

METHODS OF CONDOM DISTRIBUTION AS A POSSIBLE BARRIER TO
CONDOM UPTAKE: A STUDY AMONG SEXUALLY ACTIVE CLIENTS AT
SETTLERS HOSPITAL GRAHAMSTOWN

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Assignment presented in partial fulfilment of the requirements for the degree of
Master of Philosophy (HIV/AIDS Management) at Stellenbosch University



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March 2011

DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Sylvester Onyechi Megafu

Date: March 2011

Acknowledgements

I heartily acknowledge the contribution of all the clients at the out-patient unit of Settlers hospital Grahamstown who participated in this study. My gratitude and appreciation would also go to the staff of the out-patient unit especially Sisters Xotyeni and Nkubevena. My supervisor, Burt Davis, my family and friends I could not possibly thank you enough for your support, guidance and encouragement while I studied for my Masters degree. Finally, I thank God for making this dream come true.

Abstract

This study examines the methods of condom distribution as a potential barrier to condom uptake among sexually active clients at the out-patient unit of Settlers hospital.

This study was quantitative and it utilised a self-administered questionnaire. A total of 60 sexually active clients comprising of 30 women and 30 men all aged 18 years and above with a prior HIV/AIDS prevention knowledge at the out-patient unit of Settlers hospital formed part of the study. Data was analysed using descriptive analysis and chi square.

The responses given by the participants provide an understanding of the perceptions about the methods of condom distribution as a potential barrier to condom uptake and use. Evidently the methods of condom distribution have an impact on the likelihood of condom uptake at the out-patient unit of Settlers hospital and a certain method of condom distribution (placement of condoms in private spaces) is also preferred to another (condom display in the waiting area).

Although the study sample (n=60) was too small to make a representative and definite conclusions, the findings seem to suggest the method of condom distribution is important in condom promotion for increased uptake. Despite the high level of HIV/AIDS prevention knowledge among the study participants there seems to be real barriers to condom uptake and use. However there is a need for policy-makers and stake-holders to ensure that effective condom distribution methods are encouraged and implemented. Finally it would be useful to invest further in research to not only identify more barriers to condom uptake at the hospital but also establish barriers to condom uptake and use in the society where our people live. This was beyond the scope of this study.

OPSOMMING

Hierdie studie vors die verspreidingsmetodes na wat die beskikbaarheid van kondome vir seksueel-aktiewe pasiënte van die buitepasiënt-afdeling by die Setlaars-hospitaal op Grahamstad moontlik kan kortwiek.

Die studie was kwantitatief van aard en is deur middel van 'n self-geadministreerde vraelys uitgevoer. Sestig (60) seksueel-aktiewe pasiënte – 30 vroue en 30 mans – van 18 jaar en ouer, by die buitepasiënt-afdeling van bovermelde hospitaal, wat almal voor hulle deelname aan die studie voorkomingskennis van MIV/Vigs opgedoen het, het deel aan die studie gehad. Data is geanaliseer deur gebruikmaking van beskrywende analise en “chi-square.”

Die deelnemers se antwoorde bied begrip oor die persepsies rondom die verspreidingsmetodes as moontlike belemmering vir die beskikbaarheid en gebruik van kondome. Klaarblyklik het die metodes van kondoomverspreiding by die Settlers-hospitaal se buitepasiënt-afdeling 'n impak op die waarskynlike gebruik daarvan. 'n Spesifieke verspreidingsmetode – die plaas van kondome in privaatruimtes – word verkies bo 'n ander waar kondome in die wagarea van die hospital se buitepasiënt-afdeling beskikbaar gestel en as't ware uitgestal word.

Hoewel die studiemonster ($n=60$) te klein was om verteenwoordigende en klinkklare gevolgtrekkings te formuleer, dui afleidings daarop dat die metode van kondoomverspreiding belangrik is vir die bevordering en bekendstelling van kondoomgebruik. Ondanks die hoë vlak voorkomingskennis oor MIV/Vigs onder deelnemers aan die studie, wil dit voorkom of daar besliste hindernisse bestaan wat betref kondoombeskikbaarheid en –gebruik. En daar is beslis 'n heersende behoefte dat beleidmakers en betrokkenes behoort te verseker dat doeltreffende kondoomverspreidingsmetodes bevorder en toegepas word. Ten slotte kan dit nuttig en raadsaam wees om verder in navorsing te belê, nie alleen om nog hindernisse rondom kondoomgebruik by die bovermelde hospital te identifiseer nie, maar ook maatreëls in plek te stel ter bevordering van kondoombeskikbaarheid en –gebruik in die gemeenskappe waar ons mense hulleself bevind. Laasvermelde was nie binne die raamwerk van hierdie studie nie.

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1. Introduction

1.1 Background and Rationale

Settlers hospital is a district-level health institution which is presently a public-private partnership facility situated in Grahamstown, Cacadu district of the Eastern Cape in South Africa. The primary function of the hospital is to deliver comprehensive health care services to the host community. The hospital also gets referrals from clinics in and around Grahamstown. Since the out-patient unit of Settlers hospital is non-specialised different clients are seen at the unit present in no particular order. There is no established seasonal or periodic variation in number of clients visiting through the course of the year. Most of the clients on chronic treatment come to the unit once in a month for reviews but these visits like the rest of the clients are done in no particular order and there is no significant difference in the average number of clients seen weekly at the out-patient unit of the hospital according to the available out-patient register. Clients are registered as they come and are seen by the doctors in that particular order except for very ill patients, children and elderly who are often prioritised. Out of a total of 295 clients (18years of age and above) that were tested for HIV in the past one year (November 2009-November 2010) at Settlers hospital outpatient unit, 76 of them amounting to an estimated 26% were HIV positive. In fact, the adult prevalence of HIV/AIDS in Cacadu district where Grahamstown is located stood at 22.6% according to the National HIV/AIDS Syphilis surveillance using Antenatal clinic attendees in 2006. From this statistics it seems HIV/AIDS is a challenge in this area. One of the remedies currently available at Settlers hospital to address the high HIV prevalence is the promotion of condom usage.

Consistent and correct condom use has long been promoted as a highly effective way of preventing the spread of HIV/AIDS and other sexually transmitted infections (STI) by both governmental and non-governmental bodies in South Africa (FPD, 2006& National Department of Health, 2007). According to the Condom register at the outpatient unit of Settlers hospital an average of 83 packs with each pack containing 10 pieces of condoms were accessed in the past 7 months (May 28th – December 28th, 2010). This number becomes disturbing when it is analysed in the context of the total number of clients that visited the unit over the same period.

The attendance register at the Settlers hospital puts the total number of visits by clients that are 12 years of age and above at approximately 15000 in the past one year (November 2009- November 2010). In other words very few condoms are accessed compared to the number of clients visiting the out-patient unit of the hospital.

A popular method of condom distribution in South Africa could be condom display in waiting area especially in schools, offices and health institutions. At Settlers hospital Grahamstown, condoms are mainly distributed through display in the waiting areas or entry points of the wards, corridors, accident and emergency as well as outpatient units. Despite the year-round availability of condoms at the hospital its accessibility has not been impressive. The reason for this might have to do with how condoms are distributed in the hospital, i.e. it seems to indicate that the methods of condom distribution might be a barrier to condom uptake and may be usage and warrants further investigation.

Several researchers have identified barriers to condom uptake and use in the society (Sakar, 2008). Some of the barriers include lack of education, cultural barriers, financial constraints, inability to negotiate protection with partner, diminished sexual pleasure and stigma. Other barriers are limited available condom brands, alcohol and drug use as well as personal aversion to condoms. As these existing barriers already pose a challenge towards higher condom uptake and use, it may therefore be important that available condoms are distributed in a way that most sexually active people would be able to access them easily so that the method of condom distribution does not become an additional barrier towards uptake and use. In addition, deciding on the method of condom distribution may be quite more complex as these existing barriers to condom uptake may need to be taken into consideration when deciding on a method of condom distribution in a specific area.

Some of the methods of condom distribution that were investigated in this study as possible barriers to condom uptake include:

- The placement of condoms in private spaces such as doctors' consulting rooms, toilets, change and ablution room.

- The use of health-care providers in giving out condoms at every contact with sexually active clients.
- The present method of condom distribution at Settlers hospital that entails keeping of condoms in the waiting area will also be studied.

1.2 Knowledge Gap

It is not known why there is a low uptake of the condoms displayed in the waiting area of the outpatient unit of Settlers hospital by sexually active adult clients despite the year-round availability of condoms and the high level of HIV/AIDS prevention knowledge among these clients.

1.3 Research Problem

The methods of condom distribution at the out-patient unit of Settlers hospital might be a possible barrier to condom uptake by sexually active clients.

1.4 Research Question

Are the methods of condom distribution at the out-patient unit of Settlers hospital a possible barrier to condom uptake by sexually active clients?

1.5 Significance of the Study

The benefits of this study at the out-patient unit of Settlers hospital can not be over-emphasized in the face of HIV/AIDS scourge and the limited resources available to the government. According to Statistics South Africa about 1.6 million out of total population of people living with HIV/AIDS as at 2009 would require Anti-Retroviral therapy. This shows that more resources are required to effectively tackle the pandemic in South Africa. Identifying the most appropriate methods of condom distribution can lead to the optimal utilisation of the huge resources spent by the government and donor agencies in the provision of condoms. High uptake of condom and hopefully its eventual use will also reduce the spread of HIV/AIDS and other sexually transmitted infections as well as wastage. The other benefit of such a study will be the preservation of the social fabric of the local community which is endangered by HIV/AIDS when the number of single parents and orphans rise due to

death of parents from the disease. Reducing the incidence of HIV and other STI will increase family savings, life expectancy and productivity in the local community. Reduced number of school drop-outs and burden of care on welfare and health workers which will no doubt increase the quality of services they render can also be expected if the spread of HIV is controlled. A reduction in HIV incidence and ultimately prevalence will most probably see more investment in infrastructure as well as health and education sectors since fewer people would require health care and social grants (Ntuli-Ngcobo, 2009). The domino effect arising from condom uptake and use could eventually affect many more facets of any society and ultimately bring better standards of living.

This research paper aims to assess the perceptions of sexually active clients (18years and above) with prior AIDS prevention education towards the various methods of condom distribution at the Out-patient unit of Settlers hospital Grahamstown.

