded by riverside areas.

Agege is an LGA in Ikeja Division of Lagos State. Agege is essentially a Yoruba speaking environment. However, it attracts all ethnic groups in Nigeria and thus people from different socio-cultural backgrounds live in Agege.

2.3.2 Type of focus group discussion

We had planned to conduct sixteen FGDs, and we realized all of them. However, the first FGD during the pre-test day did not appear useful for complete analysis because the group was too mixed, with non-users, one/two time users, and frequent users all together. However, during other FGDs, in practice it appeared difficult to separate the type of users. Hence several other groups were also mixed, with more frequent users in some and more one/two time users in others. After the pre-test the FGD moderators were able to facilitate these mixed groups, and in most cases we were able to separate the non-users from the users. For both males and females, the realized FGDs were slightly different from the planned FGDs. There were two FGDs with married women who are frequent users (instead of the planned one) and no FGD with women who had used female condoms only once or twice. In addition there was only one FGD with married men who had used female condoms only once or twice (see Table 2).

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

Type of user	Males			Females			Total (males & females)		
	Single	Married	Total	Single	Married	Total	Single	Married	Total
Frequent FC users	3	3	6	1	2	3	4	5	9
Used FC one/two times	2	1	3	-	-	-	2	1	3
Know FC but never used	1	1	2	-	1	1	1	3	4
Total	*6*	*5*	*11*	*1*	*3*	*4*	*7*	*9*	*15*

Note: Frequent users: used FC 3-10 times and continued use and used more than 10 times
Note: Used one/two times: used FC one/two times and used FC 3-10 times but stopped
Note: Single: singles / single - stable relationship / single - divorced / single – widowed

In total 153 people participated in the FGDs: 114 men and 39 women. FGDs had between 6 and 14 participants, with on average 10 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 (59%), while one-fifth (20%) were one/two time users and 22% were non-users. Relatively more females were frequent users (72%) than males (54%).

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

A. Distribution of FGD participants over user type, sex, and marital status (#)									
Type of user	**# Males**			**# Females**			**Total # (Males & Females)**		
	Single	**Married**	**Total**	**Single**	**Married**	**Total**	**Single**	**Married**	**Total**
Frequent FC users	35	27	62	9	19	28	44	46	90
Used FC one/two times	14	16	30	-	-	-	14	16	30
Know FC but never used one	14	8	22	3	8	11	17	16	33
No information	-	-	-	-	-	-	-	-	-
Total	*63*	*51*	*114*	*12*	*27*	*39*	*75*	*78*	*153*
B. Distribution of participants over user type, sex, and marital status (%)									
Type of user	**% Males**			**% Females**			**Total % (Males & Females)**		
	Single	**Married**	**Total**	**Single**	**Married**	**Total**	**Single**	**Married**	**Total**
Frequent FC users	56	53	54	75	70	72	59	59	59
Used FC one/two times	22	31	26	-	-	-	19	21	20
Know FC but never used one	22	16	19	25	30	28	23	21	22
No information	-	-	-	-	-	-	-	-	-
Total	*100*	*100*	*100*	*100*	*100*	*100*	*100*	*100*	*100*

Note: Used one/two times: used FC one/two times and used FC 3-10 times but stopped
Note: Frequent users: used FC 3-10 and continued use and used more than 10 times
Note: Single: singles / single - stable relationship / single - divorced / single – widowed / single – separated

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 by the participants the FGDs were audio recorded. The discussion always took place in the language preferred by the participants; FGDs were partly in Yoruba and partly (pidgin) 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.

Four IDIs (so more than the planned two) were conducted with selected FGD participants, all 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. One short impromptu group interview was conducted with five CSWs in a brothel (after an IDI with the brothel owner who was a frequent user); this group discussion is not included in Table 3.

2.4 Data analysis

The local research team members transcribed the FGD and IDI discussions verbatim in digital Word documents – the discussions in pidgin English and (part) Yoruba were literally translated into English. The FGD information from the digital Word documents were transferred by theme into spreadsheets by an AIID research assistant. For each FGD category (by user type, sex, and marital status) a set of spreadsheets was made. Then manual content analysis was done by theme and by group, and similarities and differences were 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 and reporting, the three different single groups were taken together: 1) single with stable relationship; 2) single (without stable relationship); and 3) single widowed / divorced / separated.

2.5 Reporting

In this report, for all themes differences between groups were explored, i.e. between married and singles, 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 mainly quotes that represent majority views. Some quotes are presented that give minority, original, or new ideas that may be useful for programmes – these will be indicated as such. Quotes have been mildly edited from the direct verbal transcripts for ease of reading. Further illustrations and additions to the FGD findings come 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, and personal and external factors which influence male acceptance of female condoms are summarized. Chapter 9 also draws conclusions on the implications of these study findings for female condom programmes.

2.6 Description of study population

Table 4 shows some general background characteristics of the 153 FGD participants; 114 males and 39 females. Panel A describes the marital status: 51% were married, 32% had a stable relationship, and 16% 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 makes it easier to compare the differences between single and married respondents. When all single categories have been combined, 49% of the participants were classed as single. The percentage of single men with a stable relationship (41%) was higher than for women (5%). More women than men indicated that they are single without any type of relationship.

Panel B shows that most participants were between 20 and 39 years old. People within this age category are expected to be most sexually active. The average age of the population in Nigeria is 31.9 years old. The females in our study were on average 6 years older than the males.

When looking at panel C of Table 4 we see that our study population was relatively highly educated, as most of the participants had completed secondary education (52%), and 35% even pursued higher education. Our study participants were thus more educated than country averages, where about 29.8% have completed secondary education and 10.1% of the population has pursued higher education.[42] However, in general, in the south of Nigeria and in urban areas the Nigerian population is more highly educated than in rural areas and in northern parts of the country. This sample bias could influence our study results as educated people are expected to be more aware of the risks of engaging in unprotected sex.

[42] DHS Nigeria (2008 – author's calculations).

Table 4: Characteristics of FGD participants

A. Marital status	**% Males (N=114)**	**% Females (N=39)**	**Total % (N=153)**
Married	45	69	51
Single	14	21	16
Single - stable relationship	41	5	32
Single - widowed/divorced/separated	-	5	1
No information	-	-	-
Total	*100*	*100*	*100*
B. Age groups	**% Males (N=114)**	**% Females (N=39)**	**Total % (N=153)**
<20	1	7	1
20-29	52	21	44
30-39	32	41	35
40-49	7	21	10
50-59	4	13	7
>60	1	-	1
No information	3	5	3
Total	*100*	*100*	*100*
Average age (in years)	*30.4*	*36.6*	*31.9*
C. Education level	**% Males (N=114)**	**% Females (N=39)**	**Total % (N=153)**
No education	-	8	2
Primary school	8	15	10
Secondary school	53	51	52
University / tertiary	39	21	35
Other	-	-	-
No information	-	5	1
Total	*100*	*100*	*100*
D. Occupation	**% Males (N=114)**	**% Females (N=39)**	**Total % (N=153)**
No job / housewife / student	18	10	16
Self-employed	44	62	48
Peer-educator / community worker	1	3	1
Barber / hairdresser	5	3	5
Sex worker	-	-	-
Other / formal employment	29	21	27
No Information	3	3	3
Total	*100*	*100*	*100*

The last panel (D) of Table 4 shows that although educated, the majority of the study participants were not formally employed. About half of the population reported to be self-employed (48%) and 16% were unemployed, i.e. a full time housewife, student, or without a job. This is much lower than the country average, where about 32% of the population is unemployed.[43] The 'other' category is large for both males and females. About 28% of the participants, represented in the 'other' category, indicated having a specific type of occupation that could be described as (more or less) formal employment. As many different types of occupation were mentioned, they have been summarized into the category 'other'. This category does not consist of occupations that were expected to bias the results of the group discussion. (There was no formal FGD organized with CSWs as we did in Cameroon and Zimbabwe).

2.7 Study limitations

FGDs cannot be used for testing hypotheses or to generalize findings for larger populations. In addition, the previous section shows that the study group was not fully representative of the average population in Nigeria; our study group was more highly educated and less often

[43] DHS Nigeria (2008 – Author's calculations).

unemployed. Therefore, the results presented in this report need to be interpreted as explorations of the perceptions of Nigerian men living in the Lagos region towards female condoms. For a generalization of the findings for broader areas, it would be necessary to conduct large scale surveys and/or similar qualitative studies in other parts of Nigeria.

This study investigates male perspectives of female condoms. All respondents had heard about female condoms and had an opinion about them that they were willing to share. Thus, we missed out on those who had either no knowledge at all about female condoms or did not want to talk about them. In addition, the participants were recruited in urban low class to low middle class areas of Lagos, and thus we have no knowledge about the perception of female condoms of individuals from rural and higher class 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 Nigeria. 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 Nigeria or for all Nigerian men. 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 be knowledgeable and have positive opinions about them. This chapter presents findings on participants' knowledge of and opinions about the advantages and disadvantages of female condoms (3.1), specifically on their perceptions of their effectiveness in prevention of unintended pregnancy (3.2) and in protection against diseases (3.3). 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 the advantages and disadvantages of female and male condoms. The answers were written on a flipchart for everyone to see. Users obviously 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, and accessibility; often participants compared the two condoms to one another, with the advantage of one being related to a disadvantage of the other (for instance, female condoms are strong, male condoms tear). It was striking that in Nigeria the category of 'control' (by women) was not often mentioned as an advantage or disadvantage, as it was in Zimbabwe and Cameroon. Table 5 summarizes the answers mentioned most (twice or more) in the discussion group, with the more frequently mentioned characteristics at the top of each cell. It is indicated when a (dis)advantage was mentioned by women only (W) or by men only (M). No frequency figures are given because it was not the intention of this question to exhaust all opinions among the participants; after about ten minutes the topic was closed. Some of these opinions came up later in the FGD (for instance, on the wide availability of male condoms).

Effectiveness
The most often mentioned advantages of female condoms were: 1) they prevent pregnancies and 2) they prevent diseases. Both advantages were mentioned in six of the fifteen FGDs, and within each FGD these advantages were confirmed by several participants. Some male participants mentioned the prevention of unwanted pregnancies and diseases together; hence they addressed the dual protection function of the female condom. Participants also related the effectiveness of the female condom to a perceived disadvantage of the male condom: male participants mentioned that they thought that the female condom is better than the male condom because it does not tear or leak. The male condom was also perceived as an effective method against pregnancies and diseases; however, breaking, tearing, or leaking was mentioned in eleven of the FGDs by both men and women, and was often confirmed by the majority of the participants in one FGD. This perceived disadvantage of the male condom of course influenced its perceived effectiveness. Sections 3.2 and 3.3 present more in-depth information on the perceived effectiveness of the female condom.

Feeling
Male participants often mentioned that having sexual intercourse with the female condom feels like natural sex, or expressed it as 'flesh-to-flesh' or 'skin-to-skin' sex. Together, these perceived advantages of female condoms were mentioned in five FGDs and were often confirmed by multiple participants of the group. On the other hand, men mentioned that women complained of the inner ring causing pain. Additionally, some men did not like to use condoms at all and said that having sex with a female or male condom does not feel like skin-to-skin – which is the kind of sex they prefer. Some men and women stated that having sex with a male condom does not lead

to maximum sexual pleasure for the man. No participants mentioned an advantage of the male condom related to the feelings while using it.

