HIV /AIDs Knowledge and Factors Associated with Uptake of Contraceptives among Child Bearing Women in Bungoma County, Kenya

Leunita Makutsa Makila PhD
Department of Educational Psychology
Kibabii University, Kenya

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Abstract

Uptake of contraceptives is generally low in Kenya.The study carried an investigation into the relationship between HIV/AIDs related knowledge and contraceptive uptake among married child-bearing women aged 15-34 .Female condom (FC) is the only safe and effective female-initiated method that provides simultaneous protection against unintended pregnancy as well as sexually transmitted infections (STIs), including HIV/AIDS. Knowledge of FC use among women and the perceptions and attitudes towards condom use can contribute to its uptake as an important public health strategy for HIV prevention in Kenya. Despite its effectiveness, the female condom use among Child –bearing women in Kenya remains low. The results of the study identify high levels of AIDS-related knowledge among women in Kimilili Sub-county, Bungoma County, Kenya. Unfortunately, this knowledge is yet to translate into practical and more so increased condom use. It suggested that the use of rationale choice models in AIDS prevention programs may not be adequate to change people's sexual behavior, especially in societies where the prevailing cultural practices and norms encourage large families and discourage use of contraceptives of any type. In such settings, there is need to find appropriate mechanisms that could help increase the use of all types of contraceptives. As contraceptive use increases, it is likely that the use of condoms for AIDs prevention and also family planning purpose would increase in Kenya.

Key Words: *HIV/AIDs, Contraceptives, Married child-bearing women, Condom use.*

INTRODUCTION

HIV/AIDS awareness is one of the dominant approaches adopted by most African countries to minimize the risk of contracting the disease (Otieno, 2002; 66). It involves dissemination of information on HIV/AIDS infection, methods of transmission, its consequences, its nature safe sexual practices and HIV testing (Aver ,2002).Contraceptive use benefits sexually active individuals to realize their fundamental right to choose freely and responsibly if, when, and how many children to have (Hoffman,2012; Nzioki , Okello , Orago ,2015). Most countries including developing countries have had national programs to provide family planning to large populations since the mid-1960s (Moore ,Beksinska , Rumphs , Festin , Gollub ,2015). Contraceptive use is

essential to women's general reproductive health, including Prevention of HIV/ AIDS. The global effort to curb the spread of HIV and other sexually transmitted infections (STIs) has resulted in the introduction of female condoms (FC)to empower women to take charge of their sexual and reproductive health issues. This is because of the belief that the female condom (FC) offers women double protection against sexually transmitted diseases such as HIV and unwanted pregnancies (Van Dijk , Pineda, Grossman , Sorhaindo , García ,2013) . The consequences of unwanted pregnancies include unsafe abortions which present another public health challenge to the community and the country at large. Thus, the uptake of the FC is seen as one of the safest methods to reduce the risk of unwanted pregnancies and infection prevention.
Kenya is among the leading nations in family planning in Africa, having the first official nationwide family planning program in sub-Saharan Africa. However, Kenya is still one of the most highly populated countries in Africa with a population of more than 52 million (WHO,2014). About 1.3 million adults in Kenya are living with HIV/AIDs, an estimated 4.9 percent of those aged between 15 to 64 years old, according to a new survey (UNAIDS, 2018) . The findings of the Kenya Population-based HIV Impact Assessment (KENPHIA, 2018) found that HIV is highest among women, at 6.6 percent, compared to men at 3.1 percent. UNAIDS (2018) Report has that 67% of adults living with AIDS are women: the trend is attributed to sexual violence against women and girls, discriminatory gender systems, cultural norms such as wife inheritance, unequal access to information, and the sugar daddy syndrome.