1.6 Objectives

The objectives of this research paper are to:

- Report on perceptions of some sexually active clients about public display method of condom distribution currently used at the out-patient unit of Settlers hospital
- Assess and discuss perceptions about private display and health-care provider-initiated methods of condom distribution among the sexually active clients at the out-patient unit of Settlers hospital
- Compare perceptions about public display method of condom distribution versus other methods of condom distribution
- To provide guidelines for the appropriate methods of condom distribution at the out-patient unit of Settlers hospital

2. Literature Review

2.1 Introduction

This literature review will start with a short introduction to the HIV epidemic in South Africa. Then a discussion of the male condom as prevention method and its availability in South Africa will be discussed. Information on condom usage and condom distribution then ensues. Current barriers to condom uptake and use are then identified and the various methods of condom distribution are subsequently introduced. Condom distribution as a potential barrier to condom uptake then follows. Lastly, a summary of the chapter will be given.

2.2 HIV/AIDS in South Africa

The number of people living with HIV/AIDS continues to grow reaching an estimated 33.4 million people in 2009 (UNAIDS, 2009). This rise has been put down to the continued effects of increasing new infections and the beneficial impact of Anti-Retroviral therapy (WHO& UNAIDS, 2009). More than 60% of the total world population of people living with HIV/AIDS are in Sub-Saharan Africa with the women being more affected than the men. This region also accounts for more than 60% of the estimated annual deaths from HIV/AIDS in the world (UNAIDS, 2007).

A release from Statistics South Africa in 2010 estimates the overall prevalence rate to be approximately 10.5% and for adults aged between 15 to 49 years an estimated 17% of this population is HIV positive. This same release put the total number of new HIV infection for 2010 at 410,000 and of these about 40,000 will be among children. South Africa is home to approximately 5.7 million people living with HIV/AIDS. This figure represents the most number of people in any country living with this disease (UNAIDS, 2008). Most of the HIV infection in South Africa and indeed Sub-Saharan Africa is sexually transmitted (Harrison, 2009).

These revelations make it imperative for policy-makers and stakeholders to re-evaluate the present interventions in curbing the spread of the pandemic especially in Sub-Saharan Africa. Prevention is said to be better than cure (WHO, 2009).

HIV/AIDS and other sexually transmitted infections can be prevented by proper use of condoms, abstinence, delayed onset of sexual activities, reduction in the number of sexual partners and being faithful to one's sexual partner (UNAIDS, UNFPA & WHO, 2009).

2.3 The Latex Condom: Prevention Method and Availability in South Africa

The latex condom has been identified as the single most efficient available technology to reduce the sexual transmission of HIV and other sexually transmitted infections (UNAIDS & WHO, 2009). The STD/AIDS Control Programme of Ministry of Health (2002) in Uganda reported that adult prevalence of HIV fell from 15% in early 1990s to around 5% in 2001 largely because of the implementation of well-timed and successful HIV prevalence campaign called the 'ABC' approach (firstly encouraging sexual abstinence until marriage, secondly advising those who are sexually active to be faithful to their sexual partner and lastly condom use especially for those who have multiple sexual partners.

Increase of condom distribution to an average of 45 condoms per male >15years focusing on most-at-risk groups and low distribution districts and increase of female condom provision through public and private facilities are some of the strategies required to halve the rate of new infection in South Africa (Harrison, 2009). The increase in available condoms in Sub-Saharan Africa is largely due to the effort made by foreign donors and a few national governments (Shelton & Johnstohn, 2008). In South Africa for instance the public sector male condom distribution rose from an estimated 6 million in 1994 to 198 million in 1998 (Myers, Matthews, Little and Karim, 2001).

This drive to provide more condoms may well be yielding fruits since studies have found an increase in condom usage by some categories of the population though this increase has not yet reached the desired level in order to meet target (Versteeg & Murray, 2008). Many barriers to condom uptake and use have been identified in the literature which may be the reason why the desired level of condom use has not been reached.

2.4 Barriers to Condom Usage

In the South African scenario, three different studies namely the African Health Inequalities Survey (1994), South African Demographic and Health Survey (Department of Health, 1998) and the Human Sciences Research Council (HSRC) Survey (1997, 1998 & 2001) all showed high level of HIV/AIDS awareness among South Africans. Yet according to the American journal of Public Health in 2007, 87% of South African youth report that it would be very easy to obtain condom if the need arose but only 57-59% of the young men and 48% of the young women in this group reported having used condom in their most recent sexual intercourse. Questions will then arise as to what happens to these condoms that are available to the sexually active population? Why are these condoms that are freely available not accessed by the target population even though they have a high level of HIV/AIDS awareness? What could be done to increase the uptake of these freely available condoms?

Some of the identified barriers to condom uptake in Sub-Saharan Africa to include perceived and real side-effects, myths, lack of information and reduced pleasure as well as cultural beliefs, financial constraint, distrust in condom efficacy, status, stigma and inability to negotiate protected sexual intercourse (Versteeg & Murray, 2008). In a study to identify barriers to condom use in which impact of cost, moral, social, personal and psychological factors were taken into consideration the results showed that several factors like cost, moral values, ethnic and religious factors as well as other social factors such as gender inequality, lack of dialogue among sexual partners with regard to condom use and stigma attached to the condom were associated with non-use of a condom during sexual intercourse (Sakar, 2008). Personal factors such as aversion to condom, consumption of alcohol or use of drugs prior to sexual intercourse, anxiety and depression are negatively associated with condom use (Sakar, 2008). In a similar study in Mumbai, India using sexually active adult sample of 49 women and 203 men as participants, lack of privacy in stores where condoms are procured and the social stigma associated with condom use were indicated as the most significant barrier to condom use (Roth, Krishman & Bunch, 2001).

Another explanation for the low condom uptake can be seen in the 2010 journal of International AIDS society where research into change in condom and other barrier method use during and after an HIV prevention trial in Zimbabwe in which condoms only and intra-uterine contraceptive device (IUCD), gel and condoms were given to two randomised groups of women after demonstration, HIV Counselling and Testing (HCT) and education. It was found at the end of the study that high condom use levels achieved during the trial were not sustained post trial in the condom group. The research further concluded that introducing new method for HIV prevention may require time and user skills before they get adopted and that there is a potential benefit in providing a mix of methods to women as it may encourage more protected acts.

Some more answers to low condom uptake may lie in the following documented literature: In an anonymous behavioural survey collected from 1729 men and 470 women receiving STI services it was found that 41% of the men and 37% of women have experienced condom failure defined as a broken, torn or slipped-off condom (Simbayi & Kalichman, 2007). This finding of condom failure may well be an explanation for the aversion to condoms suggested as a barrier to condom uptake by researchers. A UNAIDS Inter-Agency task team on gender and HIV/AIDS report suggests that accepted notions of masculinity and femininity also come into play in condom uptake where in many cultural setting young women are supposed to be sexually innocent and may therefore be reluctant to carry or suggest using condoms for fear of being seen as promiscuous while many of the young men dislike condoms for their interference in the carefree enjoyment of sex, an attitude strengthened by a stereotypical association of sex with risk-taking as a marker of masculinity (WHO & UNAIDS, 2000).

Thus, the following barriers to condom uptake and use were identified in this section; Perceived and real side-effects, myths, lack of information, reduced pleasure, cultural beliefs, financial constraints/cost, distrust in condom efficacy, status, stigma and inability to negotiate protected sexual intercourse. Other barriers identified include personal aversion to condom, consumption of alcohol and use of drugs prior to sexual intercourse, anxiety and depression, lack of privacy at the point of procurement as well as lack of user skills.

As existing barriers already pose a challenge towards higher condom use, it may therefore be important that available condoms are distributed in a way that most sexually active people would be able to access them easily so that the method of distribution does not become an additional obstacle or barrier towards condom uptake and use. In addition, choosing appropriate method of condom distribution may be quite complex as these barriers to condom uptake may need to be taken into consideration when deciding on any method of condom distribution in a specific area.

2.5 Methods of Condom Distribution

Condom social marketing is one of many methods of condom distribution. In a presentation at the International Conference on AIDS in Thailand 2004, condom social marketing was described as an effective method of condom distribution to female sex workers (Bhatt, Suhowatsky, Satyal and Davies, 2004). Condom social marketing is essentially the sale of condoms at subsidised rates in retail outlets while vigorously promoting its use in the same area.

Informal distribution of condoms through social networks like family and friends to enhance the accessibility of condoms has also been found effective (Myer, Mathews and Little, 2002). This same study found informal distribution as an opportunity for enhancing condom accessibility and delivering other interventions for HIV prevention.

Another method that has been used to distribute condoms is the unmanned condom depots (UN, 1991). This entails regularly filling wooden boxes nailed to walls and tree trunks with free condoms. In one study in India this method was found useful in terms of providing increased accessibility to the rural poor and most vulnerable groups in Indian communities (National journal of Community Medicine, 2010). The results in that particular study showed more condom uptake in the unmanned depots placed in the hospital and public places when compared to other unmanned depots in offices and banks.

Health-care provider driven distribution may also play a role in condom distribution. A post-marketing survey in Zimbabwe underscored the key role of health care providers and lay educators in increasing women's access to female condoms. In fact more than half of the women found to be using female condom in the study had heard about it at clinics, hospitals or doctors' office (Hoffman, Mantell, Exner & Stein, 2004). A Tanzanian study on the other hand found that communication with a peer or health provider had a direct positive impact on female condom uptake (Agha & Van Rossem, 2002). Integration of sexual and reproductive health services to HIV prevention and care particularly in Sub-Saharan Africa is increasingly being highlighted as a critical strategy to increase the overall effectiveness of the HIV and AIDS response and to ensure the success of programmes to improve sexual and reproductive health (Mbizvo M., 2004). In his article 'Approaches to linking HIV prevention, Care and Treatment with Sexual and Reproductive health services' Mbizvo maintains that in many settings with a high prevalence of HIV, sexually active people have regular contact with the health-care delivery system for reproductive-health-related services and providers. He therefore believes that sexual and reproductive services provide an opportunity and a platform upon which interventions for HIV prevention, care and treatment such as Counselling and testing, condom promotion, management of STI, contraceptive services and dual protection as well as Prevention of Mother -to-Child Transmission (PMTCT) of HIV can be built.

In a USAID report in 2005, condom distribution through both traditional outlets such as health facilities and pharmacies as well as non-traditional outlets like bars, hotels and brothels make condoms more accessible. A UNAIDS Inter-Agency task team on gender and HIV/AIDS report suggests that condom uptake is higher in non-traditional outlets for example bathrooms, walk-ways, hotel rooms and dispensers when compared to the traditional outlets (WHO& UNAIDS, 2000).