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

A. Advantages and disadvantages of the female condom		
	Advantages	**Disadvantages**
Effectiveness	• Prevents pregnancies • Prevents diseases • Protects against unwanted pregnancies and diseases (M) • FC is better than MC because does not tear (M)	
Feeling	• It is like natural sex (M) • It is like flesh-to-flesh / skin-to-skin (M)	• Inner ring causes women pain (M) • Not like skin-to-skin (M)
Appearance and qualities	• Does not tear like MC – puts mind at rest (M) • Stronger than MC (M)	• Too big (M)
Availability / affordability		• Costly • More expensive than MC (F) • Less available than MC (F)
Control		
Use	• Can be worn during menstruation	• Inserting is difficult – takes too much time (M) • Inserting is difficult (M) • Can be pushed aside by penis • Can enter when you don't hold it • Inserting can be difficult – women get discouraged / prefer to use MC (M)
B: Advantages and disadvantages of the male condom		
	Advantages	**Disadvantages**
Effectiveness	• Prevents pregnancies • Prevents diseases (M) • Protects against unwanted pregnancies and diseases (M)	• Breaks / tears / leaks
Feeling		• Men do not derive maximum sexual pleasure • Not like flesh-to-flesh (M)
Appearance and qualities	• Easy to carry around	• Breaks / tears / leaks
Availability / affordability		
Control		
Use	• Easy to wear (M) • Easy to use (M)	

Appearance and qualities

An important advantage of the female condom over the male condom is that it does not tear. This perceived advantage of the female condom was mentioned in five FGDs with male participants. As the main perceived disadvantage of the male condom is breakage, this might be an opportunity for the female condom. On the other hand, male participants felt that the female condom is too big while the male condom is easy to carry around.

Availability and affordability

Male and female participants thought that the female condom is costly. Female participants compared the two types of condom and concluded that the female condom is more expensive and less available. These two last points were seen as disadvantages of the female condom. Interestingly, no comments were made on the availability or affordability of the male condom in the ice breaking session. However, later in the FGD discussion these advantages were often brought up.

Control

In the ice breaking session there was no mention of the fact of women controlling female condom use (this is interesting given that the female condom is often positioned as a female controlled method). Later in the FGDs some participants referred to control by women (as either positive or negative) – for instance, when discussing in more depth about effectiveness, decision making, and frequent use. This will be presented in these sections of the report.

Use

Most participants agreed that the female condom is difficult to insert and takes too much time. Some male participants mentioned that the women they had tried it with became discouraged by this process and therefore they had sometimes shifted to the male condom. In addition, participants experienced that the female condom can be pushed aside by the penis or that it can enter the vagina when the condom is not held in place. On the positive side, the female condom can be used during menstruation. In comparison to the difficulties with the female condom, the male condom is easy to wear and easy to use according to male participants.

3.2 Pierceved effectiveness of female condoms for pregnancy prevention

Married men

Users of female condoms were of the opinion that they are very effective in pregnancy prevention and more effective than male condoms because they never experienced any breakage. They mostly explained that the female condom is very big and suits any size of penis, even the biggest ones, that once well inserted it covers everything, and that the man ejaculates easily inside. Because the male condom is sometimes too small and not put on well, there may be friction which causes breakage. Two frequent users explained:

> Ok in comparing the male condoms do break. Let me just say that we can give 80% to male condoms while we give female condoms 98% in pregnancy prevention because the possibility of female condoms [breaking] is just about 5% because I discovered that the size is longer than the manhood and it is deeper; there is no how the manhood will be long to dig to the point that it will press it to breaking point.

> …the fact that the female condom doesn't tear during the sexual activity. There is no possibility of sperm spilling inside into the vagina, unlike the male condom that if the woman just become suddenly dry there's possibility that some of the latex material made for male condoms can break and the sperm will spill inside. That is the only experience I have and believe the reason why female condoms can protect better than male condoms in the areas of tear[ing].

However, the married one/two time users and non-users were not as convinced and most scored female and male condoms about evenly. Some also said that male condoms are more effective, because female condoms can enter in the vagina and because men are used to male condoms. However, some others also believed that the female condom is more effective because it does not burst like male condoms can, and because the man is not in touch with the 'water' of the woman because it covers a wider area.

Single men

All single multiple users and the majority of one/two time users believed that the female condom is better in prevention of pregnancy *and* protection against diseases. Besides the reason that it is better because it is stronger, never leaks and never breaks, in one group participants also pointed at gender relations: their female partners can insist on using a female condom for pregnancy prevention with partners unwilling to use male condoms (because he is not in the mood and/or does not want to be stressed by putting one on), and they can even use it without the partner noticing it. A participant in Alimosho argued:

> There are still lots of men, young men like us, who do not want to use condoms and when they take the women inside the room, within the four corners of the room, the women have little security or they cannot express themselves the way we are, they succumb to the man that doesn't want to use the condom. But when she has the female condom and she asks the man to wear his condom and the man refuses, she will just excuse herself and insert the female condom. She can now tell the man that since he does not want to use his own, you have your own. So, I believe it helps empower the woman. It encourages women to reduce a lot of things like unwanted pregnancies, even rapes, and sometimes sickness and diseases. It empowers the woman.

Single non-users were divided, with most believing male condoms to be more effective. They said that they were used to them and thought that with female condoms there may be a leakage somewhere that the couple does not notice, while with male condoms the man can withdraw and know if he spilled sperm. One FGD participant thought that male and female condoms are equally effective because they both hold the sperm, while another believed that female condoms are more effective because he had read statistics that they never break.

Women

All female single and married users were very positive about female condoms as a contraceptive method. They thought that they are a 100% effective method without side effects. They all compared them favourably with other methods: the male condom is less effective because it bursts; other methods like pills are less effective because a woman may forget to take them; and with injectables women may get pregnant without noticing. Moreover, injectables and pills have side effects, including weight gain, but most importantly they affect a woman's menstrual cycle, which is not good because it may prevent the woman from having children when she wants to. The women users in the study said that female condoms are compatible with every woman's body, and are also good for older women who are still sexually active and do not want pregnancy. In particular, the lubricant in the female condom helps sexual pleasure with older women who may have problems of dryness, which reduces their enjoyment of sex; this is positive because older women also have to give in to their husband if he wants sex. Female non-users thought that female condoms are more effective than male condoms in pregnancy prevention, mainly because female condoms cannot tear. They also thought that they are stronger in holding the sperm.

3.3. Perceived effectiveness of female condoms in protection against disease

Men

All married and single male frequent users thought that female condoms are better than male condoms in protecting against diseases, for two main reasons: they never break and they cover a wider area outside a woman's vagina. A participant in Ajeromi explained:

> During the sexual act there's possibility of fluid of the woman coming out and touching the body of the man. The exchange [with a female condom] is not as with male condom because the public [pubic] region of the woman has been covered. In most cases if the woman has some ulcer on the pubic, you find out that there won't be any contact. So the contact is much reduced. … The infection is about contact, the contact is much more reduced with female condom whereas is much greater with male condom. So I think that advantage is a very powerful reason for it [female condom] to be better than male condom [in protection against diseases].

Of the married one/two time users and non-users, a majority believed that male condoms are more effective in protecting against diseases. Asking participants to raise their hands, in one group of twelve, eight participants thought that male condoms are more effective, while four considered female condoms more effective. The most mentioned argument for male condoms was that men are used to them and are in charge, and know that they are protected when they have put it on. In favour of female condoms, participants mentioned that the female condom

covers a wider area and that some diseases are on the flesh, whereas with male condoms there is flesh contact in certain areas. As with pregnancy prevention, some men believed the female condom to be better because it does not burst.

Single one/two time users and non-users were also divided over which condom is more effective for disease protection. However, they were more positive about the female condom than married non-users and one/two time users. The majority thought that they have equal effectiveness while some said outright that female condoms are stronger. Some others believed that a man can contaminate a male condom with disease when he puts it on with dirty hands if he is in a hurry.

Women

All female users said that the female condom is very effective against diseases – but did not go into detail. Non-users also said that the female condom is more effective protection against diseases, because the female condom is stronger and because a woman is in charge of it and protects herself; a man may tamper with a male condom or not want to use one at all.

CHAPTER 4: MEN'S SEXUAL PARTNERS

The second FGD ice breaker was a discussion about the categories of sexual partners men have. This provided important information because it was theorized that the acceptability and acceptance of female condoms by men differed 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 four categories: 1) marital partner; 2) stable girlfriends (of both married and single men); 3) casual partners; and 4) prostitutes or commercial sex workers (CSWs). FGD participants elaborated on each category, and mentioned local names for them. Analysis shows that types of partner differ 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 categories; for instance, it is 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. Only one group of married men spontaneously raised the issue that men can have sexual relationships with other men. However, since this type of relationship is not relevant for female condom use, we did not explore it further.

4.1 Marital partner

The marital partner is a man's legal wife. Often mentioned names for the spouse according to married men are: sweetheart, mummy, darling, angel, honey, my love, life wire, and *iya yi*. The way in which participants explained gender relations within marriage confirmed the information from the literature. In paying bride price to the family of his future wife a man pays for exclusive access to her sexuality and for the ownership of her offspring. The man thus has the right to sex with his wife whenever he wants it, and the wife has to agree. One female FGD participant said: "*…even the Quran and Bible forbid us to turn down our husband's request for sex*". Traditionally and openly men make all the decisions for the family and the wife, so they also decide whether the couple will use prevention and protection during sex. After marriage the wife is not supposed to have sexual affairs with other men, and husbands trust them, so there is no need for protection against diseases within marriage; only prevention of unwanted pregnancy might be considered necessary if the couple decides to control when they have children. Men's extra-marital affairs are condoned and they can traditionally marry more than one wife. As will also be clear from the stories and suggestions about how women may try to introduce female condoms to their husband, however, women are not powerless, but have subtle tactics to try to get what they want.

4.2 Stable girlfriends

Stable extra-marital partners are generally called concubines or girlfriends. (Women said that some wives with an older husband who cannot satisfy her anymore also have their stable sexual relations with other, often younger, men.) Married men mentioned many other names for their stable girlfriends. The most mentioned names were *omo*, baby, *maami*, *omo ele*. Some also called them *aristo* – while others said *aristos* are casual partners. These stable girlfriends may have children with the man; the couple may decide together whether they want to have children, or the woman may decide on her own to have a child with the man, especially if he is rich, because then she can claim a share in his property. Men do not have exclusive sexual rights over their stable partners, however, because they have not married them (and paid bride price).

The most stable girlfriend of single men is called fiancée, or serious girlfriend. Other names most mentioned were *maami* and *omo ele.* This is a partner with whom they have a relationship and whom they love and intend to marry. However, even in such stable relationships with some commitment, the boyfriend (and girlfriend) cannot trust that the relationship is exclusive because it has not been formalized through the payment of bride price. The single man in the IDI explained that "*though it is a stable girlfriend I know I am not the only guy she has sex with*," and furthermore, "*I believe she can leave any time if she sees another man better than me*".

4.3 Casual partners

Men may have different types of casual partner, where the main intention is to have sex. A man may have sex with a casual partner just once or more regularly. However, even if they have sex regularly, there is no relationship of trust or commitment. There may be exchange of money, but the difference between a casual sexual partner and a sex worker is that a casual partner does not have sex as their business.

One type of casual partner are sugar mommies (also called *iya alanu*, *mma yongi*, and *ojo ale*) – these may be mature, often married women who do not live in their husband's house and have sex with younger men. They pay the men to have sex with them. Men who have a relationship with a sugar mommy may be called *gigolo* or *wazobia.* A single FGD participant explained: "*They* [sugar mommies] *look for young men like us. They see us very attractive and they feel that we have the energy and capacity to keep going on and on. So, they pay you, take you out for shopping and do all sorts of things for them. Some even take their men abroad*".

