

**THE PERCEPTIONS OF POSTGRADUATE STUDENTS ABOUT FEMALE
CONDOMS AT THE UNIVERSITY OF LIMPOPO**

by

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DEDICATION

I would like to dedicate this mini-dissertation to my mother Melita Mapula Shiburi, my siblings and my wife Morongwa Malebana who showed me unconditional love and support during the years of my studies. A special dedication to my late father Samuel Malatane Shiburi who passed on early 2020. Even though he passed on without understanding what I was studying, he still showed me full support and gave me word of encouragement.

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- My friend Nkateko Ndlala and Matimu Mashele for their entire contribution towards my studies.
- All postgraduate students who participated in the study.

DECLARATION

I declare that **THE PERCEPTIONS OF POSTGRADUATE STUDENTS ABOUT FEMALE CONDOMS AT THE UNIVERSITY OF LIMPOPO** is my own work and that all the sources that I have used and quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

.....
Shiburi Mkhotso George

.....
Date

LIST OF ABBREVIATIONS

AIDS: Acquired Immune Deficiency Syndrome

HIV: Human Immunodeficiency Virus

STI: Sexual Transmitted Infection

TREC: Turfloop Research Ethics Committee

WHO: World Health Organization

ABSTRACT

Title: The Perceptions of Postgraduate Students About Female Condoms at The University of Limpopo

Background: The female condom is one of the safest and effective female-initiated methods of contraceptives that has been promoted as an integral part of interventions that provide protection against the widespread of Human Immunodeficiency Virus and other Sexual Transmitted Infections among the youth, including at institutions of higher learning. A number of university students in South Africa are at risk of contracting HIV because of their risky sexual behaviours. How one perceives the female condom can have greater potential to influence its use. There is a gap in literature about this condom. Therefore, this study seeks to understand and document perceptions of postgraduate students about the female condom at the University of Limpopo.

Objectives: To explore demographic characteristics of postgraduate students at the University of Limpopo regarding female condoms.

To describe perceptions of postgraduate students at the University of Limpopo about female condoms.

Methods: The study used the qualitative research approach. Participants of the study were full-time male and female postgraduate students at the University of Limpopo. Data was collected through semi-structured interviews, participants were interviewed one by one using an interview guide. The sample size of the study was 10 participants which was determined by saturation of data. An audiotape was also used to record interviews with participants, and field notes were also taken during the interview. Data was analysed through Thematic Content Analysis.

Results: Literature suggests that students are aware of the female condom and its potential to reduce the risk of contracting HIV and STI but are still reluctant to use it in preference of the MC which is well marketed and promoted. The observed discarding and misuse of female condoms among students is associated with lack of knowledge and their perceptions of it. Although this study does not generalise the overall students' perceptions regarding the female condom, but as a qualitative research, the study provides a useful qualitative enquiry of postgraduate students at the University of Limpopo about the female condom.

Conclusion: Many studies have concluded that a female condom is a female-initiated method that is developed to empower and educate women to take control of their sexual health issues as well as to develop other programmes that prioritise women against HIV/AIDS and other STI. There is a need for effective interventions and campaigns to improve student knowledge in order to minimise wasteful expenditure in the process of the procurement and distribution of female condoms. There is also a need to increase the availability and accessibility of these condoms at institutions of higher learning.

Keywords: female students, institution of higher learning, perceptions, unwanted pregnancy, university students, youth.

DEFINITION OF CONCEPTS

Female condom

The female condom is a multipurpose prevention technology that is made of transparent sheath designed for protection against HIV, unwanted pregnancies and other sexually transmitted infections (Beksinska, Nkosi, Mabude, Mantell, Zulu, Milford & Smit, 2020). In this study, a female condom refers to a device that is used during sexual intercourse as a barrier method to reduce the risk of sexually transmitted infections and unwanted pregnancies.

Perception

McDonald (2012) defines perception as a personal manifestation of how one views the world, which is influenced by cultural and social background. In this study, perceptions refer to views or opinions held by postgraduate students at the University of Limpopo about female condoms.

Postgraduate student

According to Oxford Advanced Learner's Dictionary (2010), a postgraduate student is a person who already holds a first degree and who is doing advanced study or research in order to obtain an honours, masters or doctoral degree. In this study, a postgraduate student is a person who is registered with the University of Limpopo to attain a postgraduate degree, including an honours, masters or a doctoral degree that requires an undergraduate degree as entry requirements.

