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Perception and attitude of healthcare workers towards the use of a female condom in Gaborone, Botswana

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ARTICLE INFO**Article history:**

Received 17 February 2015

Accepted 3 December 2015

Keywords:

Attitude

Female condom

Healthcare workers

Perception

ABSTRACT

Background: Although the female condom (FC) is viewed as an effective female controlled barrier contraceptive device that can be used by women to prevent them from contracting the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), other sexually transmitted infections (STIs) and unwanted or unintended pregnancy, the perception and attitude of healthcare workers (HCW) plays a key role in its effective use and distribution amongst women.

Objectives: To identify and examine factors that influences the perception and attitude of HCWs towards the use and distribution FCs.

Method: A quantitative, explorative and descriptive design was used to conduct the study based on the Health Belief Model (HBM) as a conceptual framework. A pre-tested questionnaire was utilised in June 2013 to collect data from a convenience sample of 164 HCWs with a 100% return rate. Data was analysed using the Statistical Package for Social Sciences (SPSS) version 13.0 and Statistical Analysis Systems (SAS) version 9.2.

Results: The results showed that 64.0% ($n = 105$) of the respondents perceived unavailability of FCs as contributing to lack of adequate use. Only 31.7% ($n = 52$) [95% CI: 24.7–39.4] of them reported to be using the FC. There was an association with increasing use of a FC with age [Fischer's exact = 0.05], marital status [Fischer's exact = 0.037] and training [$\chi^2 = 53.3$; $p < 0.05$]. The results revealed that lack of knowledge and training on the use of a FC might prevent its effective use and distribution.

Conclusion: The results showed evidence that the FC was a safe method of contraception and protection against STIs and that it empowers women to make decisions related to sexuality. However, awareness campaigns, increased availability of FCs and training of HCWs are essential to enhance positive perception and attitudinal change to reduce sexual risks related infections and poor quality of life for women.

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Peer review under responsibility of Johannesburg University.

<http://dx.doi.org/10.1016/j.hsag.2015.12.002>

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1. Introduction and background

Young women aged between 15 and 24 years are eight times more likely to be infected with HIV than men (*Female Condom, 2006:1; UNAIDS, 2010:12*). In Sub-Saharan Africa, around 60% of those living with HIV are female, and the proportion of women living with HIV has been increasing in the last 10 years (*Jones et al. 2009:70*). The increased vulnerability to transmission of HIV among women is influenced by a number of social, economic, biological or anatomical political factors. The practice of family planning (FP) assists in reducing the rates of unintended pregnancies, maternal and child mortality and of induced abortions. Using contraceptives has been shown to promote a sense of autonomy among women and to increase their ability to make decisions in other areas of their lives especially with regards to sexuality (*Mahadeen, Khalil, Hamdan-Mansour, Sato, & Imoto, 2012:568*).

Condoms have played a decisive role in HIV prevention efforts in many countries. Both male and FCs form a main component of an overall comprehensive strategy to reduce risks of sexual exposure to HIV. The FC has the potential to decrease STI statistics, as the only female-initiated dual protection device that is believed to be effective in preventing STIs, HIV and unintended pregnancy. Latex and polyurethane type of FCs are materials commonly used to create an effective barrier method against the most common STIs, which in Sub-Saharan Africa includes HIV. Currently, it has been noted that the most widely used biomedical barrier intervention is the male condom. It provides a barrier to HIV and if properly used is effective to prevent transmission of infection. Both male and FCs are available, but FCs are more expensive and seemingly more difficult to use (*Barnett & Whiteside, 2006:46*). FCs offers a similar degree of protection from STIs as the male latex condom, although the level of protection has not been quantified or researched for each specific STI. For maximum effect, the *WHO (2011:8)* emphasizes that any barrier method for contraception or infection prevention must be used correctly and consistently.

However, the male condom can only be used by a willing male user and with the predominantly patriarchal culture in Southern Africa and socioeconomic imbalances having most of the men being breadwinners, leaves women in a vulnerable state to insist on the use of a male condom. Therefore, the FC seem to be an essential alternative to empower women to make decisions in this regard (*Female Condoms, 2011:1; Mantell, Scheepers, & Karim, 2000:589*).

1.1. Problem statement

Perception, as defined by King (1981:24) cited in *Ross and Cobb (1990:24)*, is “a process of organizing, interpreting, and transforming information from sense data and memory. It is a process of human transactions with the environment.” Perception in the context of this study about use and distribution of FCs as environmental stimuli is a key operational concept for HCWs. Although the FC seems to be a necessary device for females to use in order to prevent HIV, STIs and unwanted pregnancy, the main or primary distributors of the condoms, who are the HCWs, seem to have a negative

perception towards use of the device. This perception seem to be influenced by their past experience and history on its use resulting in low usage and reluctance to promote it among women. Although the use of the FC is reported by findings from a study conducted by *Aimee et al. (2011:329)* as effective in reducing woman's risk of re-infection, with different strains of HIV, and transmitting HIV or other STIs to their partners, it however remains underutilized. Therefore, the perception of the HCWs on the environmental stimuli which is about the use and distribution of FC makes them have their own disposition on the phenomena that influences their attitude towards its use and distribution.

One of the main ways to gauge an individual's view of the world is through attitude. *The Chambers Paperback Thesaurus (2012:51)* records that attitude concerns how an individual thinks, believes, views an object, makes conclusions or expresses feelings of like or dislike of an object which will ultimately influence resultant actions. *Neilands and Choi (2002:158)* identified some negative attitude towards use of FC to be due to lack of partner cooperation; mechanical problems with device insertion and removal; lack of sexual communication; lack of access to the FC immediately prior to intercourse and the high cost of FCs.

Therefore, an empirical investigation on perception and attitude of HCWs towards the use of FCs was imperative in order to identify contributory factors that need to be dealt with to improve the quality of life for women.

1.2. Aim of the study

The aim of this study was to examine factors related to the perception and attitude of HCWs towards the use of FCs as the core distributors of the FCs.

1.3. Objectives of this study were to

To explore and describe factors that influences HCWs to develop positive or negative perception and attitude towards the use of a FC.

2. Research design and method

2.1. Study context

The study was conducted at Bokamoso Hospital with 73.2% (n = 120) respondents, Extension 2 Clinic with 18.3% (n = 30) respondents and the Village Clinic with 8.5% (n = 14) respondents in Gaborone, Botswana. Bokamoso Hospital is a 200 bedded multidisciplinary hospital in the Kweneng District. It is designed to cater for inpatients, outpatients and specialised clinics. It has approximately 300 HCWs which include: doctors; nurses, physiotherapists, occupational therapists and other support staff. Extension 2 Clinic is a 24 h clinic which has 3 consulting rooms and a 3 bedded emergency room with a turnover of 300 patients. The Village Clinic is an 8 h clinic with 2 consulting rooms and has a turnover of 50–60 patients. The setting for the study was appropriate as most of the staff members are involved in the distribution of contraceptives including FCs.

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