There are also *oshofiri*, the name for women who just enjoy sex. Such women were said to not care about whether men have money or not. Men may just give them some food or offer accommodation. Also, *animashaun* were said not to charge for having sex with them; whatever a man gives is okay. They are mostly young girls.

Many other names were mentioned for casual partners. Some names indicated the short duration and lack of commitment: *Come and Go*, *Chop and Go,* or *Chop and clean mouth*. A single man explained: "*These girls are just fling, you know, you just have fling with her and after that that's the end*". Other common names were *lubulubu* (something that is not certain), *sarewa shoko* (passing fancies), s*hasha* (a girlfriend without relationship that a man can go to when he needs sex – he does not pay her), *aristos* (they take money but do not work from a brothel; if they are students they may also be called *party riders*).

4.4 Commercial sex workers

The most common (Yoruba) name for CSWs is *ashewo*, though some also refer to them as a prostitute or harlot. *Ashewo* may work from hotels, clubs, or on the street; from the street men with cars pick them up by the roadside. *Ashewo* have sex as a business. The difference between casual partners and prostitutes is not always clear. Some men said that when you pay for the sex then the woman is called a prostitute, but this is not always straightforward. One participant said that "*Most girls are walking prostitutes nowadays*", because they have sex for money. However, not all agreed and some argued that prostitution is a business and not all girls do it.

Other women who have sex for money and work on the street are called hustlers or *pay as you go.* A group explained that some hustlers move out of their immediate environment and go out. Men explained that sex workers on the street dress up in such a way that they will be able to get what they want. You talk to them and they agree to have sex for money. Other often mentioned names for prostitutes were: mosquito, *shoko, ashi*, *ashanti*, and *omo oloja*.

4.5 Prevalence of types of sexual partner

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.

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

Number of sexual partners	% Males			% Females		
	Single (N=63)	Married (N=51)	Total (N=114)	Single (N=12)	Married (N=27)	Total (N=39)
1 sexual partner	49	43	46	67	93	85
2 sexual partners	33	53	42	17	4	8
3 sexual partners or more	16	4	11	-	-	-
No sexual partner	2	-	1	17	-	5
No information	-	-	-	-	4	3
Total	*100*	*100*	*100*	*100*	*100*	*100*

Relatively more men than women reported having had multiple sexual partners in the year preceding the study; 49% of single and 57% of married men had two or more partners in the last year. Among women only 17% of single and 4% of married women reported having had two partners in the last year. The questionnaire did not ask whether or not these were concurrent relationships.

Concerning the type of partners, 29% of married men reported having had a stable (extra-marital) relationship and 27% of them had had sex with a casual partner (see Table 7). A majority of single men had a stable partner (81%); in addition, more than half (63%) had (also) had casual partners. Relatively more single men reported having visited sex workers (19%) than married men (4%).

As was expected, married women reported fewer extra-marital relations than men; 7% reported having a stable partner, and 4% a casual partner (sometimes this was the person who had become her spouse in the same year, so it was not necessarily an extra-marital partner). More single women did report having both stable and casual boyfriends (but this was not necessarily at the same time). A relatively large proportion of the female single participants mentioned having had no sexual partner in the past twelve months.

Table 7: Type of sexual partner in the last year, by sex and marital status (%)

Sexual partners	% Males			% Females		
	Single (N=63)	Married (N=51)	Total (N=114)	Single (N=12)	Married (N=27)	Total (N=39)
Spouse / spouses	-	100	45	8	89	64
Stable partner	81	29	58	42	7	18
Casual partner	63	27	47	50	4	18
Sex worker	19	4	12	-	-	-
No sexual partner	2	-	1	17	-	5
No Information	-	-	-	-	4	3

CHAPTER 5: MALE ACCEPTABILITY OF FEMALE CONDOMS

The study explored whether and why female condoms are acceptable to men – that is, whether they have a positive attitude towards their use or not – and whether acceptability differs by type of sexual partner. Section 5.1 presents the general findings related to males' views on the acceptability 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 dual 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

All married men found female condoms acceptable to use with their wives for family planning, and some also considered use acceptable with their stable girlfriends. Single men also said that they are acceptable with their future wife for contraception. For the majority of married men, female condoms are not acceptable with casual partners, mainly because men cannot imagine helping to insert one for a woman they are not close to as this would mean touching her private parts. The majority of men thought that female condom use is not acceptable with CSWs, mainly because they do not trust them; the CSWs can use the man's sperm for *juju*. However, CSWs are perceived as supposedly knowing how to insert female condoms well and that makes it more acceptable with them than with casual partners.

Women were divided about whether female condoms are acceptable for married men within marriage. Those women who believed that they are *not* acceptable thought that since men are the ones to decide and they think that sperm is important in sexual relationships, there should be no barrier; there should be flesh-to-flesh sex. The other reason is that with a female condom (as with any condom) the man may suspect that she is having an extra-marital affair. Those in favour of female condom acceptability within marriage said that they are accepted as a family planning method when a woman is nursing a baby. In contrast to the opinions of men, women thought that men may not have a problem using female condoms with a casual partner or sex worker.

5.2 Male acceptability of female initiation of female condoms

In the FGDs it was discussed how men would react if a sexual partner asked him to use a female condom, and then how they would react if the sexual partner already had a female condom inserted. One of the advantages of the female condom is that it can be inserted up to 8 hours before sex, which allows it to adapt to the shape and temperature of the vagina – this enhances the natural feeling of sex with a female condom.

If a female partner proposes female condom use

Married men

The majority of married men users and non-users thought that a wife cannot initiate female condom use with her husband. Husbands will be angry and suspect that she has become promiscuous and accuse her of being an *ashewo* or harlot (CSW). Married men said: "*She does not have the right to do such a thing*". Participants talking about other men thought that 70-80% of married men would not accept initiation by their wives. It would be an indication of mistrust:

either of the partners may mistrust the other of having had or planning extra-marital affairs. A wife introducing a female condom might also be an indication that she suspects him of carrying a disease from an extra-marital affair.

Only a few male users said that they would like it if their wife would bring something new to the marriage. However, she would have to explain very well how she got to know about the female condom (acceptable sources would be a seminar or clinic). Some men made a differentiation that possibly an educated man who knows about such methods would be more accepting if his wife initiated use. Generally, however, married men did not like women to initiate; all of them referred to African culture where men decide and everything new comes from the man, although some said that this has to change because both men and women make up the family and men need the opinions of their wives to improve life.

A married man will react to his stable girlfriend in a similar way as to his wife, because there is trust between them; though the man cannot be sure of exclusivity because he has not married her. A casual girlfriend will have to explain very well why she wants to use it. From CSWs married men would accept a female condom if she introduced it to him; she should have both male and female condoms and it is her job to protect herself and her customers. However, the men would insist that she insert it in their presence. Generally, however, married men thought that if a woman initiates use or carries male or female condoms, it is an indication that she is loose or a prostitute.

Single men

The majority of single men users also believed that a wife cannot initiate use, and for a single man's stable girlfriend it is also not so accepted. They argued that a husband will suspect his wife of having another relationship where she has learnt about female condoms, or he will see her as an *ashewo*: "*The day she does that she will have to go back to her parents' house*". Single men thought that only when the man knows that his wife or girlfriend is involved in a family planning programme might he agree when she introduces the female condom to him. Only a few single men thought that it is acceptable for a wife to initiate use for family planning, because the husband knows her as a decent and serious person. Some single men would accept if a stable girlfriend initiated the use of female condoms. However, they added that it would still be difficult because the man would ask himself how she got to know about them – possibly from another boyfriend. Some men said that they would refuse. Concerning casual girlfriends, they would doubt the girl, but they would have to agree if there was nothing else available because a man would not want her to get pregnant. With CSWs not many single men would accept using female condoms, but would use male condoms instead. They said that they would be afraid of sperm harvesting. Generally, single men thought that all girls who initiate condom use – male or female – are wayward and sleep around. With a casual girl he would still have sex, but then he may ''*spoil"* [speak badly about] the girl in front of his friends.

Women

Women thought that men would generally have problems if any woman initiated any condom use. All married and the majority of single women thought specifically that a wife or concubine would be in trouble if she asked her husband or partner to use a female condom. He would suspect her of promiscuity (and may report the wife to her family). "*They tell you they spent* [bride price] *to marry you therefore you cannot tell them what should happen in their homes*", said a married participant. However, a few single women said that it would depend on how the woman introduced it; if introduced well and the man knows about female condoms, he may accept. Single women thought that a single man may accept female condom use from his stable girlfriend if they both do not want a pregnancy and she introduces it as a contraceptive method, although some men may be suspicious. Concerning casual partners, it depends; men will have to

accept from sugar mommies because they make the decisions. Women thought that for men it is more acceptable when CSWs initiate female condom use, especially if there is no male condom available.

If a woman has already inserted a female condom

Married men
For the large majority of married men, insertion of a female condom beforehand would never be acceptable by any partner, for different reasons. If a wife or stable girlfriend has it already inserted he would suspect her of expecting another man or having had sex with another man already. Especially if he finds out after the sex that she had a female condom already inserted he would be very angry with any partner. There was one exception where it would be allowed for a wife to insert a female condom beforehand: married men said that they could excuse a woman whose husband is always drunk. Only a few frequent users said that they would accept pre-insertion from their wife because it would mean that she wants to bring the sex to another level – however, this could never be done the first time they use a female condom. If a married man found a casual partner or CSW with a female condom already inserted, he would refuse sex and suspect her of bad intentions such as sperm harvesting and using the sperm for rituals. There is a particular ritual where the owner of the sperm will die and the one who took the sperm will get rich. This idea surprisingly cut across the groups.

Single men
The majority of single men thought that a man would not accept it if his wife or stable girlfriend had a female condom already inserted. They would be angry and suspect her of having sex with other men, or deduce that she suspects him of being unfaithful; there would be big trouble for a wife and stable girlfriend and the man would refuse to have sex with her. The exception would be if the couple uses female condoms very frequently and the man knows that the woman is expecting him; then it would be possible for a wife or stable girlfriend to insert a female condom in advance. With a casual girlfriend, the man would ask her to remove it and insert another one under his watch. From a sugar mommy who has more power, men would have to accept it. Single men were somehow divided over how they would react if a CSW had a female condom already inserted; some said they would accept it because it is part of her work, the sex would be like flesh-to-flesh, and they would have already paid her anyway, while others would never accept it because they would fear sperm harvesting. They also realized, however, that men are often are drunk when they have sex with sex workers, so the men might not even notice that the condom was already inserted, since the sex feels like flesh-to-flesh.

Generally, therefore, men thought that pre-insertion is not acceptable or advisable, and it is much better if any partner inserts the female condom in the man's presence. However, single men in one group said: "*All African men will go for sex. As long as they have pleasure, Nigerian men will not care*".

Women
All women thought that generally the reaction of a husband would be very bad if he found his wife with a female condom already inserted. He would suspect the woman of having an extra-marital affair or that she has become a prostitute, or he would be angry because she obviously does not trust him. Some women said that this would be a case that would be reported to the family and may even cause divorce. A few women said that in spite of this bad first reaction a wife or stable girlfriend may know how to explain to her husband or boyfriend and make him accept, especially if she knows that he really needs her (for sex). Generally women said that men will think that if a woman has a female condom already inserted, he is not the only man in her life. From casual partners and CSWs this is expected, so his reaction will be less negative than with his wife or

stable girlfriend. They said that since sex is the business of CSWs, it is expected of them to protect themselves. It was interesting that none of the women brought up the suspicion that a casual partner or CSW may have plans for harvesting the man's sperm for ritual purposes.