Diversifying points of distribution of condom can help address issues around condom supply and access for example providing free condoms to clients at HIV-Treatment and voluntary counselling centres (ICASO, 2007). According to the position statement of UNAIDS, UNFPA & WHO in March 2009, condom promotion must not only overcome complex gender and cultural factors but must also be readily available

universally, either free or at low cost and promoted in ways that help overcome social and personal obstacles to their use. A study showed that community-wide multi-faceted intervention and combined provision of information, life skill, support and access to youth friendly services will be required for increased use of contraceptives like condom to be achieved (Williamson, Parker, Wright, Petticrew & Hart, 2009).

A publication of the Educational Training Unit on how to run prevention and education programmes and campaigns emphasised that condoms should be made accessible for anyone in the community and should also be distributed in such a way that vulnerable groups can get them easily and conveniently. The publication further suggested display of free condoms dispensers at tuck shops and workplace clinics as a method of condom distribution to vulnerable groups like migrant workers. The publication recommended allowing people to collect a few dozen condoms at a time at clinics and workplaces as a way of distributing condoms to the general public but at the same time highlighted the use of places where people have some privacy because many people are shy.

In this section the following methods of condom distribution were identified:

- Condom social marketing
- Informal distribution
- Use of unmanned condom depots
- Traditional and non-traditional outlets condom distribution
- Health-care driven distribution
- Diversified points of condom distribution

2.6 Method of Condom Distribution as a Potential Barrier

A frontline community research supported by the International Council of AIDS service Organisations (ICASO) identified condom supply and distribution systems as a structural barrier to condom access (ICASO, 2007). Could this finding have contributed to the fact that many methods of condom distribution are being employed by different stakeholders in our communities today to ensure increase in condom uptake?

As far as could be ascertained, very little information exists pertaining to the number of sexually active people in South Africa today that can not access available condoms due to the methods of distribution employed by the various stakeholders involved in HIV/AIDS and other sexually transmitted infections (STI) prevention campaigns. The results from a study of the barriers to accessing free condoms in twelve public health facilities across South Africa suggests that the barriers to condom procurement may vary considerably across South Africa (Little, Myer & Matthews, 2002). This heterogeneity according to the study suggests that national-level interventions to promote condom procurement and use may be less appropriate than specialised interventions addressing locally relevant factors. Condom distribution especially in health facilities may therefore have to be tailored to address the locally relevant barriers.

Despite these available literatures on the barriers to condom uptake many South African public facilities like Settlers hospitals still distribute condom only through placement in the waiting areas even though the success of this distribution strategy has not been adequately evaluated.

2.7 Summary

In this chapter the following points were discussed: Firstly, it looked at HIV epidemics in South Africa highlighting relevant statistics and distribution. The latex condom as the most efficient available technology to reduce the sexual transmission of HIV/AIDS and other sexually transmitted infections was then discussed. The success of condom promotion in Uganda and the need to increase condom distribution

in South Africa in order to halve new HIV infection then followed. The identified barriers to condom uptake and use in Sub-Saharan Africa were subsequently highlighted. Some of the documented methods of condom distribution and relevant studies to support their successes were equally mentioned in this chapter. Lastly it became important to emphasize on the methods of condom distribution as a potential barrier to its uptake and use bearing in mind that the different identified barriers which could vary across the population may be integral to these methods of condom distribution. These methods therefore may need to be addressed before condoms can be appropriately distributed.

Next, the focus became investigating the three identified methods of condom distribution as possible barriers to condom uptake at Settlers hospital, that is:

- The placing of condoms in the waiting area where it will be easily accessible though in the full glare of the public.
- The distribution of condoms by health-care providers to every sexually active client.
- The placement of condoms in toilets, doctors' consulting room, change and ablution rooms where privacy concerns will be accommodated.

3. Methodology/ Research Design

The sample population for this study is the total number of sexually active clients at the out-patient unit of Settlers hospital. The exact number of these clients is not currently known but an estimated 15000 clients who are 12 years and above were seen in the unit in the last one year. The sample size which was predetermined is 60 and half of them were males and the other females. This is a quantitative study that used 60 sexually active clients at the out-patient unit of Settlers hospital in the second week of December 2010 to determine their perceptions of methods of condom distribution as a potential barrier to uptake in order to establish an appropriate method of distribution for this group of clients. The inclusion criteria encompassed being sexually active adult who is 18 years old and above and who had received HIV/AIDS prevention education in the past. The latter was included to eliminate ignorance in terms of HIV/AIDS prevention as a bias in the study since the level of HIV/AIDS awareness in the area is high.

3.1 Sampling Procedure

A systematic random sampling was used in the study. An advantage of systematic random sampling is that the complete population need not be known before sample selection starts (Joubert & Ehrlich, 2007). According to Christensen (2007) a random sampling technique must be used when a research question requires an accurate depiction of the general population (sexually active clients at Settlers hospital out-patient unit in the case of this study). In this case the first participant who met the inclusion criteria was randomly chosen from the out-patient register on the first day of the week and every other patient was also chosen until the sample size of 60 was reached. Clients who did not meet the inclusion criteria were skipped but the order was maintained. The female target of 30 was reached first but the sampling continued though skipping females until 30 males were recruited. In addition to those who did not meet the inclusion criteria, clients who declined to participate were also skipped.

3.2 Data Collection

A closed-ended questionnaire was used in this study as a measuring instrument to assess the perceptions of sexually active clients at Settlers hospital with regards to the various methods of condom distribution. The closed-ended questionnaire had 13

questions. To successfully actualise the objectives of the study it became pertinent that some key perceptions of the clients were elicited through these questions.

Are these clients comfortable to access condoms publicly? Will they prefer to access condoms privately? Will these clients be more willing to access condoms if it was given to them by a health-care provider? Do they require prior educative demonstration on how to use condoms before being offered condoms? Do the male and female sexually active clients have similar perceptions about the different methods of condom distribution? Is there a gender-specific and sensitive method of condom distribution for optimal uptake? Does accessibility mean use of condoms for these clients?

Generally, closed-ended questions are appropriate when the dimensions of a variable are known and require the respondent to select one of the alternative answers given as is the case in this study (Christensen, 2007). Apart from question 1 all the others have options for participants to choose from. While the options for question 2 are either male or female and that of question 3, Yes or No, the options for the rest of the questions were structured in a Likert-scale format.

3.2.1 Demographic Distribution

Questions 1 and 2 were used to gather bio data of age and gender respectively.

3.2.2 Inclusion Criteria

Questions 3, 4 and 5 were used to ensure eligibility of participants in the study with regards to the inclusion criteria. While question 3 was used to assess sexual activity, questions 4 and 5 were also used to ascertain sexual behaviour of the targeted population and baseline knowledge about HIV/AIDS respectively.

3.2.3 Methods of Condom Distribution

Questions 6, 7, 8, 9, 10, 11 and 12 assessed the three identified methods of condom distribution being studied. Question 6 was used to analyse perceptions about the influence of the presence of many people on the uptake of condoms placed in the waiting area of the Out-patient unit while question 7 assessed perceptions about the accessibility of condoms distributed in this manner. Question 8 on the other hand

assessed the accessibility of condoms placed in the doctors' consulting room. Questions 9 and 10 were used to compare accessibility of condoms placed in the waiting area of the out-patient unit and those placed in the toilets, change and ablution rooms as well as doctors' consulting rooms. Questions 11 and 12 focused on the accessibility of condoms distributed by health care providers.

3.2.4 Educative Demonstration

Question 13 assessed the accessibility of condoms generally after educative demonstration.

The questionnaire was self-administered in this study but those unable to read were assisted by trained translators. A pilot study with 5 clients was done before the study commenced and the two trained translators were found very effective as responses from an illiterate client remained the same irrespective of translator used. Some of the questions which were ambiguous were subsequently restructured for clarity.

3.3 Data Analysis

The collected data was screened for double entry and I extracted all data by myself. Descriptive Statistics was used for analysis in this study. Bar charts were mainly employed and responses depicted in percentages. The data were analysed with Chi square using the Statistical Package for Social Sciences version 16.

3.4 Ethics Consideration

Approval for the study was sought from the Eastern Cape Ethical Clearance and the University of Stellenbosch Ethics committees. The study was only commenced after due clearance was received from these two committees. Informed Consent from selected participants was sought after a thorough explanation of the purpose of study, procedure, potential risks and discomfort, benefits and rights of subjects was given to them in a language they understand. No payment was made for participation and confidentiality was maintained through out the course of the study. The participants were all allowed to ask questions during the study which were answered satisfactorily.

4. Results and Discussion

After collation of the data from the questionnaires given to the 60 participants that met the inclusion criteria the following results were reached.

4.1 Questions 1, 2 & 3: *Age, Gender and Sexual activity (Demographic background)*

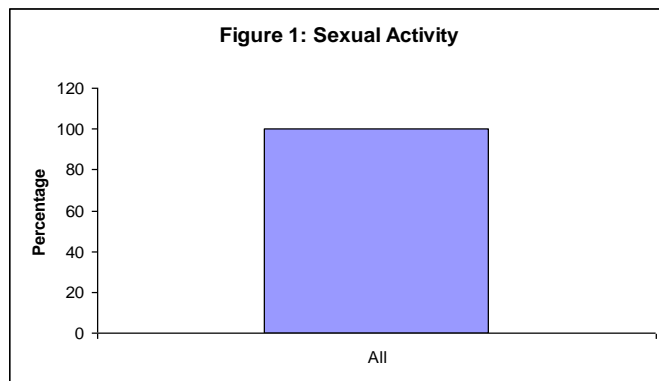


Figure 1 shows that all Participants in the study were sexually active

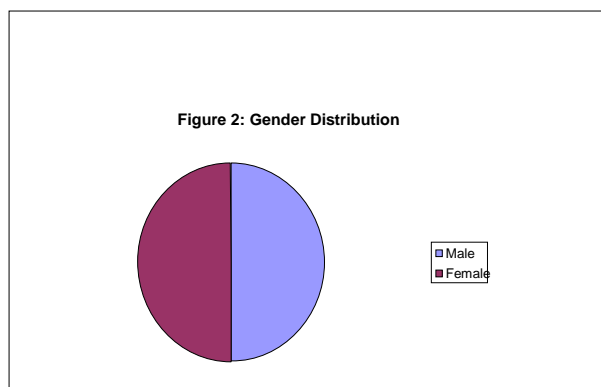


Figure 2 shows that there was equal number of male and female participants in the study.