The government of Kenya and NGOs however have also taken the challenge of HIV/AIDS through awareness and prevention programmes in part a demonstration of the enormity of the AIDS pandemic (WHO,2014; NACC,2018) . KDHS (2014) report shows that knowledge of Contraceptive methods in Kenya is almost universal, 94% of women and 97% of men know at least one method of family planning. The most commonly known methods are the male condom (91%), pill (90%), Injectibles (84%). A multi-wave cross-sectional study using both the demographic health survey (KDHS) and family planning effort index (FPE) datasets, analyzing five-year waves from 1989 to 2014 found out that contraceptive use increased from 24.0% to 42.6%, with a change % of 77.5% (Kamuyango ,Wen-Hsuan ,& Chung-Yi Li, **2020)** . Contraceptive use increased from 24.0% to 42.6%, with change % of 77.5% between 1989. The study sought to explore the strategies these women adopt in dealing with the risk of HIV infections.
The main HIV risk factor for a married women is that she is faithful to a husband with previous or current other sex partners. The plight of women and children in the face of AIDS underlines the need for realistic strategies that address the interplay between inequality and HIV. The fact that the balance of power in many relationships is titled in favour of men can have life or death implications. Unfortunately, a female controlled method although available, its uptake is still low.

In the Kenyan context, as in other African countries, female condoms still require some degree of negotiation and male co-operation and they are significantly more expensive than male condoms. There are difficulties associated with women requesting for and carrying condoms due to misconceptions about condoms (Mantell , Stein , Susser I ,2008) and other cultural influences which create gender-based inequality in condom use, which underpin the spread of HIV and

AIDS [UNP, 2006; NACC,2002). This gendered inequality is emphasised by the results from a study among Kenyan women which found that condom use among both rural and urban women is very low [Pauli N., et el,2009; Boraya, Githae, Atandi, and Gachau(2018). A study on the role of condom negotiation on condom use revealed that fear of affecting partners' feelings, partners disliking the use of condoms, condoms being uncomfortable during sex, religious prohibition, and condom cost contribute to low utilization of condoms (Ananga , Kugbey , Misomu, et al. 2017) . In the same report, it was reported that condom negotiation strategies can improve condom utilization

Research conducted in the sub-Saharan region and other parts of the world have identified several factors associated with the acceptance and utilization of the FC among women of reproductive age (Guerra , Simbayi ,2014). Evidence suggests that there is generally a low level of knowledge about the FC, as Chipfuwa et al.(2014) found among Zimbabwean women of reproductive age, that knowledge of the FC was low (36.3%) and most respondents (83.5%) reported never using them. The same study further revealed that unavailability of the FC and partner refusals were the key determinants of use (Chipfuwa et al.,2014) .These results are supported by findings from a review of studies on FC knowledge, acceptance and usage that male partner objection was the most commonly cited factor preventing initial and continued use of the FC (van Dijk , Pineda, Grossman , Sorhaindo , García ,2013). Relatedly, low usage of the FC was reported in a sample of South African women over 15 years of age despite high knowledge of the FC (Weeks, Zhan , Li, Hilario, Abbott, Medina,2015). The same study further reveled that locality, province, age, education level, marital status and employment status of the women sampled were significantly associated with knowledge of the FC while the actual utilisation of the FC was only predicted by province and age group (Weeks , Zhan , Li, Hilario, Abbott, Medina,2015).On the other hand, positive attitudes, network exposure and peer influences and norms were found to be significantly associated with FC use among a sample of heterosexual males and females in the US, although overall uptake was very low (Weeks , Zhan , Li, Hilario, Abbott, Medina,2015).

In Kenya, there has been a campaign for by the Ministry of health and other development partners towards uptake of FC .However, little attention has been paid to the barriers to FC knowledge, acceptability and utilization among the women. This study sought to fill this gap by exploring the relationship between HIV/AIDs Knowledge and use of contraceptives specifically FC in a sample of women of reproductive age to inform intervention measures aimed at increasing the acceptability and usage of the FC taking into cognizance its safety and effectiveness.

A study of this nature was important in helping policy maker's gauge out the human rights in relation to HIV/AIDS in Kenya to address these issues especially in regard to protection of vulnerable groups including women and children.

Methodology

The research adopted a cross-sectional descriptive Self-administered structured questionnaire and semi-structured face to face interviews and FGDs measuring the study variables were used to

collect data using data collected from 60 women in Kimilili District of Bungoma County, Kenya. The research adopted a cross-sectional descriptive study and relied on a questionnaire and semi-structured face to face interviews and FGDs. The units of analysis was conjugal unions. Descriptive statistics mainly frequency distributions and inferential statistics mainly chi-square was employed to analyze quantitative data. Ethical issues specifically informed consent, confidentiality, anonymity and respect to the participants were observed.