5.3 Reasons why men do not use female condoms

Asking male non-users why they had never used female condoms, the main answers were that they did not know enough about them and that they are not common. They also said that not many women have them – only mature high class ladies and youth. Men said that they are used to the male condom, which they can easily buy everywhere. Men who had heard about the female condom said that they did not know the benefits and did not know how to use one. Some men feared that it can slip inside the vagina and were uncomfortable that it is open, unlike the male condom which covers the penis. A few men also said that women do not like to use female condoms.

Women said that men do not like to use female condoms (or any condom) because they want flesh-to-flesh sex and also want to impregnate women – even when these women do not want it.

In the pre-FGD questionnaire, non-users answered the question of why they had never used a female condom (see Table 8). Figures are too small to be conclusive, but give some indications. The most often reported reasons given by men for not using female condoms related to not being familiar with them: out of 22 male non-users, four reported knowing that the female condom exists but never having seen it, three did not know where to get one, two did not know how to use it, and two did not know it existed. In the married female group the main answers were that their partner did not want to use them (something not mentioned in the male group) and/or that they did not know how to use a female condom.

Table 8: Reasons for not using female condoms, by sex and marital status (multiple response, #)

Reasons	# Males			# Females		
	Single (N=14)	Married (N=8)	Total (N=22)	Single (N=3)	Married (N=8)	Total (N=11)
Use other method *	-	4	4	-	2	2
Never seen it, but know it	4	-	4	1	-	1
Do not know where to get it	2	1	3	-	1	1
Do not know how to use it	2	-	2	-	2	2
Didn't know it existed	1	1	2	1	-	1
Partner does not want to	-	-	-	-	3	3
Partner doesn't knows how to use it	1	1	2	-	-	-
Not interested	1	-	1	1	-	1
Other **	3	1	4	-	1	1
No information	1	-	1	-	-	-

5.4 Why men may try using female condoms

The male participants who had not used female condoms were overall positive that they may try using one the future; they gave various reasons why. First, they were convinced about the greater effectiveness of the female condom to prevent unwanted pregnancy and protect against STIs and HIV, as some had experienced a male condom breaking or leaking and already believed that the female condom is stronger. This was therefore a major reason for the intention to try. Additionally, the majority of this group would try one out of curiosity to know how it feels. Two participants said that they would use a female condom when they are more common and the price is lower.

According to women, a married man may try a female condom if the couple has discussed prevention of pregnancy and the man does not want to use a male condom. They added that some men may have to use one if the wife insists and refuses sex if he does not accept; however, it is difficult for a woman to convince her husband to use one, as one woman made clear:

> If you put ninety percent men together hardly will you find two or three men that will like to use [a] condom. Even if you tell another man he might think you have gone outside to commit adultery, but men are the ones going out to do all sort of rubbish and the woman in the house [wife] says 'okay I want to use female condom', [but] the man will frown against it.

Nearly all of the thirty-three male and female non-users (97%) in the pre-FGD questionnaire said that they might try using a female condom in the future (see Table 9). Only one single man said that he would not want to try using one.

Table 9: Non-users about their future female condom use, by sex and marital status (#)

Use	# Males			# Females			# Total		
	Single (N=14)	Married (N=8)	Total (N=22)	Single (N=3)	Married (N=8)	Total (N=11)	Single (N=17)	Married (N=16)	Total (N=33)
Yes	13	8	21	3	8	11	16	16	32
No	1	-	1	-	-	-	1	-	1
No info	-	-	-	-	-	-	-	-	-

CHAPTER 6: ACCEPTANCE OF FEMALE CONDOMS

A total of 120 FGD participants, 92 males and 28 females, shared their experiences with female condom use, which are presented in this chapter. Table 10 shows that some of the respondents had just used them once or twice (18%), 33% had used them between three and ten times, and 49% had used them more than ten times. The bias towards more frequent users (3 uses or more) is a reflection of the sampling strategy. That more women (82%) than men (39%) had used female condoms more than 10 times was related to the fact that no one/two times female users were recruited.

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

# FC use	Males						Females						Total					
	Single (N=49)		Married (N=43)		Total (N=92)		Single (N=9)		Married (N=19)		Total (N=28)		Single (N=58)		Married (N=62)		Total (N=120)	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Once or twice	11	22	11	26	22	24	-	-	-	-	-	-	11	19	11	18	22	18
3-10 times	21	43	13	30	34	37	1	11	4	21	5	18	22	38	17	27	39	33
>10 times	17	33	19	44	36	39	8	89	15	79	23	82	25	43	34	55	59	49
Total	*49*	*100*	*43*	*100*	*92*	*100*	*9*	*100*	*19*	*100*	*28*	*100*	*58*	*100*	*62*	*100*	*120*	*100*

This chapter explores the 120 users regarding what motivated them to use female condoms the first time (6.1), what was their experience that first time (6.2), and why they continued to use them and how some became frequent users (6.4). This chapter also investigates why a considerable number (32 users, or 26%) said that they stopped using female condoms; in section 6.3 their motivations for stopping will be presented.

6.1 Motivations for first time female condom use

Married men

The two main motivations for married men for their first time female condom use were primarily that they wanted to try out this alternative method for family planning which does not have side effects, and secondly that they were curious to experience the feeling of it (especially in comparison with the male condom). Only a few said that they were interested because it was another way of protecting themselves against diseases. Some men said that their wife did not like using a male condom because they experienced pain, and one man said that his wife experienced dryness and that he had heard that the lubrication of the female condom makes sex more pleasurable. Men who were going to be peer educators or distributors (in barbershops and pharmacies) said that they used a female condom for the first time because they wanted to try out the product they were going to promote. Below is the motivation for first time use of a married man who needed a contraceptive method:

> I went to pick some medication in the pharmacy and I saw it. Anything that is not going to pierce my skin, I will not have fear because like I cannot allow my wife to go and do Copper T, that one they insert. So when I saw it, it's out of curiousness, I said let me see what is that and the man said something about it and said I will give you to try and gave me a handbill to go with it. I read it and me and my wife we are daring, we said let's try it and see that it's much more pleasurable. Actually that's the major reason, we use to use male condoms before and we saw that it's [female condom] much more pleasurable.

Most married men heard about female condoms on the television, at a seminar, or at the chemist or pharmacy. Some were given a free sample, others bought one. Only with a few married men

was the female condom introduced to them by their wife or girlfriend. One man said that his wife brought the female condom home to try, while two men were introduced to it by their stable extra-marital partner. One man even said that he had a female condom at home that his wife had got from the hospital, but only after he got to know about it from the chemist did they try it. In one group, half of the participants said that they had introduced the female condom and the other half said that their partner had introduced it – usually their stable or casual girlfriend, not their wife.

In the IDIs, all men said that they had introduced the female condom to their wives (and girlfriends) after having heard about it in training. Most of the spouses were hesitant to try, as the following quote of a barber and peer educator illustrates:

> The first day I showed it to my wife, she say 'I cannot use it, this thing I don't like the way it's big, it can enter'. She said she's not using it before, she's not used to it before, so it looks strange to her, she just think that when I insert it, the thing can remove inside the vagina ... [After a few days,] by the time I started explaining to her and lecturing her on how to be using it, she too can now comply with me. The first day I told her, she reject it, but I started convincing her, she later accepted it. By the time she accepted it, we now using it since that day.

Single men

The partners of single men introduced the female condom more often than those of married men. Mostly it was the stable girlfriend who introduced the condom and asked the man to try it. Some of these women tried to convince the men by saying that it was more pleasurable and the men were curious and wanted to try. Some stable girlfriends did not like to use a male condom, so they introduced the female condom to the man so that they could decide together whether they liked it better. Some casual partners of single men introduced it when they wanted to have sex and there was no male condom around. Some single men on their own were curious to try it out, experiment, and test this new product after they had heard about it from a friend, community promoters, or at a party; they had heard that it is effective and gives pleasure. Some had got one female condom for free, maybe at a party, while others bought one to try or asked a friend or sister to buy one for them. It was striking that some of these men tried it out with a casual friend first before introducing it to their stable girlfriend. One reason given by a few of the single men for their first time use was that at the moment they wanted sex there was no male condom and only a female condom around, and so they had used it.

Women

The main motivation for married and single women to try a female condom was that they considered it an effective and safe method to prevent pregnancy. Some single women added that they wanted to protect themselves against diseases, because they did not trust their boyfriend. One woman who had found out that she is HIV positive wanted to protect her boyfriend. Some married women said that they had looked for a contraceptive method without side effects (some of them on their own, and some with their husband), and that they really needed something because their husband still wanted sex with them, even when they were nursing a small baby or really did not want to get pregnant (and did not use another method). Some women were introduced to female condoms by a female friend, or during a clinic, workshop, or training. Two women were motivated by their husbands to use it for the first time, which they did, although they feared it. Only a very small number of women said that they were curious to try how it would feel, and one woman wanted to have firsthand experience of what she was going to promote as a peer educator. A single woman explained her two motivations for her first time use: being able to have sex during menstruation and not trusting her boyfriend:

> The reason why I used it the first was that my boyfriend travelled, and you know guys now, I did not really trust him because of the way guys go around dating girls. The problem was that I've started seeing my menses, and when he came he said we should have sex and I have to use it because for me I don't really trust men. He said why; does it mean I don't trust him; are we not going to marry and all that. I told him – I know how to use my own way to cajole him – I told him things that convinced him and he accepted it.

We can deduce from these findings that in general, stable girlfriends have a bigger say over contraption and prevention with their boyfriends than married women with their husbands. Casual partners have decision making power because men are eager to have sex with them and give in to the wishes of the woman. For men and even more so for women, the curiosity motivation was less than in the other countries of this study, Cameroon and Zimbabwe.

In the pre-FGD questionnaire we asked with which partner respondents used female condoms for the first time (see Table 11). The findings confirm those of the group discussions, that first time use was mostly with a spouse for married people and with a stable partner for single participants: 74% of married men and 89% of married women had used one for the first time with their spouse; and 61% of single men and 67% of single women experienced their first time female condom use with their stable sexual partner. However, a considerable number (14%) of married men also had their first female condom use with a stable partner; and 5% with a casual partner. A higher percentage of single men (24%) used the female condom for the first time with a casual partner.

Table 11: First time female condom use with type of sexual partner, by sex and marital status

Sexual partner	% Males		% Females		Total % (males & females)	
	Single (N=49)	Married (N=43)	Single (N=9)	Married (N=19)	Single (N=58)	Married (N=62)
Spouse	-	74	11	89	2	79
Stable sexual partner	61	14	67	11	62	13
Casual partner	24	5	22	-	24	3
Sex worker	-	-	-	-	-	-
No information	14	7	-	-	12	5
Total	*100*	*100*	*100*	*100*	*100*	*100*

6.2 Experience of first time female condom use

In the FGDs we asked the participants to share their personal positive and negative experiences when they used female condoms for the first time and indicate whether the overall experience was mainly positive or negative.

Married men

The majority of married male frequent users had overall positive first time experiences using female condoms; while the majority of the one/two time users' experiences were negative. The most mentioned positive experience was that men felt more sexual pleasure than with the male condom. They liked the fact that the condom was not tight and they felt free. Other reported positive experiences were that the man could stay inside the woman after ejaculation, and that removal was easier than with a male condom. However, some of the sexual partners of the men who enjoyed it were said to complain about pain inside (in her inner part) the first time they used it and about the difficulties of inserting it.

First time negative experiences were mainly related to the difficulty of inserting it, which made the couple afraid and tense – they feared the condom might go inside – and the fact that it took a long time. Some men also complained about the noise and that the condom is too oily – their

female partners who were also using it for the first time also complained about this oiliness. A few men, especially in the once/twice user group, also complained that it just did not feel like flesh-to-flesh sex, or they said that they simply enjoyed sex more with a male condom.