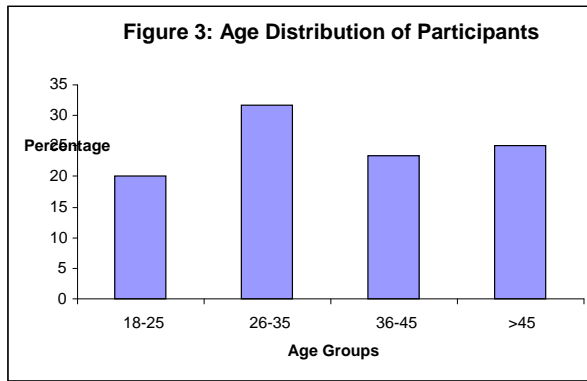
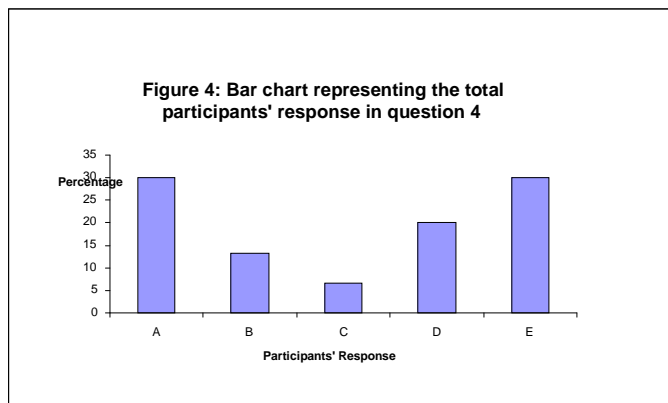


Figure 3 shows that 20% of all participants were between 18-25 years of age, 31.7% of the participants were between 26-35 years of age, 23.3% were between 36-45 years old and 25% of all participants were above 45 years of age.

4.2 Question 4: *I use condom when I have sex*



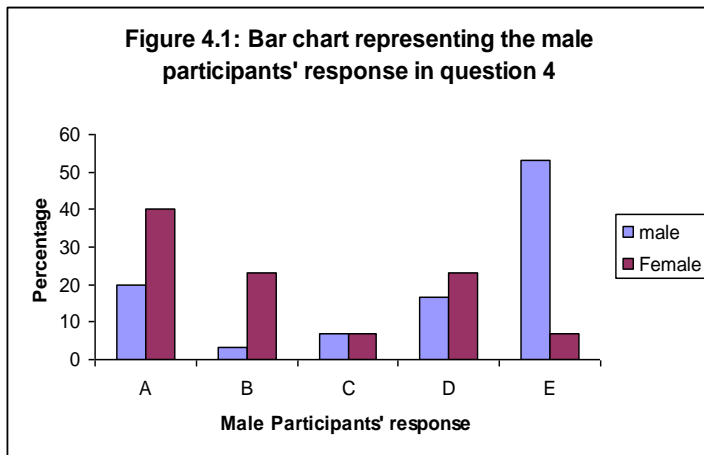
A= 30% of all participants say they use condom always when they have sex,

B= 13.3% of all participants say they use condoms most of the times when they have sex,

C=6.7% of all participants say they use condom during sex only when it is available,

D= 20% of all participants say they seldom use condom when they have sex and

E=30% of all participants say they never use condoms when they have sex.



A= 20% of the male participants and 40% of the female participants say they always use condom when they have sex,

B= 3.3% of the male participants and 23.3% of the female participants say they use condoms most of the times when they have sex,

C= 6.7% of both male and female participants say they use condom during sex only when it is available,

D= 16.7% of the male participants and 23.3% of the female participants say they almost never use condoms when they have sex and

E=53.3% of the male participants and 6.7% of the female participants say they never use condoms when they have sex.

Table 1.1

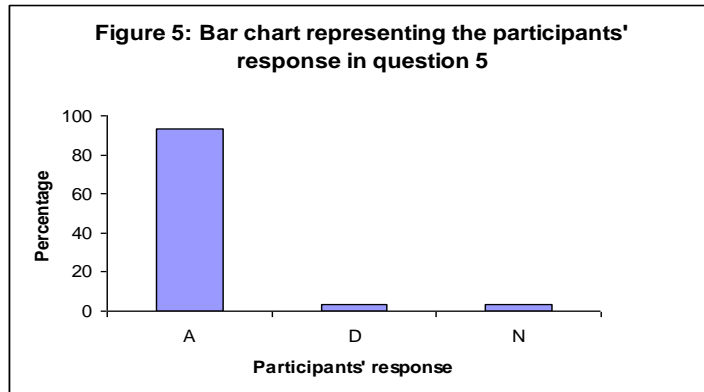
Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	58.218 ^a	4	.000
Likelihood Ratio	65.096	4	.000
Linear-by-Linear Association	38.915	1	.000
N of Valid Cases	200		

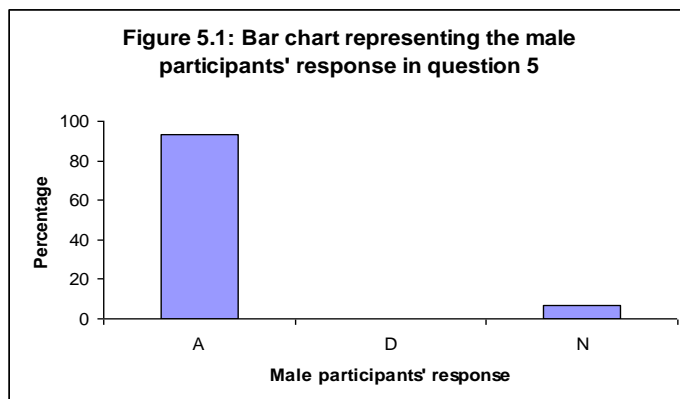
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.00.

There is a statistically significant difference ($p < 0.05$) in the pattern of condom use between the male and female sexually active clients at the out-patient unit of Settlers hospital. Though the low use of condom by the participants especially the male participants could be due to an array of factors, it might be that there are barriers to condom use in the local community where they live.

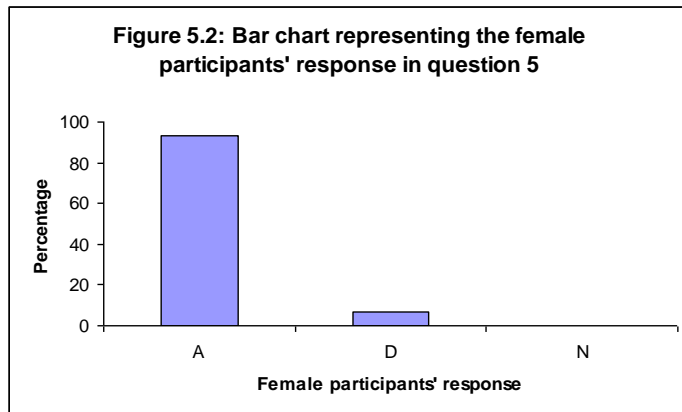
4.3 Question 5: Condoms are useful in the prevention of HIV/AIDS and other sexually transmitted infections.



A=93.3% of the total participants either strongly agreed or agreed that condoms can be useful in the prevention of HIV/AIDS,
D=3.3% of them either disagreed and
N=3.3% were neutral.



A=93.3% of the male participants agreed that condoms can be useful in the prevention of HIV/AIDS,
D=none disagreed and
N=6.7% were neutral.



A=93.3% of female participants agreed that condoms can be useful in the prevention of HIV/AIDS and
D=6.7% disagreed.

Table 1.2

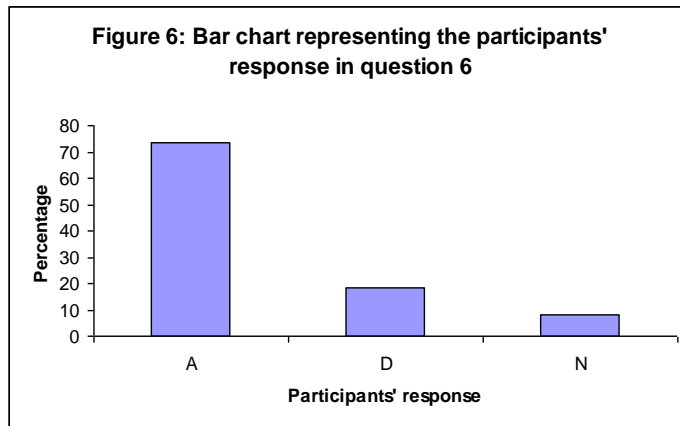
Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.000 ^a	2	.001
Likelihood Ratio	19.408	2	.000
Linear-by-Linear Association	1.487	1	.223
N of Valid Cases	200		

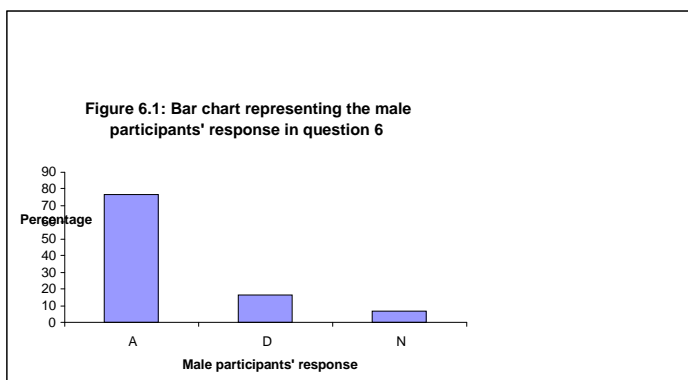
a. 4 cells (66.7%) have expected count less than 5. The minimum expected count is 3.50.

There is a statistically significant difference ($p < 0.05$) between the responses of the male and female participants to question 5. The majority of both men and women (93%) agreed that condoms are useful for HIV and STI prevention.

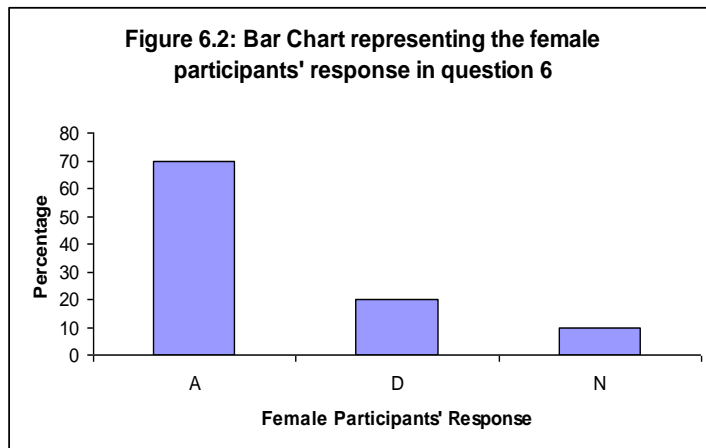
4.4 Question No.6: *The presence of many people at the out-patient unit of Settlers hospital influences the uptake of publicly displayed condoms.*



A=73.3% of the total participants agreed that the presence of people at the out-patient unit of Settlers hospital influences the uptake of the publicly displayed condoms, D=18.3% disagreed while N=8.3% gave a neutral response.