Results

The results on **HIV/AIDS Related Knowledge** presented in Table 4.3.1 below indicate that majority of the respondents have the right knowledge about HIV/AIDS. However, there were a few cases of ignorance. for example, over 16% of the respondents believe that HIV/AIDS has a cure and about 8% believe that HIV/AIDS is a disease of "other people" such as prostitutes.

Table 1: HIV/AIDS Related Knowledge

HIV/AIDS Related Knowledge	Yes		No	
	N	%	N	%
Risk of contracting HIV is increased by the pressure of other sexually transmitted diseases.	46	76.7	14	23.3
A person can be infected with HIV and not even know	56	93.3	4	6.7
HIV can be transmitted through coughing and sneezing	0	0.0	60	100.0
HIV/AIDS can be transmitted through touching, talking, shaking hands and kissing	2	3.3	58	96.7
HIV/AIDS is for "other people" e.g. prostitutes	5	8.3	55	91.7
Withdrawal before ejaculation eliminates possibility of contracting HIV/AIDS	6	10.0	54	90.0
A healthy looking person cannot be HIV infected	5	8.3	55	91.7
Married couples cannot contract HIV/AIDS	1	1.7	59	98.3
regular use of condoms helps reduce the risk of contracting HIV/AIDS	40	66.7	20	33.3
AIDS has no cure	50	83.3	10	16.7
HIV/AIDS can be transmitted from mother to child	53	88.3	7	11.7
HIV/AIDS is transmitted mainly through sexual intercourse with infected person	52	86.7	8	13.3
Every person should go for HIV/AIDS test	49	81.7	11	18.3

Table 2: Use of Contraceptives

This subsection presents the results on the use of contraceptives by the respondents. Table 2.1 summarizes the response on frequency and percentage of respondents who use contraceptives. Tables 2.1.1 and 2,1.2 presents data on the type of contraceptives used and the reasons for the use of the methods.

Tables 2.1: Use of Contraceptives

Use of contraceptives	**N**	**%**
Yes	57	95.0
No	3	5.0
Total	**60**	**100.00**

The results in Table 2.1 indicate that majority of the respondents use contraceptives.

Table 2.1.1: Type of Contraceptives/Family Planning Methods Used

Type Used	**N**	**%**
Oral contraceptives	11	18.3
Injectibles contraceptives	21	35.0
IUD	6	10.0
Condoms	5	8.3
Forms tab, Jelly diagram	0	0.0
Female VSC (Tubal ligation)	2	15.0
Male VSC (vasectomy)	0	0.0
Norplant implants	9	15.0
Rhythm	0	0.0
Natural F/P (Temperature, BBT, and mucus methods)	5	8.3
Withdrawal method	3	5.0
Abstinence	0	0.0
None	15	25.0

The results in Table **2.1.1** indicate that the commonly used contraceptives or family planning methods are injectible contraceptives, oral contraceptives and Norplant. However, up to 25.0% of the respondents that they do not use any contraceptive or family planning method.

Table 2.1.2: Reasons for the use of contraceptives

Reasons for the use of contraceptives	**N**	**%**
Prevent conception/pregnancy	54	90.0
Against HIV/AIDS	0	0.0
Others	1	1.7

From **Table 2.1.2** it can be observed that most respondents use contraceptives to prevent conception or pregnancy, while none used contraceptives against HIV/AIDS.

Table 2.1.3: Reasons for not using contraceptives

Reason	**N**	**%**
Breast feeding	2	3.3
Pregnant	3	5.0
Want more children	6	10.0
Lack of knowledge	1	1.7

Opposition from husband	6	10.0
Religious prohibition	2	3.3
Cultural prohibition	1	1.7
No reason	3	5.0

From Table 2.1.3, it is evident that most respondents who do not use contraceptives do so because they either want more children or their husbands are opposed to it.

Perception of the Risk of HIV/AIDS Infection by the Respondents

This section presents the results on the perception of the risk of contracting HIV/AIDS by the respondents.

Table 3.1: Risk of Contracting HIV/A;IDS

Response	N	%
Yes	26	43.3
No	34	56.7
Total	60	100.00

The results in Table **3.1** above indicate that majority of the respondents felt that they were not at risk of contracting HIV/AIDS.