Single men
The majority of single frequent users and one/two time users overall had a positive first experience. They mainly referred to how it was just like 'flesh-to-flesh' or 'skin-to-skin' – as if there was nothing in between. Some referred to the easy and enjoyable ejaculation, and that they felt at ease because the female condom does not burst like the male condom.

Just a minority of participants had overall negative first experiences, in particular that insertion was cumbersome, that they felt the female condom to be a barrier, or because it was noisy. Most of their female partners were said to have enjoyed the first experience equally, though some few women reportedly complained about the noise and the inside ring. However, some single men with overall positive first experiences still said that they did not like the long and sometimes difficult insertion.

Women
Women had relatively more overall negative first experiences than men. About half of the married women had a positive and half a negative first experience. Positive experiences related to the fact that they felt as if sex was flesh-to-flesh and that their husband also enjoyed the sex. Two women talked about the easy ejaculation of their husbands. Negative first experiences related to the difficulty of inserting the condom and then to fear that it may slip inside or could tear, while some stated that there was too much oil. The majority of single women had negative first experiences; these were related to the difficulty of inserting it, to managing it during sex, and feeling pain or uneasiness inside during sex. They therefore did not enjoy the sex. The few who had positive first experiences did enjoy the sex. The lubrication was brought up by some as a positive experience, while others said that there was too much oil.

6.3 Reasons for stopping female condom use

Nineteen of the twenty-two one/two time users stopped using female condoms altogether. In all, 31 users stopped: 29 men and 2 women. The following are the experiences of the participants who stopped and also the ideas of other participants about reasons why men may stop using.

Married men
A negative first experience was a major reason why married men stopped using female condoms after trying them out. They felt that using a male condom is quicker, they did not like the first negative experience of spillage of sperm, and they just wanted flesh-to-flesh contact; some wanted their wife to get pregnant, or had stopped using them because they did not currently have a girlfriend (and had only used it with an extra-marital partner). It was striking that only in one group (in Agege) did two men say that they had stopped because the female condom is scarce in their area and expensive.

> I stopped because it's scarce. Secondly because it's expensive, like if you have N30, you can buy the male condom. But if you want to buy the female condom, they sell it [for] N150 in my area, compared to N30. That N30 one has 4 inside but the N150 one has only 2 inside; some even sell it [for] N200.

Single men
Single men who stopped said that the male condom is quicker to use than the female condom. However, they also gave other reasons, including that it is just not popular and widely available, and is not easy to get when you want to have sex. They also said that they do not like that

because it is in the vagina a man cannot check whether it has burst or not, unlike with the male condom.

The pre-FGD questionnaire found that the majority of those who indicated having stopped using the female condom did so after one or two uses (see Table 12).

Table 12: Participants who stopped using after number of times use (#)

# times used	# Males			# Females			Total # (males & females)		
	Single	Married	Total	Single	Married	Total	Single	Married	Total
Once or twice	9	10	19	-	-	-	9	10	19
3-10 times	3	5	8	-	-	-	3	5	8
>10 times	1	1	2	1	1	2	2	2	4
Total	*13*	*16*	*29*	*1*	*1*	*2*	*14*	*17*	*31*

Note: Single: singles / single – stable relationship / single – divorced / single – widowed
** Other: often not specified*

These people were also asked for the reason why they stopped (see Table 13). The main reasons why married men said that they had stopped using confirmed the qualitative answers during discussions: either the partner did not want to use it, the female condom was not available, or because it did not give them sexual pleasure. Single men stopped using mainly because it was too cumbersome, they preferred another method, or because they did not have a sexual partner to use it with. The two women who stopped had both used the female condom more than ten times and stopped because they did not currently have a partner (see Table 13).

Table 13: Participants who stopped, reasons for stopping use (#)

Reasons	# Males			# Females		
	Single	Married	Total	Single	Married	Total
Partner doesn't want to use	1	3	4	-	-	-
Too cumber-some to use	2	2	4	-	-	-
Not available	1	3	4	-	-	-
No sexual pleasure	1	3	4	-	-	-
Prefer to use other method	2	1	3	-	-	-
No partner at the moment	2	1	3	1	1	2
Wants pregnancy / is pregnant	1	1	2	-	-	-
Not comfortable using it	-	1	1	-	-	-
Other*	-	1	1	-	-	-
No information	3	-	3	-	-	-
Total	*13*	*16*	*29*	*1*	*1*	*2*

6.4 Frequent use of female condoms

Why become a frequent user

Married men
Married men became frequent users mainly because they said that female condoms are an effective way to prevent pregnancy and STIs. Most importantly, for pregnancy prevention the users said that it does not have any side effects, unlike other contraceptive methods such as pills and injectables. In addition to it being effective, many men said that they became frequent users because they liked the sexual experience, often comparing it favourably to the male condom. Sex with a female condom feels free, natural, and like flesh-to-flesh. They also liked that with female condoms they can always have sex with their wife because it can be used during menstruation. A few married men became frequent users because their wife or stable girlfriend insisted on using

it. Their wives were also in favour of using female condoms – because they feel safe and like the feeling, according to the men. The experience of this married user in Alimosho illustrates the main reasons for frequent use:

> The main reason why I decided to continue to use female condoms that it is affordable in the sense that it does not have the side crises [effects] that the other family planning methods like injectables have. For instance, if my wife should take any method she keeps complaining. Sometimes, she will menstruate twice or thrice in a month which is dangerous to her health, but with female condoms we discovered that there is no any side effects neither side benefits. The benefits is just to have fun with it and after it you throw it away and everyone in the home is happy and just like that. That is why I take [the female condom] to be the right method, and I am a regular user of it.

Single men

Single men became frequent users because they believed that the female condom is the most effective way to prevent pregnancy and diseases: "*100% guarantee*", said one participant. They said that with female condoms they are no longer afraid like before. Another major reason to continue use was the sexual pleasure they derived from using female condoms, with many referring to the fact that it feels like flesh-to-flesh sex, that ejaculation is easier, and that the conditions for inserting it is not predicated on any time, unlike with male condoms where you have to wait for an erection of the penis before putting it on. These men said that the female condom does not disturb the sex like the male condom. "*Female condoms give me the freedom to express myself".* A few men said that their girlfriends also liked using female condoms, and wanted to use them. Like with married men, another mentioned advantage was that they can have sex with their stable girlfriend any time they like, because it can be used during menstruation. A single user in Alimosho explained that the pleasure he finds when using the female condom makes him keep using it.

> The thing that makes me continue to use it is that when my girlfriend put it on it is like flesh-to-flesh. When I meet her it is as I used to meet her before when I did not use any condom. When she puts on female condom, it makes her wet so much that it will affect the condom itself and when I meet her it makes me come on earlier.

A single man in an IDI explained in great detail why he was motivated to become a frequent user; he did not enjoy sex with a male condom, which had even put him off sex, whereas now he enjoys sex with a female condom.

> … I said it earlier before, I refused to have any girlfriend or I don't go to meet any woman for a long time just because of that male condom because it doesn't make me feel like a man, at times it reduces my strength, so it don't allow me to stimulate to my normal size which I don't like because it grip you – when it grip you, you don't enjoy it. Once you go one time you don't even enjoy it and I can't be able to go with anybody like that so I stay away from sex until when this guy [female condom peer educator] came around last year then I started to start up with it. … actually when you're using it, it frees us, it doesn't make you hard like that of a man condom because that one, the ring there if it holds you, all your veins it reduces the flow of the blood because it doesn't help you but this one [female condom] there's nothing like that, it's just like when you are having it skin-to-skin with another woman, that is why I prefer, this is why I prefer this one because like me I don't have interest in women like that [not in just any woman, just to have sex], I can wait in a week's time to have another.

Women

Married women said that they continued using female condoms with their husbands because they are the best method of contraception without side effects, and at the same time they can satisfy the sexual urge of their husbands at any time of the month. A married frequent user said:

> It is so useful because in the olden days when we are nursing a child we are apprehensive of possibly becoming pregnant. Often times we resort to D&C [dilation and curettage, i.e. abortion] which may result to death in some cases and then we were not really sure if it is properly done. But today with the female condom you can have sex with your husband at any

> time you like without the fear of becoming pregnant. We are free now to satisfy our husbands even twenty times – we are ready because we are safe.

Single women, who mainly had negative first experiences, continued using female condoms because they realized that they are the best method for prevention and protection, and learnt that by practicing using them they can now enjoy them, as the following quote illustrates:

> It was like, let me continue. Practice makes perfect. I believed I will enjoy it if I continued to use it. Since then I started to enjoy it and there was no more *wahala* [stress].

And as one single girl said: "*The reason why I continue to use is that I do not really trust men. That is why*". One girl also said that she became a frequent user because with the female condom she does not experience rashes.

Patterns of frequent use

Married men

Married men mainly used female condoms with their wives for family planning, thus during the unsafe period, when she is breastfeeding, and during menstruation. Most men did not use them in conjunction with any other contraceptive method. They all said that they preferred the feeling of female condoms over male condoms. However, in one group the men said that they alternated between female and male condoms; female condoms are more for when they both plan to have sex because it takes time to insert, however when the man is eager or the wife is not in the mood, the man will use a male condom. One man said: "*If I want to rush, I use the female condom; if she is not in the mood it is difficult for me to say she has to put on a female condom*".

A few married men said that they sometimes used female condoms with their regular girlfriends (one man said that he started with her and then introduced them to his wife), but never with their 'illegal' (casual) partners. They can use them with more stable girlfriends, but only if they are both in the mood for sex. Otherwise, men just use a male condom to prevent pregnancy and protect against diseases.

Single men

The majority of single men used female condoms mainly with their stable girlfriend. Some said that they do so every time they have sex, others use male condoms when they want to have quick sex or when the female condom is not available. Some single men also said that they have flesh-to-flesh sex sometimes with their stable girlfriend, because they or their girlfriend feel like it: "*The thing catches you, you get carried away and there is no time* [to put a condom on]". Another reason for not always using a condom with your stable serious girlfriend is that she is considered like a wife, and with wives there is trust of exclusivity and thus no need to use a condom. A minority of single men said that they use female condoms with all their partners, and just one man said that he only uses them with casual partners. One single man who said that he uses female condoms all the time with all partners takes out the inner ring and wears it on himself when partners do not accept to insert it. One man said that he always carries a female condom on him in his wallet.

Women

Married women used female condoms for pregnancy prevention, thus only when the couple wants to have sex during the unsafe period or menstruation. They did not use other contraceptive methods anymore, but sometimes a husband may want to use a male condom.

Most single women said that they always use a female condom. They only use a male condom when their partner insists. Some women said that they were using other contraceptives before,

but changed to female condoms because they do not have side effects. One of the single women gave a particular motivation for frequent use by saying that she inserts it every day for vaginal cleansing.

> I use it all the time not only for sex. I used it as cleanser. Some time ago, a friend of mine told me that there [was] a seminar in their hospital where condom is recommended as a cleanser of the vagina. When I am going to work in the morning I insert a female condom to cleanse my vagina.

Table 14 below presents findings from the pre-FGD questionnaire; these seem to confirm the FGD findings that frequent use of female condoms is mainly with spouses for married men and women and with stable partners for single men and women. The single participants also used female condoms with casual partners; additionally, some single men stated that they used them with sex workers, while none of the married men mentioned that. However, when we compare the figures in Table 14 with those of Table 7 (the type of partners which the participants had in the last year), the female condom seems to be used with all partners. Thus, these quantitative findings are inconclusive, because they do not indicate how frequently they are used with these partners.