A=76.7% of the male participants agreed that the presence of people at the out-patient unit of Settlers hospital influences the uptake of the publicly displayed condoms, D=16.7% disagreed while N=6.6% had a neutral response.



A=70% of the female participants on the other agreed the presence of people at the out-patient unit of Settlers hospital influences the uptake of the publicly displayed condoms,

D=20% disagreed and

N=10% were neutral.

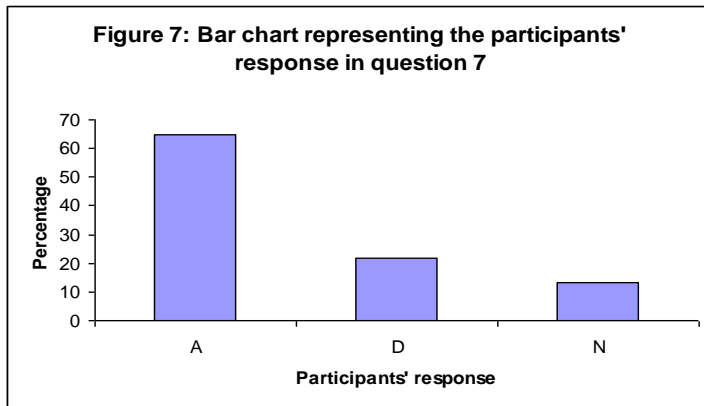
Table 1.3

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.101 ^a	2	.577
Likelihood Ratio	1.104	2	.576
Linear-by-Linear Association	1.089	1	.297
N of Valid Cases	201		

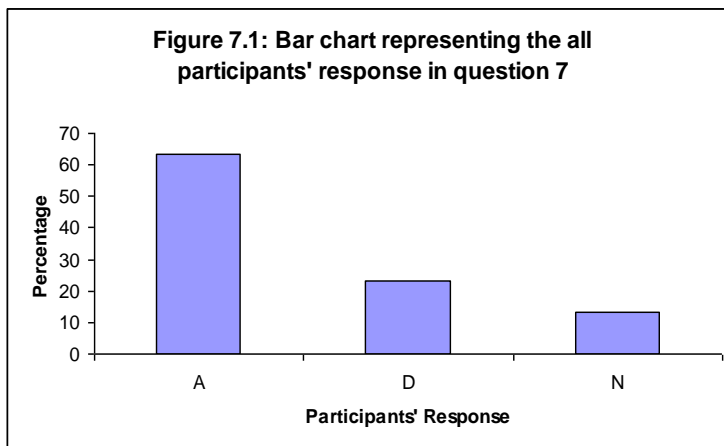
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.46.

There is no statistically significant difference ($p > 0.05$) between the responses of male and female participants to question 6. Both males and females agree strongly that the presence of many people at the out-patient unit of Settlers hospital influences the uptake of publicly displayed condoms.

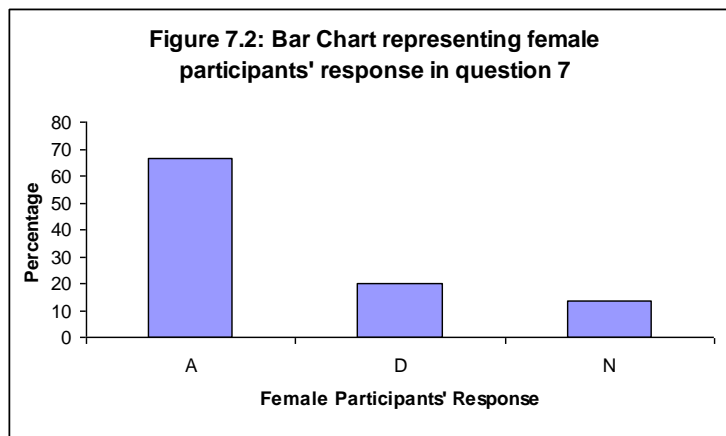
4.5 Question No.7: *I would be comfortable accessing condoms publicly at the out-patient unit of Settlers hospital.*



A=65% of the total participants agreed they would be comfortable accessing condoms publicly at Settlers hospital out-patient unit,
D=21.7% disagreed while
N=13.3% were neutral.



A=63.3% of the male participants agreed they would be comfortable accessing condoms publicly at the out-patient unit,
D=23.3% disagreed and
N=13.3% were neutral.



A=66.7% of the female participants agreed they would be comfortable accessing condoms publicly at the out-patient unit,

D=20% disagreed and

N=13.3% were neutral.

Table 1.4

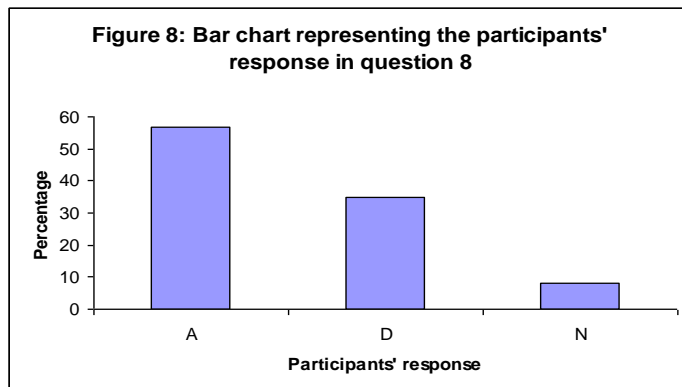
Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.327 ^a	2	.849
Likelihood Ratio	.328	2	.849
Linear-by-Linear Association	.118	1	.731
N of Valid Cases	199		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.93.

There is no statistically significant difference ($p > 0.05$) between the responses of male and female participants. This finding suggests that there was no credible evidence that the difference in the answers to this question could have been ascribed to being male or female. The high percentage of the participants that agreed they will be comfortable accessing condoms publicly gives the impression that stigmatisation may not be a huge barrier to condom uptake at the unit.

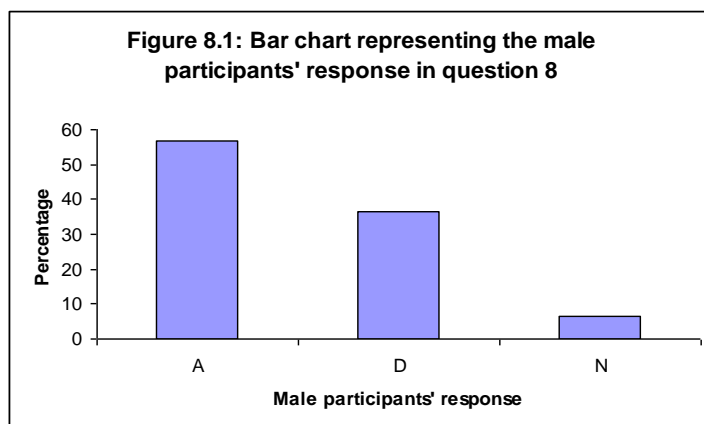
4.6 Question No.8: *More sexually active clients at the out-patient unit of Settlers hospital would access condoms if it was kept in the doctors' consulting room.*



A=56.7% of the total participants agreed that more sexually active clients would access condoms at the out-patient unit of Settlers hospital if it was kept in the doctors' consulting rooms,

D=35% disagreed and

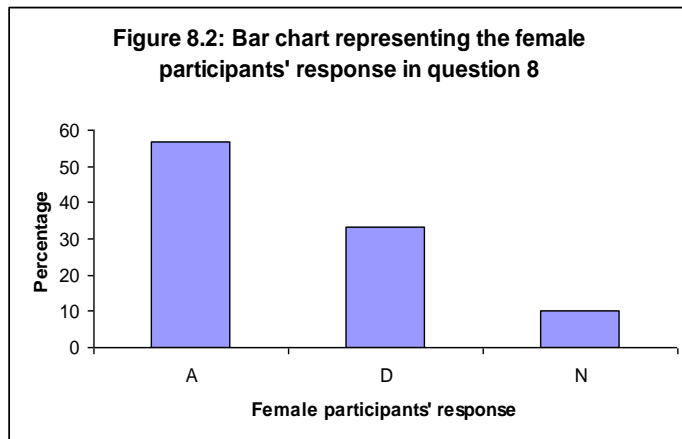
N=8.3% were neutral.



A=56.6% of the male participants agreed that more sexually active clients would access condoms at the out-patient unit if it was kept in the doctors' consulting room,

D=36.6% disagreed and

N=6.6% were neutral.



A=56.7% of female participants agreed that more sexually active clients would access condoms at the out-patient unit if it was kept in the doctors' consulting room, D=33.3% disagreed and N=10% were neutral.

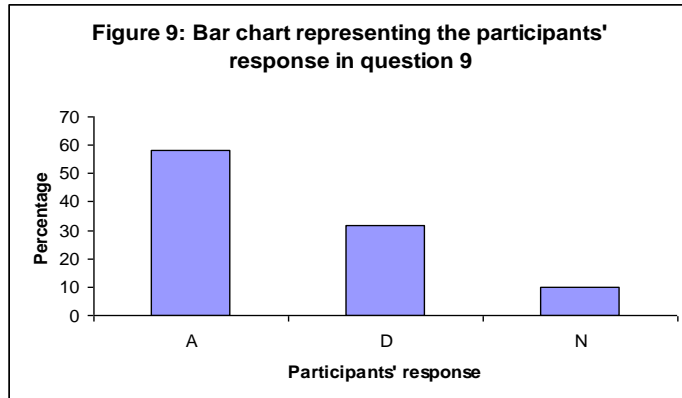
Table 1.5

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.753 ^a	2	.686
Likelihood Ratio	.756	2	.685
Linear-by-Linear Association	.075	1	.784
N of Valid Cases	201		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.46

There is no statistically significant difference ($p > 0.05$) between the responses of the male and female participants to question 8. This finding suggests that there was no credible evidence that the difference in the answers to this question could have been ascribed to being male or female. The majority of both gender groups agreed that accessing condom in the doctors' consulting room might be a viable condom distribution option at the out-patient unit of Settlers hospital.