Table 3.1.1: Reasons for the Feeling of not being at Risk of Contracting HIV/AIDS

Reason	**N**	**%**
Being faithful	30	88.2
Husband is trustful and faithful	25	73.5
Have undergone HIV/AIDS test	2	5.0

Table 3.1.1 above shows that the main reason why the respondents feel not at risk of infection is the perceived faithfulness of their husbands.

Table 3.1.2: Reasons for the Feeling of being at Risk of Contracting HIV/AIDS

Reason	**N**	**%**
Infection through careless medical care/handling	6	23.1
Blood transfusion	8	30.8
Men cannot be trusted	12	46.2
Infection through accidents	5	19.2
Husband live far away from home	1	3.8
Rape case	1	3.8
Husband is polygamous	1	3.8

Table 3.1.2 shows that majority of respondents see themselves at risk because their husbands cannot be trusted

Cultural related power relationships in Marriage That Influence Women's Vulnerability to HIV/AIDS Infection

Cultural factors have been identified by many researches as a major influence on the vulnerability of women to HIV/AIDS infection. This section presents the results on the cultural reasons that influence Women's Vulnerability to HIV/AIDS.

Table 4:1 Cultural related Factors in Marriage that influence Women's Vulnerability to HIV/AIDS

Reason	N	%
Husband oppose contraceptive	40	66.7
Contraceptives are for the promiscuous women	24	40.0
It is right for men to have multiple partners and not women	30	50.0
Wife inheritance	12	20.0
Lack of information	9	15.0

The information in **Table 4:1** indicate that the main cultural factors in marriage that contribute to women's vulnerability to HIV/AIDS are opposition from husbands on the use of contraceptives, socialization process that enables men to have multiple partners and the popular belief that condom use are for the prostitutes only.

Table 4.1.1: Reasons for not using condoms

Reason	N	%
Spouse do not like it	5	8.3
Faithful spouse	12	20.0
Condoms only for prostitutes	2	3.3
Condoms do not make sex enjoyable	12	20.0
Use other family planning methods	8	13.3
Do not see the need to use condoms	5	8.3
Have only one sexual partner	1	1.7
Condoms cause discomfort	4	6.7

From **Table 4.1.1: I**t can be observed that the main reason why the respondents do not use condoms to protect themselves is because they believe their spouses are faithful and because of the belief that condoms inhibit enjoyable of sex.

Table 4.2 Level of Knowledge about HIV/AIDS and the Use of contraceptives

$H0_1$ There is no relationship between the level of knowledge about HIV/AIDS by married child-bearing women in Kimilili Division and their use of contraceptives.

4.2.1: Chi-sqaure on the Level of Knowledge about HIV/AIDS and the Use of Contraceptives

	Value	Df.	Sig.
Pearson Chi-square	4.130	59	0.127

Results from **4.2.1** indicate that there was no relationship between the level of knowledge about HIV/AIDS by married child-bearing women in Kimilili District their use of contraceptives. Hence, the null hypothesis stated was accepted.

4.2.2 Level of Knowledge About HIV/AIDS and the Use of Condoms

HO_2 There is no relationship between the level of knowledge about HIV/AIDS by married child-bearing women in Kimilili Division and their use of condoms.

4.2.3: Chi-sqaure Results on the Level of knowledge About HIV/AIDS and the Use of Condoms

	Value	Df.	Sig.
Pearson Chi-square	1.108	59	0.575

The results from Table 4.2.3 indicate that there was no relationship between the level of knowledge about HIV/AIDS by married child-bearing women in Kimilili Division and their use of condoms. Hence, the null hypothesis stated was accepted.

Discussion

A critical look at the results revealed that most married women of child-bearing are aware of the ways HIV/AIDS is transmitted and what does not transmit it. For example majority of the sampled women were aware that the risk of contracting HIV is increased by the pressure of other STDs and that HIV/AIDS can be transmitted from mother to the child. It was also noted that they are aware that HIV/AIDS cannot be transmitted through sneezing, coughing, touching, talking, kissing or shaking hands. However, over 30 % of the respondents denied that regular use of condoms help reduce the risk of contracting HIV/AIDS. This may be a cause for concern as this may mean that these women continue to expose themselves the danger of HIV/AIDS infections even in the situation where they are aware that they are at risk on the belief that condoms do not help. Another worrying trend was noted on the response to whether AIDS has no cure. At least over 16% of the respondents asserted that AIDS has a cure. This is a clear manifestation of ignorance among some section of the populace. They assume RVTs and other herbal concoctions treat HIV/AIDS, contrary to the mainstream position. These drugs only prolong life. This situation poses a serious challenge on against HIV/AIDS and especially among the sexuality active women. The outlined results confirm KDHS (2003) report which showed that although most Kenyan adults are aware of HIV/AIDS, knowledge of HIV/AIDS prevention can be cured.