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

South Africa is one of the countries which are severely affected by sexual transmitted infections (STIs) and Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome epidemic (HIV/AIDS) (Kola, 2018). Mbelle, Mabaso, Chauke, Sigida, Naidoo and Sifunda (2018) notes that the high prevalence of HIV/AIDS and unwanted pregnancies among youth represent a huge public health concern in South Africa. Around 60% of the world's population living with HIV in Sub-Saharan Africa are women. HIV-related infections account for most deaths among women aged between 15 and 49 years (Obembe, Adebawale & Odebunmi, 2017). This may be influenced by Sub-Saharan Africa (SSA) being the poorest and most underdeveloped area in the world. South Africa has taken a stance in responding to Sexual Transmitted Infections and HIV epidemic with its national level public sector condom distribution programme (Beksinska, Nkosi, Mabude, Smit, Zulu, Phungula, Greener, Kubeka, Milford, Lazarus & Jali, 2017).

The female condom was introduced in 1984 by Lasse Hessel, who invented it after hearing about a lack of alternatives for women to take full control of their health to avoid HIV/AIDS (Obembe et al., 2017). However, Mbelle et al., (2018) maintained that the female condom still remains unpopular and less used as compared to the MC, therefore HIV prevalence and unwanted pregnancies among youth seem to be continuing. Coincidentally, with the increase in STIs among university students, it has been noted that there is also an increase in HIV/AIDS prevalence among university students (Mugadza, Krumpfen, Zvinavashe & Ndaimani, 2016). Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, Labadarios, and Onoya (2014) revealed that in 2012, the HIV prevalence amongst youth aged between 15–24 years was 7.1% and was considered high. This suggests that people between these ages are more likely to contract HIV infection due to potentially risky lifestyles and sexual behaviour.

Obembe et al. (2017) posit that the renewed global attention and actions are being redirected to empower women to take full control of their reproductive health, as well

as crucial components of the overall comprehensive strategy to reduce risks of contracting HIV/AIDS, including the development of strategies to ensure that the female condom is widely available. According to Gambir, Pinchoff, Obadeyi and Ngo (2019), the global distribution of female condoms has more than tripled in 2005, from 13.5 million to 50 million in 2009. However, the same study indicates that globally, over 200 million women experience challenges with access to family planning.

In 2010 and 2012, the worldwide distribution of female condoms has doubled from 25 million to 50 million units (Obembe et al., 2017). It is clear that the impact of HIV/AIDS and associated risk behaviour poses a huge threat to both students and employees as well as the entire public health. Higher Health is a programme for the Department of Higher Education and Training aiming to develop and implement a wide range of health, wellness and psychosocial services across higher institutions of learning in South Africa (Higher Health, 2021). First Things First is one of the projects by Higher Health developed to promote and provide HIV counselling, testing and distribution of contraceptive choices among students at tertiary institutions (Mbelle et al., 2018).

Kola (2018) argues that the annual HIV incidence rate among students at institutions of higher learning appears to have gone up regardless of these programmes. This highlights the significance of female condoms in addressing challenges of the HIV pandemic in the country. Some women report dissatisfaction with the use of female condoms due to discomfort during sexual intercourse (Koster, Bruinderink & Janssens, 2015). Therefore, this study sought to explore and describe perceptions of postgraduate students about female condoms at the University of Limpopo.

1.2. PROBLEM STATEMENT

There are many male and female condoms delivered by the Limpopo Department of Health to the University of Limpopo Health and Wellness Centre. The male and female condoms are distributed to students' residence entrances on a weekly basis. According to the university's health centre officials, in 2018 they distributed 431 000 male condoms and 10 800 female condoms. Furthermore, condom distribution points are at the university entrances for students who are staying off-campus to also have access to them. In 2019, the university health and wellness centre distributed 472 128

male condoms and 39 000 female condoms. The researcher has observed that female condom collection by students is very low compared to male condoms, and that some are discarded unused. The University of Limpopo Health and Wellness Centre officials have reported to have donated 2700 female condoms to Mankweng Clinic in 2018, after realising that the students were not using them. As such, this study sought to explore and describe perceptions by postgraduate students about female condoms at the University of Limpopo.

1.3. LITERATURE REVIEW

Literature review is an essential and integral component that aims to identify key issues and problems, to educate oneself in the topic area and to understand the background and justification of the research (Ingham-Broomfield, 2014). This means identifying gaps in existing knowledge, practice and articulating the weaknesses of arguments of a particular approach of previous studies. This study explored the relevant literature on perceptions of postgraduate students of the female condom, HIV infections and other STIs, barriers to condom use, and benefits of using female condoms. The topics reviewed in the study are discussed in detail in Chapter 2.

1.4. RESEARCH QUESTION

In this study, the following research question was asked: What are perceptions of postgraduate students about female condoms at the University of Limpopo?

1.5. AIM

- To understand and document perceptions of postgraduate students at the University of Limpopo about female condoms.