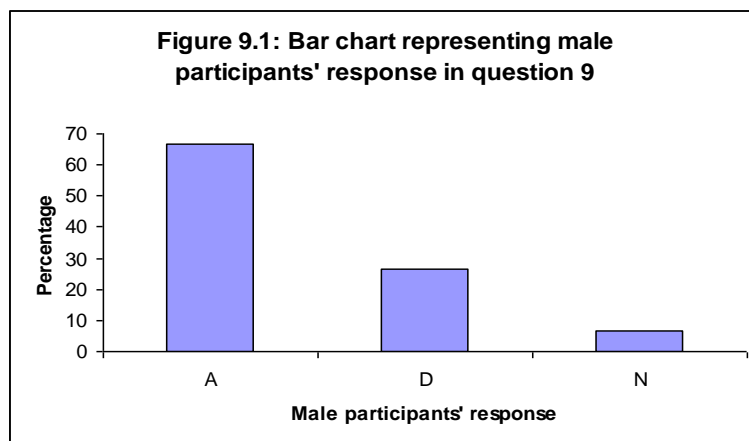
4.7 Question No.9: *I would be more comfortable to access condoms in the doctors' consulting room at the out-patient unit of Settlers hospital instead of the waiting area in the unit.*



A=58.3% of the total participants agreed they would be more comfortable to access condoms in the doctors' consulting rooms at Settlers hospital out-patient unit instead of the waiting area,

D=31.7% disagreed and

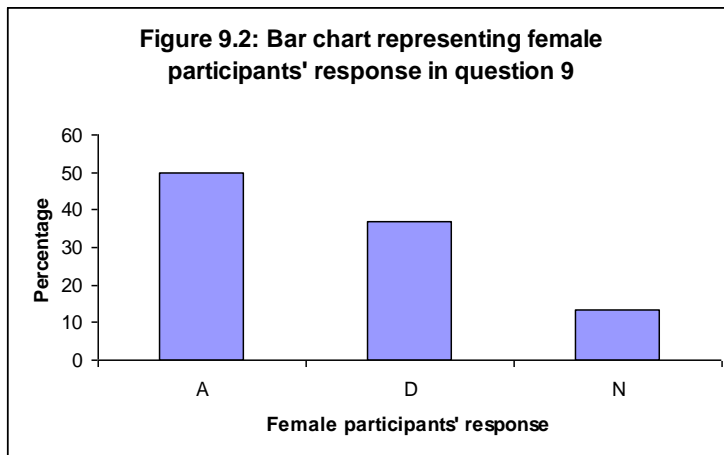
N=10% were neutral.



A=66.6% of male participants agreed that they would be more comfortable to access condoms in the doctors' consulting rooms instead of the waiting area,

D=26.6% disagreed while

N=6.6% were neutral



A=50% of the female participants agreed that they would be more comfortable to access condoms in the doctors' consulting room instead of the waiting area, D=36.7% disagreed and N=13.3% were neutral.

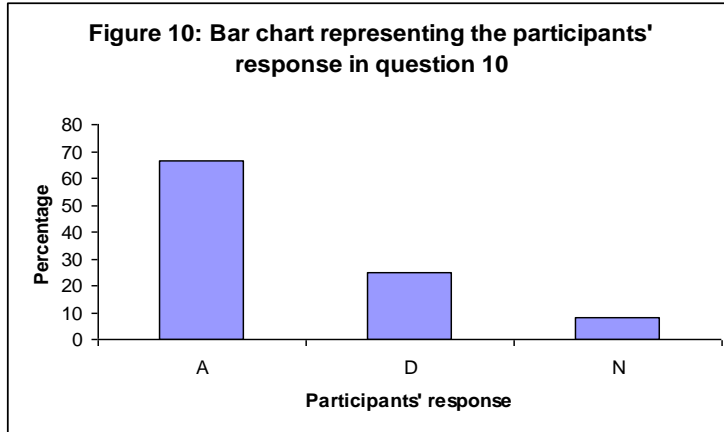
Table 1.6

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.828 ^a	2	.054
Likelihood Ratio	5.871	2	.053
Linear-by-Linear Association	5.594	1	.018
N of Valid Cases	201		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.95.

There is no statistically significant difference ($p > 0.05$) between the responses of male and female participants to question 9. Despite this finding a higher percentage of the male participants compared to female participants agreed they would be comfortable to access condoms in the doctors' consulting room instead of the waiting area (publicly displayed).

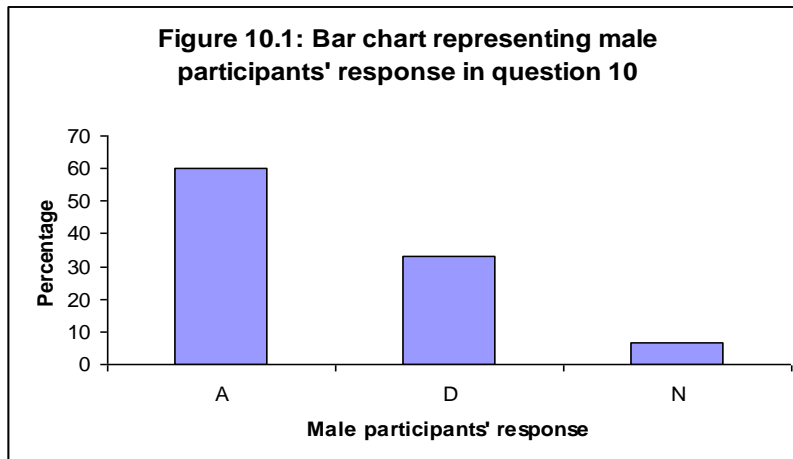
4.8 Question No.10: *I would be more comfortable to access condoms in the toilets, change and ablution rooms at the out-patient unit of Settlers hospital instead of the waiting area in the unit.*



A=66.7% of the total participants agreed they would be more comfortable to access condoms in the changing rooms/toilet/ablution rooms at Settlers hospital out-patient unit instead of the waiting area,

D=25% disagreed and

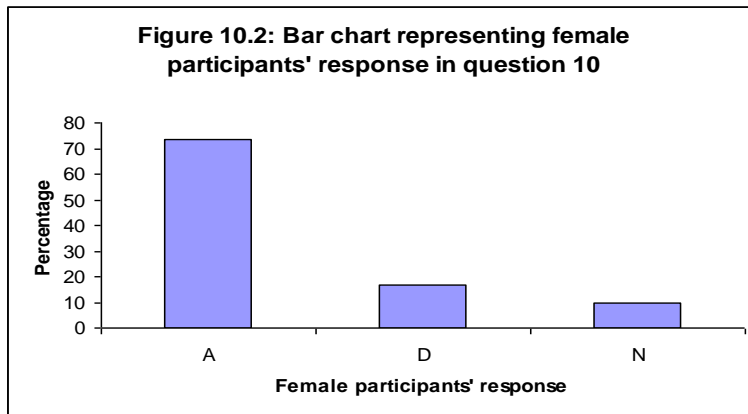
N=8.3% were neutral.



A=60% of the male participants agreed they would be more comfortable to access condoms in the changing room/toilet/ablution rooms at Settlers hospital out-patient unit instead of waiting area,

D=33.3 disagreed and

N=6.7% were neutral.



A=73.3% of the female participants agreed they would be more comfortable to access condoms in changing room/toilet/ablution rooms at Settlers hospital out-patient unit instead of the waiting area,

D=16.7% disagreed and

N=10% were neutral.

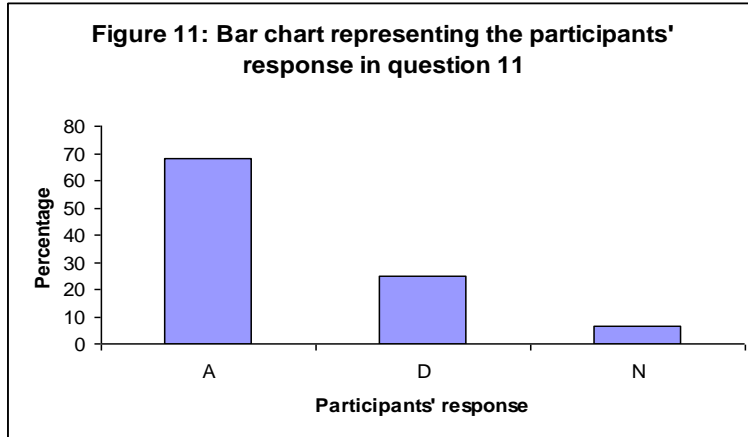
Table 1.7

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.920 ^a	2	.031
Likelihood Ratio	7.016	2	.030
Linear-by-Linear Association	1.203	1	.273
N of Valid Cases	200		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.50.

There is a statistically significant difference ($p < 0.05$) between the responses of male and female participants to question 10. This finding suggests that there was credible evidence that there was a real difference in how men and women answered this question and not due to chance.

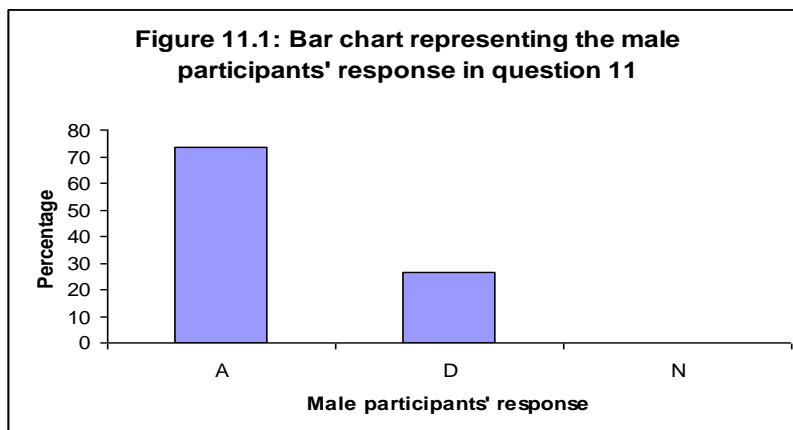
4.9 Question No.11: Giving condoms to every sexually active client by health-care providers at the out-patient unit of Settlers hospital would make these clients more comfortable to collect condoms.