Table 14: Current use of female condoms with types of sexual partners, by marital status and sex (multiple answers)

Type of sexual partner	% Males		% Females		Total % (males & females)	
	Single (N=36)	Married (N=27)	Single (N=8)	Married (N=18)	Single (N=44)	Married (N=45)
Spouse	-	96	-	89	-	93
Stable sexual partner	82	27	75	11	81	20
Casual partner	68	27	38	6	62	18
Sex worker	18	-	-	-	14	-
No information	-	-	-	-	-	-

Note: Excludes users who stopped using
Note: Multiple answers possible, hence percentages of do not add up to 100%

CHAPTER 7: ACCESSIBILITY OF FEMALE CONDOMS

This chapter describes how participants viewed the accessibility of female condoms. When female condoms are acceptable to a person, then theoretically he or she would be prepared to use them. External factors may prevent a person from starting to use them or from frequent use. Barriers to use may be easy availability and affordability, or that the female condom is not accessible due to, for example, the shame of buying condoms. These factors are explored in this chapter. Section 7.1 describes how the FGD participants viewed the availability of the female condom, section 7.2 describes their ideas on accessibility, and section 7.3 discusses how affordable the female condom is according to the participants.

7.1 Availability

The male users said that they buy female condoms in some chemists, pharmacies, or NGOs, or get them from health centres or a church where they are distributed. In a very small number of areas they were also sold by *mallams* (small street shops) or at supermarkets, hotels, or bars. Participants said that availability varies by area; in some Lagos areas female condoms are more widely available than in others. However, all men agreed that they are not as easily available as the male condom. A participant in Ajeromi said that "*compared to male condom it is 30%. You have to go to six chemists before you will find one with female condom*". Another identified availability as a problem in that they are not always available when people need them, for example because the outlets such as a chemist may be closed before people finish work. However, participants in Alimosho noted that for nine or ten months female condoms had been easier to get in their area in chemists and pharmacies. Concerning the areas of study, there was no clear difference in opinion regarding the availability of female condoms. While one group said that that they can get them if they want to, another group in the same area stated that they are scarce. However, none of the user groups said that they are not available at all in their area.

> At the side where I live [Agege] by the time I get home, like 10:30pm/11:00pm. So if I want to have sex at that time, I may not remember that we don't have one [female condom] in the house. When I feel relaxed and feel that I'm supposed to meet with my partner. So the thing is not readily available at times, there are some places where you can get it. It's not like the male condom that you can get in many places.

Men who had never used female condoms and those who had only used them once or twice reported even more than users that female condoms are very scarce or not available at all in their area (because they had never seen one in a shop). They knew where to buy male condoms, but only a few had seen female condoms for sale in chemists or pharmacies, or distributed in hospitals or clinics.

Women users also said that it is not easy to get female condoms and compared it with the wide availability of male condoms. They buy female condoms in the chemist or from a *mallam*'s shop. Only two married participants in Apapa said that they are easily available to them though a peer educator. About half of the women who had not used female condoms had never seen them available anywhere, while others said that they are scarce.

7.2 Accessibility

About half of the married men felt somehow ashamed or uneasy when buying condoms from a chemist. They had tactics, such as waiting for most of the customers to leave before asking for them. In general, married users felt more ashamed to buy both female and male condoms than single users. In addition, relatively more married users than single users thought that women feel

ashamed to ask for and buy (any) condoms. They explained that the reason why the women feel shame is because condoms are still associated with extra-marital affairs, promiscuity, and sex workers. Thus if a married women goes into a chemist and asks for a condom, the chemist – usually a man – will assume that she will use it with a man other than her husband, and may gossip about it with others. They believed that sex workers and girls who have casual sex feel less shame when asking for female condoms. More single men thought that these days there is no longer shame for men or women in buying condoms. Some men said that they do not feel any shame asking for and buying male or female condoms.

Nearly all of the married male and most of the single male users said that usually they buy the female condoms for their partners to use, or get them from seminars or workshops. Very few had their wives or girlfriends buy or obtain the condoms. Interestingly, among the non-users some single and married men said that they would feel shy to ask for a female condom because they are men, as the following quote from a single non-user shows:

> I will be very, very shy to get it. One, I'm not a lady, asides [from] the fact that if it's a lady that is selling it and he goes there; I want to get the female condom, she'll be like, 'a boy, what does he want to do with a female condom'? So I will be very shy to get it.

All the women said that both single women and most married women will feel shy and ashamed to ask for a female condom in a shop. Single women in particular will wonder what people will think of them if they ask for one. All single women said that they feel shy themselves. Only two married women said that they can buy female condoms and not feel shy. Concerning who buys them, about half of the women said that they buy them themselves and the other half stated that their boyfriend or husband buys them. Among the single girls, relatively more often it was the boyfriend who bought the female condoms for them (in one of the groups nine out of ten). It was interesting that among the non-users all thought that men would buy them because women would not have the urge to.

7.3 Affordability

The majority of male users thought that female condoms are too expensive; some even stopped using them because of the high price, while others said that they only use them when they have the money. "*You buy once and never use it again. The price should go down a lot to entice people to use it*". Non-users did not have an idea about the price. Most male users compared the price with male condoms, which are much cheaper. Surprising was the variation in price, depending on the area and the outlet, according to the participants. A pack of two went for anything from 50 Naira, 80, and 100 in Alimosho, to between 150 and 200 Naira in Agege. Female condoms being sold for 400 and 500 Naira was even reported. Two male users, the first in Agege and the second in Iganmu, had interesting theories about this variation in price:

> The price of [female] condom is just like all sort of alcoholic drinks that we buy. When I get to Temi down the street I will buy a bottle of beer [for] N180, when I get to another place I can buy it for N250, when I get to Ikeja club I can buy a bottle of star for N500.
>
> Where we are can influence the price, for instance when you have up to three people selling the female condom on a street then the price will be reduced but if you have only one person selling on a street then the price will be high.

Men were of the opinion that between 20 and 30 Naira would be an affordable price for a two-pack of female condoms. Usually they had gotten their first female condom for free during an HIV test or community sensitization or peer session, or were given it by a friend or neighbour.

Women thought as well that female condoms are too expensive, mainly when compared to the price of male condoms. When asked for the price, women also reported variation, from 50 to 70

Naira for a pack of two in Apapa to 700 Naira for a pack of two in some other areas of Lagos, according to the single users in Alimosho. In response to the question on price, they reported that: "*The prices are different. Some do sell [for] N100 while some sell [for] N50. Some sell at N70 while some sell at N700. It depends on the environment*".

Women thought that for some richer people the present price is affordable, but that for most people it is too expensive. They suggested a price of 30 Naira for a pack of two.
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CHAPTER 8: OPINIONS ON HOW TO INCREASE FEMALE CONDOM ACCEPTANCE BY MEN

This chapter presents participants' suggestions on what could make men accept female condoms and become frequent users. The first section (8.1) presents their opinions on current programmes and their recommendations for programmes for increasing acceptance among men. Then, after findings have been presented regarding which sex – men or women – was considered by the participants to be the biggest problem in spreading the use of female condoms, section 8.2 outlines participants' suggestions on how women could convince their male partners to use female condoms.

8.1 Opinions of female condom programmes and recommendations

8.1.1 Knowledge of current campaigns

In most of the married male groups participants said that they had seen some adverts by SFH on TV and had heard about female condoms on the radio (Wazobia FM) once or twice, though not very often. They compared these messages with the 'Cool' male condom that had regular advertisements all over different media. Some married men had read about female condoms in a newspaper or heard about them through one-to-one promotion and seminars, where the advantages and disadvantages and how to insert them were explained. They said that these messages were targeted at every adult. In the group of non-users in Iganmu, they had seen people dancing around a garage once, talking about, demonstrating for, and distributing female condoms.

Single men in one group (in Alimosho) had heard about female condoms through peer educators, in hotels (brothels), and in the community, and some had seen a billboard. They had not, however, heard about them on the radio, nor did they see them on TV or posters. In another group of single users, participants said that there had been a seminar and programme in their community and school on female condoms only for women and girls, where men and boys were not invited. In another group (in Iganmu), a few participants said that a programme on male and female condoms had been held in the local government council; one man had read about it in a family planning magazine. Otherwise, single men were not aware of any programmes or advertisements.

The majority of married female users said that they had seen and heard campaigns about female condoms on the radio, TV, and other media. They could even bring up a message: "*Couples enjoy yourself with adequate planning*". They said that the messages addressed both men and women, and also different age groups. For married people the primary message is to use female condoms to space children for the health of the children; for singles and those in high school, the message is to avoid unwanted pregnancy. Only a few women had seen billboard messages. Single female users had seen fewer adverts than married users. Non-users had also heard about female condoms on the radio a few times, and had seen the 'Elegance' female condom in the health centre.

8.1.2. Recommendations by participants for female condom promotion among men

In general, participants suggested that adverts for female condoms should be more frequent and widespread and address all groups of men and women. A male participant said: "*Men have not even seen it – talk less of using it!*" They also suggested that female condoms should be widely

available in many outlets at a lower price. Below are some more specific recommendations by participants.

Medium and target groups
Men suggested that promotion of female condoms for men should be everywhere. They believed that if the advert is all around, men will start requesting them; and in one group of single men they added: "*Shops will start buying it*". Adverts should be multimedia, such as on TV sports channels, frequented by men, and popular radio stations, like Wazobia FM. Adverts could also be printed on the *molue* (yellow Lagos buses), as was done with Gold Circle (a male condom).

Promotion campaigns could be concentrated in places where there are many men (beer parlours, motor parks, garages, clubs, football fields), and could focus on organizations with many males (transport union), or create awareness among religious leaders. Seminars could be organized for men of all ages. Female condom campaigns could use the example of other public campaigns, such as MTN (a large telecommunications company) and other companies, which bring vehicles with music, shows, and messages to public places. During these campaigns handbills should be distributed – because not everyone has access to handbills from clinics or NGOs.

Other men thought that peer education is a good way to motivate men to use female condoms, involving *baale* (community leaders) and religious leaders as the peer educators. Peer educators should also visit schools to educate students about female condoms. They suggested that men should talk amongst each other because they feel more comfortable that way. A group of single non-users had an original suggestion to put videos on Facebook, for instance on the discussion and demonstration they had for this study. The experiences of a peer educator showed the acceptability among men:

> We had a night party recently and I shared female condom to people in the gathering. I discovered that many men liked it. They scrambled for them with thankfulness. They wanted to know how they can get it because very many people are not aware of it. I told them to go to the chemist to access it.

Women said that it is necessary to create more male awareness of female condoms. The women criticized current programmes whereby mostly women are invited for seminars. They advised that men should also be invited. They gave suggestions on how adverts could reach men at the right time: for example, since men do not usually have time to sit down during the day, female condoms should be promoted through the printed media, radio, and TV in advertisements during the news or football. Also, short seminars could be organized for groups of artisans in certain areas. Furthermore, similar to the suggestion of the male participants, the women recommended that men should be targeted in bars, clubhouses, car parks, and on university campuses. They also thought that they could be promoted during parties (as is already done sometimes). Peer education was considered a good way to raise awareness; men should talk about it with other men. They should be promoted much more, as is done with the male condom, and also in languages other than English.

Availability and price
All participants thought that the female condom should be more available. More patent medicine stores should have female condoms and promote them to their customers. There should be more free samples given out, just like with male condoms. It could also be made available in offices – just like the male condom – after having enlightened the staff about it. On the free pack it should read: "*Not for sale*".

Most participants suggested that the price should be reduced, with some adding that it would be important to fix the price, preferably at 30 Naira, so that nobody would sell them for 100 Naira or more. Many people have economic problems, as one male participant explained:

> The economy is not buoyant and you know what helps keep body and soul together is sex. People just have sex and feel relieved from worries for a short time and do not think of condoms if they are not there.