Further analysis involved the comparison between HIV/AIDS related knowledge and the use of contraceptives.

The results in Table 2.1 indicate that the use of contraceptives was very high among the married child-bearing women. The most commonly used contraceptives were found to be injectable contraceptives, oral contraceptives and Norplant implants. But a considerable percentage was also found not to use any contraceptives. However, the main reason for using the contraceptives was found to be for the prevention of conception/pregnancy. None of the sampled respondents used contraceptives for the purpose of protection against HIV/AIDS. This therefore, means that there is no significant relationship between HIV/AIDS related knowledge and contraceptive practices among child bearing women in Kimilili Division. This is confirmed by the results of the chi-square test in Table 4.2.1. The table showed that there was no significant relationship between HIV/AIDS related knowledge and the use of contraceptives among the respondents. This finding compares favorably with those of KDHS (2014) which showed that the knowledge about HIV/AIDS and contraceptives were mainly used as birth control measures and not as protection against HIV/AIDS.

The results further revealed that the main reasons for using contraceptives include the desire to have more children and strong opposition from their husbands. This confirms the common observation that although most men continue to have multiple sexual partners, they refuse to use condoms with their wives. This therefore, exposes their spouses to a great risk of being infected with venereal diseases and even HIV/AIDS. This finding concurs with those of Wanyonyi (2017) who reported that in many cultures, women are not expected to be more intelligent than their husbands, especially when it comes to sex matters. They are expected to be submissive and to be responsive to their husbands, regardless of the situation (Mugadza G, Krumpen P, Matilda Z, et al. 2016). The director of Omwabini Rescue Steps, one of our key informants, says that, most married couples in Kimilili district did not use condoms. She lamented, 'how they can use condoms when their husbands.' belief that a real man dies of AIDS?"

Conclusion

These findings suggest that having the desire and relevant knowledge to use contraceptives does not necessarily translate into expected contraceptive behavior for HIV-positive women in Kenya and that poor HIV-positive women may be particularly in need of increased access to contraceptive services.The results of the study showed that although HIV/AIDS related knowledge among married childbearing women was high, their use of contraceptive to protect themselves against HIV/AIDS was absolutely low. In fact, none of the sampled used contraceptives to protect themselves against HIV/AIDS infection. This implies that, there is need to sensitize the women on the necessity to protect themselves and their families against HIV/AIDS, especially when they find themselves vulnerable. Such is the case where the husband is unfaithful. The study therefore recommends that marriage counselors and HIV/AIDS crusaders should focus their programs on attitude change especially towards the use of condoms as a means of protection against HIV/AIDS among married couples.

In analyzing the cultural related factors that influence women's vulnerability to HIV/AIDS infection, it was found that the domination of women by men and the manner in which the society handles gender sexuality are the main factors that contribute to the high levels of women's vulnerability to HIV/AIDS infection. This implies that most African societies are yet to change their cultural practices and beliefs that oppress women and make them more vulnerable to HIV/AIDS infection.

The consequences of low knowledge, acceptance and utilization of the FC among women of reproductive age are a major public health concern especially in a developing country like Kenya with its own socioeconomic difficulties. Findings from this study showed that FC knowledge, acceptance and utilization among this sample of women is relatively low compared to studies elsewhere. This could partly be due to the very low accessibility of the FC from nearby pharmacies and health center's. The implication of these findings is that these women of reproductive age within the municipality require rigorous public education through the use of all available means to increase awareness and clear misconceptions about the FC. Conscious efforts should also be made at the health facilities to promote the FC to females of reproductive age to increase acceptance and usage in order to empower women in their sexual reproductive health. The study therefore, recommends that HIV/AIDS education should target these cultural practices and change in attitude that exposes women more to HIV/AIDS.

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