A=68.3% of the total participants agreed that giving condoms to every sexually active client at Settlers hospital out-patient would make them more comfortable to collect them,

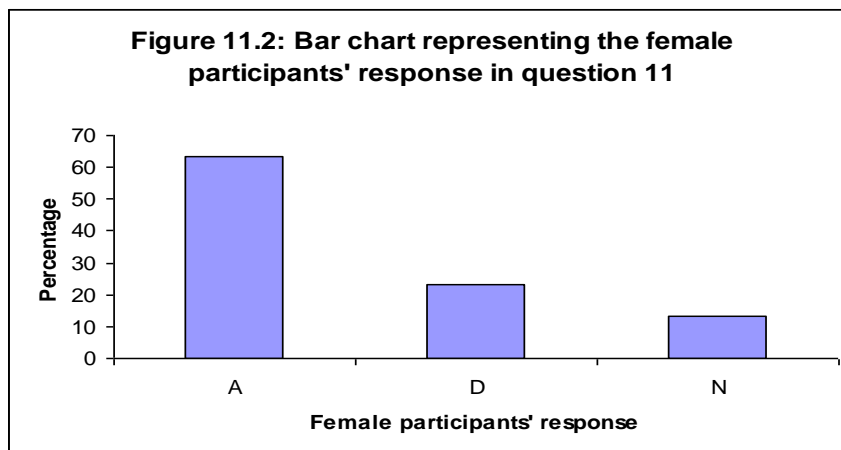
D=25% disagreed and

N=6.7% were neutral.



A=73.3% of the male participants agreed that giving condoms to every sexually active client at Settlers hospital out-patient would make them more comfortable to collect them while the remaining and

D=26.7% disagreed.



A=63.3% of the female participants agreed that giving condoms to every sexually active client at Settlers hospital out-patient would make them more comfortable to collect them,

D=23.3% disagreed and

N=13.3% were neutral.

Table 1.8

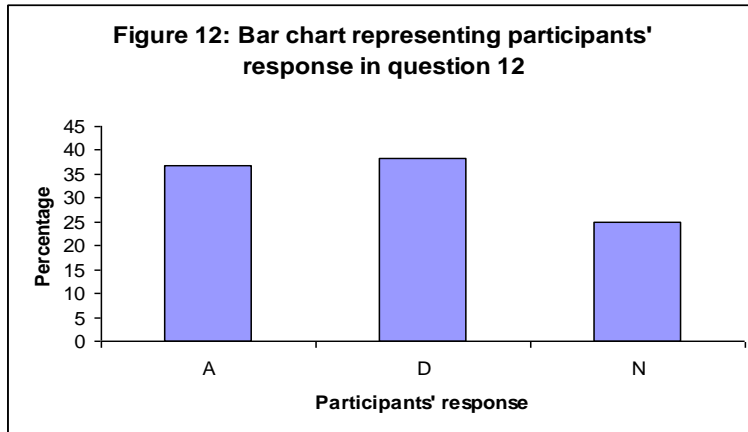
Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.051 ^a	2	.001
Likelihood Ratio	19.073	2	.000
Linear-by-Linear Association	6.830	1	.009
N of Valid Cases	199		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.47

There is a statistically significant difference ($p < 0.05$) between the responses of male and female participants to question 11. This finding suggests that there was credible evidence that there was a real difference in how men and women answered this question and not due to chance. The high percentage of participants that agreed with question 11 suggests the perceptions that giving condoms to every sexually active client (provider-initiated) at Settlers hospital out-patient unit might be a viable condom distribution option.

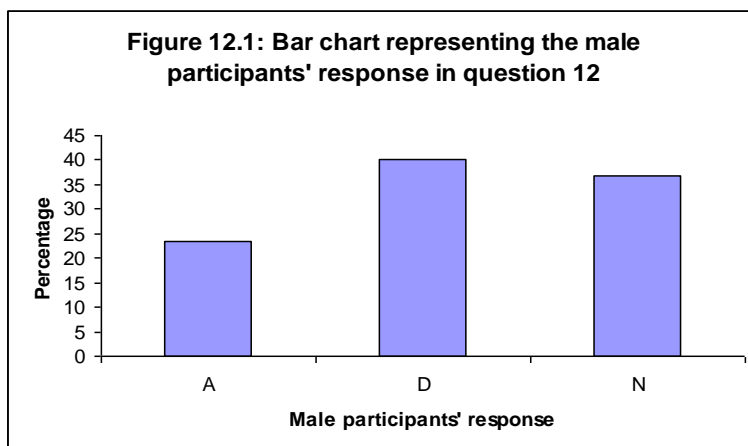
4.10 Question No.12: Giving condoms to every sexually active client by health-care providers at the out-patient unit of Settlers hospital would make these clients to use condoms more during sexual intercourse.



A=36.7% of the total participants agreed that giving condoms to every sexually active client at Settlers hospital out-patient unit would make them to use it more during sexual intercourse,

D=38.3% disagreed and

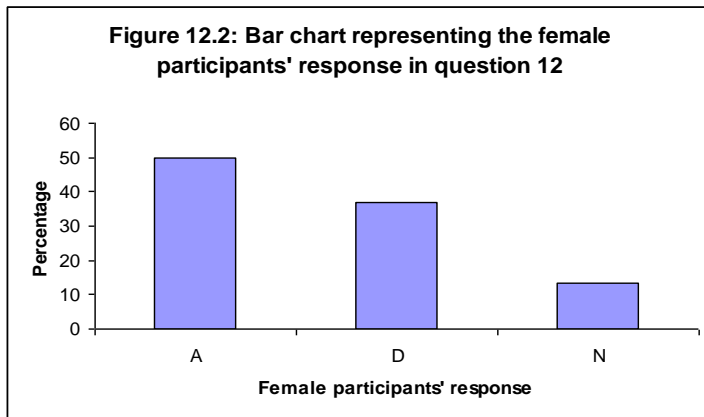
N=25% were neutral.



A=23.3% of the male participants agreed that giving condoms to every sexually active client at Settlers hospital out-patient unit would make them to use it more during sexual intercourse,

D=40% disagreed and

N=36.7% were neutral



A=50% of the female participants agreed that giving condoms to every sexually active client at Settlers hospital out-patient unit would make them to use it more during sexual intercourse,

D=36.7% disagreed and

N=13.3% were neutral.

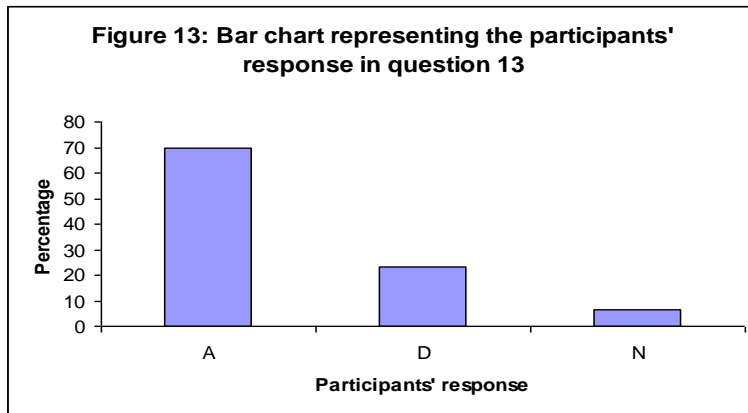
Table 1.9

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.623 ^a	2	.000
Likelihood Ratio	22.353	2	.000
Linear-by-Linear Association	21.503	1	.000
N of Valid Cases	200		

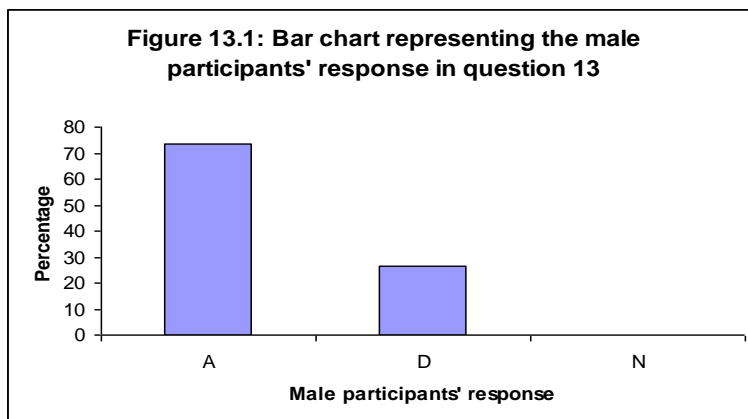
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 25.00

There is a statistically significant difference ($p < 0.05$) between the responses of male and female participants to question 12. This finding suggests that there was credible evidence that there was a real difference in how men and women answered this question and not due to chance. While majority of the male participants disagreed that giving condom to every sexually active client (provider-initiated) would increase use during sex, the majority of female participants agreed.

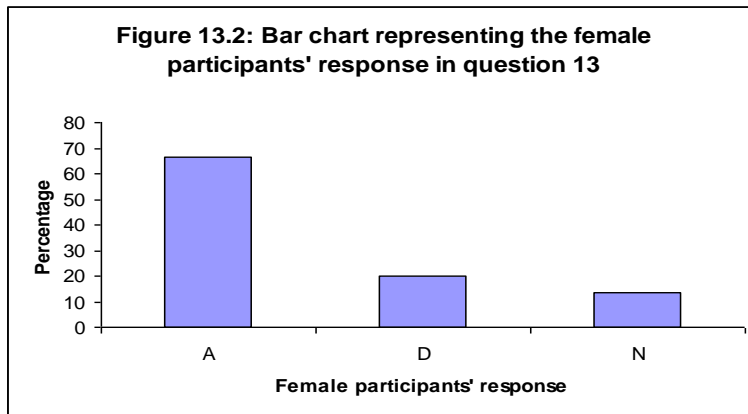
4.11 Question No.13: *More clients would access condoms at Settlers hospital if they were educated on how to use it first (Educative Demonstration)*



A=70% of the total participants agreed more clients would access condoms at the Settlers hospital out-patient if they received pre-distribution educative demonstration, D=23.3% disagreed and N=6.7% were neutral.



A=73.3% of male participants agreed more clients would access condoms at Settlers hospital out-patient if they received pre-distribution educative demonstration and D=26.7% disagreed.



A=66.7% of the female participants agreed more clients would access condoms at Settlers hospital out-patient if they received pre-distribution educative demonstration, D=20% disagreed and N=13.3% were neutral.

Table 2:

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.215 ^a	2	.001
Likelihood Ratio	19.241	2	.000
Linear-by-Linear Association	4.768	1	.029
N of Valid Cases	201		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.47.

There is a statistically significant difference ($p < 0.05$) between the responses of male and female participants to question 13. This finding suggests that there was credible evidence that there was a real difference in how men and women answered this question and not due to chance. The Majority in both groups agreed that prior educative demonstration will increase condom uptake at Settlers hospital.