1.6. OBJECTIVES

- To explore demographic characteristics of postgraduate students at the University of Limpopo.
- To describe perceptions of postgraduate students at the University of Limpopo about female condoms.

1.7. RESEARCH METHODOLOGY

Almalki (2016) describes research methodology as procedures by which researchers go about their work of describing, explaining and predicting phenomena as well as standards that are utilised for the interpretation of information and the drawing of conclusions. Tuffour (2017) states that qualitative research inquiries make it possible for the research to shed light on meanings that are not easily noticeable in order to get in-depth understanding of our social complexities. Participants of the study were full-time male and female postgraduate students at the University of Limpopo. According to the University of Limpopo (2019), 21 490 students were registered during the 2019 academic year. Out of this number, 2955 were postgraduate students. However, the researcher interviewed postgraduate students who were registered for the 2020 academic year. The sample size of the study was determined by saturation of data. Data saturation occurs when interviews provide no new information, only redundancy from the previous data collected (Grove, Burns & Gray, 2013). The researcher interviewed all participants until he observed that they were no longer providing new information.

Data was collected through semi-structured one-on-one interviews using an interview guide. An audiotape was used to record the interviews, and field notes were taken. Data was analysed through Thematic Content Analysis which is the process of identifying, analysing and reporting themes within qualitative data (Jugder, 2016). Trustworthiness was ensured through the principles of credibility, conformability, dependability and transferability. Ethical clearance was obtained from Turfloop Research Ethics Committee (TREC), and permission to conduct the study was obtained from the university registrar. Informed consent was obtained from participants after explaining the purpose of the study to them. Participants were assured of confidentiality and anonymity, that under no circumstances will their names and other details be linked to the data analysis and dissemination of findings of the study. More information on the research methodology is discussed in Chapter 3.

1.8. SIGNIFICANCE OF THE STUDY

Results of this study may be useful in assisting people who are planning and implementing programmes and policies that facilitate the distribution of female condoms at institutions of higher learning.

1.9. OUTLINE OF CHAPTERS

Chapter 1 briefly discusses the overview of the study, research problem, the aim, objectives and the significance of the study.

Chapter 2 covers the literature review in the context of the study.

Chapter 3 describes the research methodology and study design used.

Chapter 4 discusses findings in relation to literature control.

Chapter 5 provides a summary of results, limitations, recommendations and conclusions in the context of aims and objectives of the study.

1.10. CONCLUSION

This chapter covered overview of the study, with focus on introduction, research problem, and literature review, purpose of the study, research questions and the objective, methodology, ethical consideration as well as significance of the study. Chapter 2 presents a review of literature from other studies that were relevant to this study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Literature review was briefly discussed in Chapter 1. This chapter will discuss it in detail. Polit and Beck (2013) described literature review as a section of introduction in qualitative research that overviews related literature previously published, which includes current knowledge as well as theoretical and methodological contributions. It explores the relevant literature on perceptions of postgraduate students about female condoms, HIV infections and other STIs, barriers, and benefits of condom use and other aspects about female condoms.

2.2. FEMALE CONDOM BACKGROUND

The female condom was firstly proposed by Lasse Hessel in the 1980s, a Danish physician who saw the need that women deserve full protection devices to protect themselves against HIV/AIDS and other sexual related infections (Peters, 2016). Mugadza et al. (2016) state that the female condom is a contraceptive device that is used by women to protect themselves and their sexual partners against STIs, including HIV infections as well as unplanned pregnancies. After obtaining a patent from the United States for his female condom invention, which became well known as female condom (FC1) or (Femidom), he successfully sold it to a British private company called Chartex Resources Ltd, which licensed the product to Female Health Company in 1996, which exclusively manufactures two kinds of female condoms (FC1 and FC2) (Peters, 2016). FC1 is made of polyurethane which is said to be expensive and difficult for women to access, whereas FC2 is a newer version and is almost identical to FC1, but is made with a nitrile sheath instead of a polyurethane sheath (Phiri, Rikhotso, Moagi, Bhana & Jiyane, 2015). Currently, the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) have prequalified four different kinds of female condoms which are Cupid, FC2, Velvet and Women's condom (Wiyeh, Mome, Mahasha, Kongnyuy & Wiysonge, 2020). Furthermore, the authors state that all these different kinds of female condoms share the outer appearance like the outer retention that ensures the condom stays with the vaginal parameters thereof.

The first generation of female condom was introduced in South Africa in 1997. In the South African public health sector, male and female condoms are available at no cost. Several studies have indicated that most South African young people are aware that the female condom is one of the most effective dual methods of preventing the transmission of HIV, STIs and unwanted pregnancies (Kola, 2018). The condom is believed to offer a similar or greater amount of pleasure and protection if used correctly and consistently. This study is therefore necessary, as it will reveal trends on female condoms. Findings of this study will help in planning specific healthcare and reproductive health programmes and interventions aimed at instituting appropriate reproductive health behaviour and practices amongst students at the university.