Messages

Male users proposed giving messages that promote the advantages and the sexual pleasure and absolute satisfaction obtained with the female condom. A married frequent user gave the following suggestions:

> Tell them that it prevents HIV. Everybody loves condom. They should tell them female condom is more sensitive. And that you wear it as if you are not wearing anything. Everybody wants sexual pleasure so you tell them what it entails. Tell them the benefits. Tell them it is sensitive, it does not burst, it is easy and affordable. These are the benefits every man is waiting for. With this the acceptability will be high. Or you can use the price. Tell them is just N30 and fix the price so that it will be difficult for someone to sell at N100.

Married male users said that the messages should also address the issue of sperm harvesting. There should be information about the safe disposal of sperm, especially when a female condom is used with a CSW, to prevent such sperm harvesting for money. Single women in one group suggested that the message should also focus on disease prevention, like HIV and STIs, in such a way that it warns people, because nobody wants to die. Non-users and single men in particular proposed that the messages should also make clear *how* female condoms are used and inserted – showing the female organs, like they do with the male organ for male condoms.

Participants further thought about which men should deliver the messages to other men, and suggested role models and celebrities such as Mikel, Dibanche, and 2-Face, who could make men interested in them. A single user group came up with the interesting suggestion of using the famous musician 2-Face, who has five children, since he could say: "*If you do not want to have plenty children like me, use female condom*".

Names and slogans

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

Table 15: Suggested slogans for female condom campaigns

Names for the female condom	Slogans for campaign
– *Idabo bo dara* (the protector) – My *yoriyori baby* – My Cap or My Raincoat – FC [the male condom is like a ring, a small CD] – Shower cap* – Sharp lady – Enjoyment – Female bulletproof [bulletproof is used for male condoms] – Protective cylinder – Woman rider	– Female condom, enjoy me well well – Elephant skin, it no dey burst [female condom is like elephant skin – it never bursts] – Female condom, maximum satisfaction and protection – Make we talk about family matter [In the advert a man is carrying a female condom] – Something good don happen o, female condom [pidgin English: something good has happened, female condom] – Female condom earns you the best result – Give me my shower cap*

* The participant's explanation for the suggestion 'shower cap' was: "*My idea is that female condom is a lady-something and ladies get scared about water entering their head and their shower cap they use, they can name it like that – shower cap. This looks funny and you can just hear 'Give me Shower cap'. The male can get interested in female-something like that. You can use the local pidgin English to promote it."*

8.2 How women can convince men to use female condoms

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

8.2.1 Are men or women the problem?

Male participants brought various arguments to the discussion of whether it is mainly women or men who hinder the spread of female condom use. To start with, they explained that if men are unaware of female condoms, they will always be the problem, because in Nigerian society men are supposed to make decisions for women, especially for those they have a stable relationship with such as their wives and stable girlfriends. Women know this and will not easily introduce female condoms to their husband or stable boyfriend. So when the norms in Nigerian society are followed, men are the problem. At the same time, however, women are also part of the problem because they are reluctant to introduce female condoms to their partners. In general, respectable women are not supposed to talk about sex or show that they want sex with a man, so bringing up the topic of condom use is even more difficult for them. If a man hears a woman talking about using condoms or if she has one on her, his first reaction will be that she is loose or a prostitute. The other issue raised is that some women and men simply may not want to use female condoms, preferring male condoms or flesh-to-flesh/skin-to-skin sex, thus these people are the problem. Women and men may also be scared that it can go inside the vagina.

The majority of women thought that men are the problem because men do not want to accept family planning in the home, and consider themselves to be head of the household with the right to make all decisions. They also prefer skin-to-skin sex with their wives. They will suspect the wife of extra-marital affairs if she uses or suggests a female condom. Women said that the problem with men is that they are not educated about female condoms. Some men are said to believe the rumours that female condoms can slip inside and destroy the womb, and thus cause infertility (this relation with infertility was here mentioned for the first time in the FGD). The few women who said that women are the problem gave as the reason that they are also not well informed about female condoms or about how to talk to men about them.

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

Despite the structural constraint of gender power relational norms, which places decision making with men, there are still some tactical ways that a woman can introduce female condoms to her partner. According to married men, a woman should know the right time to introduce something new to a partner; for instance, when the couple is together in bed discussing pregnancy prevention. Then the woman can say that she has heard about an effective method, and bring up the female condom. The first approach matters most, and a woman should be careful. The woman should focus on the positive qualities of the female condom, mainly that it is very effective in preventing unwanted pregnancy, but also that it can be used during menstruation. Married male users said that a wife can only convince her husband to use female condoms when she explains very well how she found out about them, for example that she went to a seminar or programme, or was in the maternity clinic and was introduced to them. A married man will not accept if his wife tells him that she heard about them from a (female) friend, and furthermore a wife can never introduce them as protection against diseases. A married man in Ajeromi explained:

> Men, we don't joke with our tummy, we know there's something she want to introduce – female condom – and she knows my favourite dish, prepare my favourite dish, and you know women's heart; very, very soft. See what our doctor gave, from there you'll now start that dialogue administration. If you go through the form of 'as to prevent STIs' it may be problem. He can say, so you're now suspecting him. But when you say for family planning, to use that picture, you'll now see that she will easily win the man.

Single men said that their girlfriends could convince them that the female condom is very effective in preventing unwanted pregnancy, and explain the other benefits. She can talk sweetly to her boyfriend, saying that they could try using it. One man said that the woman should not bring the female condom to him, but should ask him to buy one for her. Single men gave another suggestion that if a girl knows that the man really wants to have sex with her, she can just insist that there will be no sex without the female condom; the man will give in. Some single men said that it would be more difficult for a stable girlfriend to convince him than a casual partner. However, stable girlfriends can read a man's mood better and know how to talk to him when he is happy; she could tell him that she will use the female condom with him and only him. Only a few single men said that a woman could never convince them to use a female condom because it should be his decision.

Women suggested that wives should first look to see whether their husband is in a good mood, or put him in a good mood by preparing his favourite dish. Then, they can explain that they went to a seminar or heard about an effective way to prevent pregnancy by using a female condom, and explain the use and advantages to the man. They could take this moment to also discuss their family and the importance of spacing their children, and the fact that other methods have side effects. Some women suggested that the woman should not bring the female condom to him, but should show the advert to her partner and let him buy the condom. "*Let the woman do the convincing and the man the buying*", said a participant. A wife can convince a husband by pointing at the shamefulness of having another baby so soon after the previous one (the ideal period between babies is two years) and mention the risk of induced abortion following an unplanned and untimed pregnancy. Arguments which a single woman can give to her stable boyfriend are that female condoms are very effective, and would be good to use because he does not want her family to find out about the relationship. A casual partner can say to a man that they are not intending to marry, that he does not know whether she is safe, and also that he does not want her to have a baby with him.

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.

This chapter summarizes and discusses the study findings and their implications for female condom programmes. It addresses the conditions under which men may accept female condoms, and possible programme strategies and activities to facilitate acceptance by men. The discussion 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 Nigeria. The chapter ends with a final note on the involvement of men.

9.1 Summary of findings and their implications for programmes

9.1.1 Knowledge of and attitudes towards female condoms

Personal factors found to influence acceptability and acceptance of female condoms related to participants' knowledge on what the female condom looks like, how it is used, what the advantages are, and the belief in its positive attributes. Participants reported many advantages of female condoms, but also disadvantages related to effectiveness, use, appearance, sexual feeling, availability, and price. The 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, however, address the scientific effectiveness of female condoms for HIV prevention and contraception in this study). The big additional advantage of female condoms compared to other contraceptive methods brought up by participants is that female condoms do not have side effects. A major reason why the use of modern contraception in Nigeria is so low, especially among married women (only 9.7% – see section 1.2.1 of this report), is that these methods have side effects; the major perceived side effect is interference with fertility (see section 1.2.2). Other female condom advantages (for men) are that sex with a female condom feels like natural, skin-to-skin sex. The main disadvantages are the relatively high price of the female condom and its limited availability. Men also thought that the female condom makes noise 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 all men as making protected sex next to natural. To married men and men with a stable relationship, there is big potential for uptake by promoting female condoms as an effective method of pregnancy prevention (stressing family planning and child spacing) without side effects. Programmes should also educate people about how to insert the female condom, and perhaps providing several free samples with which to practice insertion might reduce the problems people experience. (The main disadvantages of price and availability are addressed and integrated into the UAFC Joint Programme.)

9.1.2 Male acceptability by type of sexual partner

An important finding is that female condom acceptability (and acceptance) differs by type of sexual partner for the majority of men. The types of partners 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 and single men); 3) casual partner; and 4) commercial sex worker. 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 on contraception and protection; this is according to dominant gender power norms. However, men have most normative power over their wives, followed by stable girlfriends. With all of these categories of women, except for the spouse and the most serious stable girlfriend, it is easy for a man to leave her if the woman disagrees or wants something he does not want, for instance to use a condom. 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 serious stable girlfriends know their husband's or boyfriend's character better than casual partners and know better how to approach him.

Male acceptability of female condoms with different types of partners is related to trust (or lack of) in the partner, the duration of the relationship, and to their risk perception of unwanted pregnancy and STI and HIV infection – and thus to their felt need for prevention and protection. For the majority of men, female condoms are acceptable as a family planning method with their wives. Male condoms are rarely acceptable in marriage because of the association with infidelity, extra-marital affairs, and diseases (in a marriage there should be trust). Although female condoms also have this association, the need for an effective family planning method without side effects weighs heavier. Female condoms are also most acceptable with the spouse (as opposed to other types of partner) because it asks for intimacy. Many male users said that they help their wives to insert the female condom – something they cannot imagine doing with casual partners. Likewise, in the stable relationships of single people and stable extra-marital relationships, female condoms are acceptable as contraception. Outside of marriage and the most serious stable relationships, a man cannot trust he is the exclusive partner – and he thus feels more at risk of STIs and HIV. This is the reason that a minority of married and single men felt that the female condom is acceptable with extra-marital casual partners. Surprisingly, about half of the men also found the female condom to be acceptable with CSWs for disease prevention – because it is her job to protect herself. However, a man has to be careful with how the CSW disposes of the female condom after sex, since it is rumoured that CSWs misuse the sperm for spiritual reasons, which may affect the health of the owner of the sperm.

Nearly all men considered it unacceptable for any woman to *initiate* female condom use, let alone when she has already inserted the female condom beforehand, because this goes against the dominant gender norms whereby men make decisions and introduce new issues. Especially wives and stable girlfriends will face problems if they do so. However, from casual sexual partners and CSWs, initiation (but not pre-insertion) is slightly more accepted. This is because condoms are associated with extra-marital and casual affairs, and with loose women and sex workers. Men said that they need these women if they want to have sex, and thus will accept her pressure to use a (female) condom.

Recommendation
In designing programmes, organizations should consider the external factor of dominant gender power relations which give more power to men, and especially power over women with whom they are married or have a stable relationship. Promoting female condoms as a female initiated

method and a tool for women's empowerment will not be effective, and may even be counterproductive, in societies where men have normative decision making power over women, and in particular over their wives. Spreading female condom use cannot go through women alone, but should involve men; educating men, or men and women together, and letting men take the lead in introducing female condoms may be more acceptable in societies such as Nigeria. Programmes should also address the rumours of sperm harvesting, which make men hesitant to use female condoms with CSWs.

9.1.3 Experience of first time female condom use

The main personal motivation for using female condoms the first time, as reported by all groups, was that they wanted to try this effective contraception method without side effects. In addition, they were curious about how it would feel sexually (after having heard about it in trainings or advertisements). External factors that made some men use female condoms for the first time were when their sexual partner convinced them or insisted upon use, or because the female condom was the only available method at the time and the man was eager for sex.