4.12 Discussion

The result of this study has confirmed some previously documented facts but also brought more issues to the limelight with regards to perceptions of methods of condom distribution as a possible barrier to uptake at the out-patient unit of Settlers hospital. There is an unacceptable low level of condom use (less than a third of all participants) during sexual intercourse among the sexually active clients at the out-patient of Settlers hospital despite their high level of HIV/AIDS prevention education. Majority of the sexually active clients at the out-patient unit agreed more clients will access condoms at the hospital if they receive prior educative demonstration. These findings suggest that even though AIDS prevention education is important in increasing condom uptake more education probably in the form of demonstrations may be needed to boost uptake and perhaps use of condom among sexually active clients at the unit.

Even though majority of sexually active clients agreed the presence of many people at the out-patient unit of Settlers hospital influences the uptake of publicly displayed condoms a significant percentage (63%) of them also agree they would be comfortable accessing publicly displayed condoms at the unit. This appears contradicting and therefore one may conclude that perhaps further study is required to fully understand these perceptions.

A slim majority of the sexually active clients at the out-patient unit agreed more sexually active clients would access condoms if it was privately displayed (doctors' consulting room). A slim majority of these sexually active clients also agreed they would be more comfortable to access privately displayed (doctors' consulting room) condoms as opposed to publicly displayed condoms. The sexually active male clients more than their female counterparts would prefer accessing privately displayed condoms in the doctors' consulting room to publicly displayed ones. Majority of the sexually active clients agreed they would be more comfortable to access condoms in the changing room, toilets and ablution rooms instead of the waiting area. Further scrutiny of the study results shows that sexually active female clients more than their male counterparts would prefer to access privately displayed condoms in the toilet, change and ablution rooms instead of the publicly displayed condoms. These findings may suggest there may be gender-specific barriers to condom distribution which

would require gender-sensitive and specific condom distribution methods. Perhaps female more than male sexually active clients are affected by stigmatisation and probably cultural expectations.

Having just one female doctor compared to the seven male doctors at the out-patient unit at the time of this study may also have made the female clients uncomfortable to access condom in the presence of a male doctor(s) in the consulting rooms compared to the toilets, change and ablution rooms where there is absolute privacy.

The majority of sexually active clients agreed that provider-initiated condom distribution (PICD) would increase uptake of condoms at the out-patient unit of Settlers hospital. More male than female sexually active clients agreed PICD would increase uptake.

Majority of the sexually active clients on the other hand do not agree that PICD would increase condom use during sex. Even though half of the sexually active female clients agreed PICD would increase its use most of their male counterparts disagreed. It is confusing that even though more male than female sexually active clients agreed PICD would increase uptake, more female than male sexually active clients on the contrary agreed PICD would increase use. Perhaps further study is also required here to fully understand these clients' perceptions about PICD.

4.13 Limitations

There were many limitations to this study. First of all the systematic random sampling used was not followed to the letter because of the pre-determined number of my sample size on account of limited resources and time. This may have lead to selection bias and may not be representative of the target population which in the study was the sexually active clients of the out-patient unit of Settlers hospital. So many clients especially women were skipped in a bid to recruit the required number of male participants because female participants were easier and faster to recruit.

The study was conducted by health care workers (Researcher and interpreters) in a health care institution which probably brought in social desirability bias into the study as participants may want to please their health care givers. The questionnaire was self-

administered/self-reported and the responses may have been influenced by recall and social desirability bias.

Stigmatisation and cultural influences may have prevented some clients which were skipped because they withheld consent as they were mostly married women and widows thereby making the study less representative of the target population.

There may also have been interpretation problems because the questionnaire was designed in English even though some of the participants could only speak and understand Xhosa and Afrikaans.

The timing of this study which was done in December may not have been the ideal time considering it was the last month of the year when some residents of the local community travel away for holiday and people from other places return to spend time with their families in the local community.

Lastly non-responders and those that declined to participate in the study were not followed up to determine any systematic difference between them and participants which may have impacted on the outcome of the study.

5. Recommendations

Though the low uptake and use of condoms at the out-patient unit of Settlers hospital could be due to an array of factors, it might be that addressing some probable barriers can help promote condom uptake. I hereby make these recommendations.

5.1 Promote and encourage further research on barriers to condom uptake and use

- Conducting extensive research to identify more barriers to condom uptake and use may help address so many puzzles that emanated from this study. For instance it will be important to find out the reason for a very low condom use in the face of high HIV/AIDS prevention education. Other puzzles that can be solved will include;
- Majority of participants not only agreed the presence of many people at the out-patient unit of Settlers hospital influences the uptake of publicly displayed condoms but at the same time agreed they will be comfortable accessing condoms publicly. This is conflicting and will need more investigation to understand.
- Secondly, most of the participants agreed that giving condoms to every sexually active client at the out-patient unit of Settlers hospital will increase uptake but surprisingly do not agree it will make them to use condoms more during sexual intercourse. More research could therefore help unravel other factors which will make a client that has collected condom not to use it for example possible cultural beliefs, aversion to condom use, condom brands, stigma and inability to negotiate condom use with sexual partner.

5.2 Multi-faceted condom distribution strategy

- Continue the present public display method of condom as most of the sexually active clients in the study agreed they were comfortable with it.
- Commence placement of condoms in the doctors' consulting rooms, toilets, change and ablution rooms. Even though this is an option to pursue this study suggest it might not be very successful since only a slim majority of the sexually active clients prefer it to public display method.
- Initiation of a health care provider-initiated condom distribution since majority of the participants in the study agreed that giving every sexually active client condoms will increase condom uptake.
- The finding that most of the participants in the study preferred to access condoms in private (consulting room, toilet, change and ablution rooms) instead of the waiting area makes a strong case for the establishment of multiple centres within the local community by working closely with the department of health and local clinics where condoms can be accessed freely and privately. This will most likely bring condoms closer to the population who may wish to use.

5.3 Effective HIV/AIDS Prevention Education

- Organising regular outreach programmes which will include AIDS prevention and educative demonstrations of condom use conducted in the local language to the local community can help reverse the low condom uptake depicted in the hospital records and the unacceptable pattern of condom use observed among the sexually active clients at out-patient unit of Settlers hospital in the study.
- Organising daily educative demonstration of condom use and placing of posters with HIV/AIDS preventive demonstration pictures in the out-patient unit of Settlers hospital since majority of the participants in the study agreed pre-distribution education on condom use would make more clients to access condoms.

- Most of the participants in the study did not agree that giving condoms to every sexually active client will make them to use condoms during sexual intercourse therefore the involvement of schools, churches and community-based organisations through leaders and major stake-holders in promoting safe sexual practices that will not only ensure people are exposed early to AIDS prevention education but also help address identified barriers to condom use like cultural influence and stigma as well as re-shape the sexual behaviour of the adult population with regards to HIV/AIDS prevention practices.

5.4 Condom Promotion

- The low rate of condom use despite a high level of HIV/AIDS prevention awareness found among the sexually active clients in this study suggest that more needs to be done as far as condom promotion is concerned in the out-patient unit of Settlers hospital. Perhaps using people living with HIV/AIDS who can share their experiences in the promotion of condoms and demonstrating practical examples of the impact of the disease on the local population to clients in the hospital and people in the community will lead to a new era of HIV/AIDS consciousness which may help promote positive sexual behaviour.
- Even though majority of the sexually active clients in the study agreed that giving of condoms to every sexually active client at the out-patient unit of Settlers hospital will increase uptake, most of them at the same time disagreed that it will lead to condom use making an argument for more condom promotion in the local community. Getting Community members involved through role-models like politicians, sportsmen and women and local icons to promote condom use in the local community may well be the needed push that will increase condom uptake and use.

5.5 Maintain a good gender balance in employment of Doctors at Settlers hospital

- This study was done at a time when there was only one female doctor in the out-patient unit of Settlers hospital compared to seven male doctors. Therefore

it may not be a coincidence that the sexually active female clients more than their male counterparts in this study were more comfortable to access condoms from the toilet, change and ablution rooms as opposed to the consulting room where more of the male clients agreed to be comfortable to access condoms. Striking a gender balance in the employment of health-care workers at Settlers hospital may help eliminate any probable gender-specific condom barriers while promoting gender-sensitive and specific condom distribution at Settlers hospital.

5.6 Campaign for HIV/AIDS spread control Legislation

- It is clear from the study that most of the participants had a high level of HIV/AIDS education but at the same time did not use condom regularly during sexual intercourse. There could be many reasons for this situation but it might also be that these clients do not want to take responsibility for their sexual acts. Pushing for a legislation which will make it unlawful to have unprotected sex without disclosing one's HIV status if previously known to one's sexual partner(s) could not only help promote responsible sexual behaviour and more condom uptake but may provide sexually active women the power to negotiate condom use. Such a legislation when passed could go a long way in protecting the vulnerable especially women and newborns as well as unborn children who are at the receiving end of a scourge they are ill-prepared to confront.

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Annex

Questionnaire

1. Age
2. Gender
3. I currently have a sexual partner A. Yes B. No
4. I use condom when I have sex
A. Always B. Most of the times C. Only when it is available D. Almost never
E. Never
5. Condoms are useful in the prevention of HIV/AIDS and other sexually transmitted infections.
A. Strongly agree B. Agree C. Neutral D. Disagree E. strongly disagree
6. The presence of many people at the outpatient unit of Settlers hospital influences the uptake of publicly displayed condoms
A. Strongly agree B. Agree C. Neutral D. Disagree E. strongly disagree
7. I would be comfortable accessing condoms publicly at Settlers hospital outpatient unit
A. Strongly agree B. Agree C. Neutral D. Disagree E. strongly disagree
8. More sexually active clients would access condom at Settlers hospital outpatient unit if it was kept in the doctors' consulting rooms
A. Strongly agree B. Agree C. Neutral D. Disagree E. strongly disagree
9. I would be more comfortable to access condoms in the Doctors' consulting room at Settlers hospital instead of the waiting area
A. Strongly agree B. Agree C. Neutral D. Disagree E. strongly disagree
10. I would be more comfortable to access condoms in the changing room/toilets/ablution rooms at Settlers hospital instead of the waiting area
A. Strongly agree B. Agree C. Neutral D. Disagree E. strongly disagree
11. Giving condom to every sexually active client at Settlers hospital outpatient unit would make clients more comfortable to collect them
A. Strongly agree B. Agree C. Neutral D. Disagree E. strongly disagree
12. Giving condom to every sexually active client at Settlers hospital outpatient unit would make them to use condoms more during sexual intercourse
A. Strongly agree B. Agree C. Neutral D. Disagree E. strongly disagree
13. More clients would access condoms at Settlers hospital if they were educated on how to use it first
A. Strongly agree B. Agree C. Neutral D. Disagree E. strongly disagree