The most mentioned positive first experiences by men were that they felt as if there was nothing there, that it felt like natural and thus pleasurable sex. Men said that what contributed to their positive first experience was the psychology of feeling protected and safe by the female condom – more than with the male condom, which can burst. Male participants' negative first experiences were mostly related to the fact that neither they nor their partner knew how to insert the female condom well, which caused pain and unease. Surprisingly, and in variation from the other study countries, many men said that they inserted the female condom for their wives or stable girlfriends, or helped them insert it. Women overall had more negative first experiences than men. Mostly they realized that they had not properly inserted the female condom, which caused them pain and discomfort.

Recommendation
Programmes can learn from these motivations and experiences that in Nigeria there is a big opportunity for promotion of the female condom as a very effective contraceptive without side effects – especially within marriage. Furthermore, it would be effective to promote female condoms among men, with information about enhanced sexual pleasure compared with male condoms.

9.1.4 Continued female condom use

Study findings indicate that a positive first experience for men makes frequent female condom use more likely; relatively more men with negative first experiences stopped using female condoms. Two main factors can be identified which make a positive first experience for men more likely: if men have knowledge about what the female condom looks like, how it is inserted, and how to enter the penis, they know what to expect and will feel more at ease the first time. A first experience is more likely to be positive for men when their 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 it) – some casual partners and CSWs are more experienced in this regard.

The main reasons given by Nigerian men for continuing female condom use and becoming a frequent user was the effectiveness as a family planning method without side effects with their spouse or serious girlfriend, and the sexual pleasure they derive from sex with a female condom while feeling protected. Use with casual partners and CSWs 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 preferred using female condoms.

Very few men were using female condoms every time they have sex. To start with, they mainly used them with their wife or stable (pre- or extra-marital) girlfriend as a contraceptive method, and thus this was only during the unsafe period and menstruation. With casual partners and CSWs, it depended on the insistence of the female partner whether the man used a female condom; the majority of men reported a preference for using a male condom with them. Reported external factors of why they did not use the female condom as much as they would like to were mainly related to lack of availability and the high price (see 8.1.5).

Recommendation
Programmes should be directed at making the first experience more likely to be positive. Female condom promotion to men and women should always be accompanied by a demonstration. During female condom promotion and demonstrations, the participants should be invited to practice by opening a package and doing a mock insertion. Having artificial vaginas as demonstration materials would make it easier to practice, rather than only using the hands. People should be given an ample number of free female condoms to try out.

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). Specific for Nigeria was the big variation in price for female condoms, with a two-pack varying from 50 to 700 Naira, depending on the area and outlet. Peer programmes were considered a culturally sensitive option for education about female condoms and distribution.

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 would affect sexual pleasure) and non-availability. Men said that they do not see female condoms around and so they do not even think about using them.

Participants had useful suggestions for female condom promotion campaigns. Their main recommendations were: 1) to intensify female condom promotion in the mass media (shown at times and on channels popular with men), on billboards, and through interpersonal communication; 2) men of all ages should be targeted and campaigns have to look for the best places and times 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) peers and role models should be used to promote female condoms; 6) more free samples should be given out to create demand.

Recommendation
Programmes should continue spreading sales points for female condoms and look into whether female condoms can be even more subsidized. Prices should be fixed, and free samples should have a sticker indicating that they are free. Programmes should intensify education and distribution through peer programmes and follow the recommendations of participants – which were all very useful.

9.1.6 Female condom negotiation skills of women

Participants gave suggestions on how a woman could try to strategically introduce female

condoms to a man and make him accept using them. The most important thing in a stable relationship is that she cannot bluntly introduce the issue, but carefully has to plan her strategy. She should introduce it when he is (or when she has put him) in a good mood, explain well where she got the information from, stress the advantages (for wives the effectiveness for family planning, for casual partners and sex workers the sexual pleasure). A woman can also tactically let the man feel that he made the final decision. Especially single women can promote female condoms 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 in protecting against diseases. They should, however, make a point of opening the package and inserting 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. CSWs should be educated to inform men on safe disposal after use.

9.2 Summary of factors influencing female condom acceptance

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

- Knowledge about female condoms – knowing the advantages, how they are used;
- Belief in the effectiveness of female condoms for family planning and STI and HIV protection;
- Having skills of how to use female condoms;
- Having a positive first experience of use of female condoms;
- Having a felt 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 – feeling sexual pleasure, next to 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 – in marriage there is no need for protection, only prevention, and any contraception with side effects is suspected of influencing fertility;
- HIV/AIDS prevalence – with a higher prevalence, the risk perception will be higher;
- Easy accessibility of female condoms (affordable, available);
- Sexual partners agreeing / convincing / insisting;
- Influence of 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. These recommendations could be used to further develop

female condom programmes. Some of the recommendations are already being implemented, but could be intensified.

- Consider the dominant gender power relations in different sexual relationships. Promoting female condoms as a female initiated product for women's empowerment is not conducive for uptake because in Nigeria a woman needs the cooperation and often approval of the male partner.
- Realize that spreading female condom use cannot go via women alone, but rather educate men, or men and women together. Giving men a role in introducing the female condom is more acceptable in Nigeria.
- In communication messages, 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 of the female condom as a contraceptive without side effects, and that female condoms offer variation in protected sex. In messages address the local disadvantages and reasons why men do not (want) to use female condoms.
- 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 how it is used – thus not only talking about the benefits and showing the package.
- During female condom promotion and demonstrations, participants should be invited to practice the skill by opening the package and doing a mock insertion. Prepare 'female condom starter packs' to give out during demonstrations with five female condoms and information, including where to buy them. Women can be advised to practice insertion before trying with her partner – to make his first experience more likely to be positive.
- Address the distrust men have towards using female condoms with 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. Empower CSWs to address this issue with customers.
- Continue educating women in negotiation skills appropriate to the type of sexual partner.
- Continue increasing sales points for female condoms and look into whether female condoms can be even more subsidized. Agree on a fixed price. Increase advertisements and sales through barbers and hairdressers.

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 Nigeria (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 them 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

Part 1: Introduction

Introduce people present / research team

We are representatives from SFH and a researcher from the Netherlands who were asked to conduct this study. Some organizations, like SFH 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 Nigeria.

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.[44]

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

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 Nigeria 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?

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

[44] 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.*

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-FGD 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

Consent Form
Study on Men Acceptance of Female Condoms, Nigeria

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 condoms, that I shared in the discussion, will be treated with confidentiality:
  - The recordings will be deleted after writing of the report;
  - All participants as well as the facilitator, note taker, and 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.

If you have questions about this study you may wish to call any of the following numbers for confirmation, ***Dr. Samson Adebayo 07033979837 and Dr. Jennifer Anyanti 08055095603*** *of Research & Evaluation Division, Society for Family Health, Abuja.*

This study has been approved by the National Health Research Ethics Committee (NHREC) of Nigeria. If you have concerns about your rights as a participant in this study, please contact the Committee as follows: via e-mail: chairman@nhrec.net; deskofficer@nhrec.net; or by telephone: 08065479926 or 08033520571.

Name _____ *Signature* _____ *Date* _____

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	• **Prevents pregnancies (6)** • **Prevents diseases (6)** • Protects against unwanted pregnancies and diseases (M) • FC is better than MC because it does not tear (M) *Mentioned one time:* • No need for taking other methods – like injections (F) • Prevents having itches (F) • Pills can be forgotten (F) • Protects sexual intercourse (F) • Covers outside vagina – protects more against STIs and pregnancy (M) • 100% protection proof (M) • More effective than MC (M) • Better than MC because directly inside body (M)	
Feeling	• **It is like natural sex (2)** (M) • **It is like flesh-to-flesh / skin-to-skin (3)** (M) *Mentioned one time:* • No more pain – MC causes woman pain (M) • Maximum pleasure with FC compared to MC (M) • Problem of vaginal dryness is solved (M) • Very enjoyable – like ordinary body (M) • Easy to release (ejaculate) with FC (M) • Feels free (M) • Not tight (M)	• **Inner ring causes women pain (4)** (M) • Not like skin-to-skin (M) *Mentioned one time:* • No maximum satisfaction (M) • Fluid of women and sperm of men cannot meet – she will not like it (M)
Appearance and qualities	• **Does not tear like MC – puts mind at rest (5)** (M) • Stronger than MC (M) *Mentioned one time:* • Does not disturb menstruation (like other methods) (F) • More oily than MC (M) • Softer than MC (M) • Thicker than MC – does not burst (M) • More elastic than MC – easier to use and does not burst (F)	• Too big (M) *Mentioned one time:* • Can tear (female non-user) • Oil makes noise (M) • Too oily (M) • Outer ring is not strong (M) • Makes noise (M)
Availability / affordability	*Mentioned one time:* • Not expensive (M)	• **Costly (3)** • More expensive than MC (F) • Less available than MC (F) *Mentioned one time:* • Rare to find in hotel (F)
Control	*Mentioned one time:* • Method to protect myself – husband does not want to use condoms, not even outside (F) • Women can now protect themselves (M) • Women are wise when using the female condom (M) • With FC women can be sure men did not put a hole in the condom – mind at rest (F)	*Mentioned one time:* • Men spread rumours about female condom: it can enter and destroy the womb (F) • Some women might refuse to use it because you bring out something that she needs to use (M)
Use	• Can be worn during menstruation *Mentioned one time:* • Older women use it to wet their vagina (F) • Easier to insert and use than MC (F) • Does not need erection to use it (M) • Men find it easier to wear (M) • Air does not come in when ejaculating (M) • Can be inserted before you are ready – creates space and is wide (M) • Easy for the men (M) • Insertion allows men to experiment with vagina (M)	• **Inserting is difficult – takes too much time (M)** • **Inserting is difficult (M)** • Can be pushed aside by penis • Can enter when you don't hold it • Inserting can be difficult – women get discouraged / prefer to use MC (M) *Mentioned one time:* • Not convenient like flesh-to-flesh (F) • Painful after insertion (F) • First time is painful (F) • Inserting is difficult – sometimes you do not want to touch vagina (M) • Not possible to do multiple rounds – removing and inserting again is not easy (M) • FC does not stay well – goes in and out (M) • FC can be too tight for some women when they have a tight vagina (M)

Note: F: Female only, M: Male only.

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

	Advantages	Disadvantages
Effectiveness	• **Prevents pregnancies (5)** • **Prevents diseases (3)** (M) • Protects against unwanted pregnancies and diseases (M) *Mentioned one time:* • It is reliable, never torn (M) • Protects sexual intercourse (F)	• **Breaks / tears / leaks (11)**
Feeling	*Mentioned one time:* • You ejaculate on time (M)	• Men do not derive maximum sexual pleasure • Not like flesh-to-flesh (M) *Mentioned one time:* • Too tight – cannot perform (M) Too tight – makes men uncomfortable (F)
Appearance and qualities	• **Easy to carry around (3)** *Mentioned one time:* • MC is light, not thick like FC (M) • Hardly leaks (M)	• **Breaks / tears / leaks (11)** *Mentioned one time:* • Causes rashes (M) • Too oily (M)
Availability / affordability	*Mentioned one time:* • Cheap (F) • Easy to buy (F)	
Control		*Mentioned one time:* • Some men puncture MC (F)
Use	• **Easy to wear (4)** (M) • Easy to use (M)	*Mentioned one time:* • Not easy to wear (M)

Note: F: Female only; M: Male only.

Annex 7: Pictures of Focus Group Discussion and In-Depth Interviews