2.3. FEMALE CONDOMS AT INSTITUTIONS OF HIGHER LEARNING

Students at institutions of higher learning tend to be influenced by their peers to participate or take part in what their parents and society would not approve (Boraya Boraya, Githae, Atandi & Gachau, 2018). A study among students at Technical and Vocational Education and Training (TVET) colleges in South Africa revealed that students were aware of the importance of using female condoms consistently as a method of preventing the transmission of STI and HIV (Mbelle, et al., 2018).

On demographic aspects, married youths were less likely to use female condoms as compared to single youths (Bernard, 2017). Gwala (2019) posits that female students consider a condom as a method of preventing the transmission of HIV, and were able to negotiate its use. Boraya et al. (2018) state that some students expressed dissatisfaction with the financial support they received from their guardians, and therefore they go out to seek transactional relationships or monetary rewards from both relatives and sexual partners. Boraya et al. (2018) further report that the majority of students have reported to have been getting financial support from their parents and guardians. Some who have received support from partners and relatives were likely to have casual relations.

Mbelle et al. (2018) suggest that in order to reduce the number of female condoms being discarded, Higher Health should start stocking up more male condoms as

students are well orientated about them, instead of stocking up large quantities of female condoms that are often left discarded or misused. Acceptance and availability of female condoms in shops and pharmacies influence their use in Ghana, and low utilisation of female condoms amongst students was related to lack of awareness (Boraya et al., 2018).

2.4 LEGISLATIONS RELEVANT TO FEMALE CONDOMS AT INSTITUTIONS OF HIGHER LEARNING

In South Africa, everyone has the right to have access to healthcare services. For instance, every child, regardless of age, has the right to access to health care services (South Africa, 1996). Department of Health (2014) reveal that there were strategies by the government to strengthen sexual reproductive health and HIV prevention programmes and services, with a key focus on women empowerment through the promotion of the female condom. However, the high incidence of HIV infections and unintended pregnancies among young people in the country continues (Mbelle et al., 2018). HIV prevention strategies include expanding access to prevention methods that women can initiate (Beksinksa et al., 2017).

In South Africa, policy makers recognise the role and importance of this female-empowered tool and have included it in the policy for contraception and dual protection. Higher Health is the flagship for HIV prevention programme designed to develop and support the HIV mitigation programmes of the South African Department of Higher Education and Training as well as TVET colleges. The programme was designed to address HIV prevention (Ahluwalia & Rapiti, 2017). Higher Health uses its programme First Thing First campaign which is complemented by a variety of promotional elements, including activities that help facilitate the distribution and effective use of condoms (Mbelle et al., 2018). The Department of Health (2014) states that in order to improve access to quality contraceptives, opportunities for integration with other policies, guidelines and programmes are sought at institutions of higher learning to promote the female condom. The female condom does not only help in transferring control to females in sexual relations. It also helps in the sustainable development goals which are aimed at empowering women.

2.5. HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS AT INSTITUTIONS OF HIGHER LEARNING

HIV/AIDS remains a global public health problem, and is considered to be a phenomenon that affects millions of people across the world at the base of social exclusion in developing countries, particularly Africa (Mokgetse & Ramukumba, 2018). It is a virus that attacks the human immune system and weakens its capabilities of fighting infections. AIDS is the final stage of HIV infection when the immune system is severely damaged and opportunistic infections have stepped in (Yazie, Chufa & Tebeje, 2019). A recent study estimated that there are currently 77.3 million people who have contracted HIV since the beginning of the HIV epidemic. As a result, about half of that number is said to be dying from AIDS and other infections (Wiyeh et al., 2020).

Amuche, Emmanuel and Innocent (2017) reveal that about 25.6 million people are living with HIV in sub-Saharan Africa, an estimated number of 3.3 million of them are young people. 76% of them were women because of their vulnerability to STIs than men. Due to their biological make-up, this makes them vulnerable to suffer the consequences of unplanned pregnancies. This is a clear indication that students at tertiary level engage themselves in unprotected sexual activities. The university consists of married couples within the institution and from home, and others have multiple partners with whom they involve in transactional sex. Therefore, actions such as alcohol consumption and drugs may also appear to impair the decision-making of youths. Because of their risky sexual behaviour, they are linked to unprotected sex (Ajayi, Nwokocha & Akpan, 2017).

Boraya et al. (2018) report that most youths feared falling pregnant than contracting HIV/AIDS. As a result, whenever they were in safe days of the menstrual period, they opted not to use condoms. Documented reasons for female condom use include women's increased exposure and vulnerability to STI, their inability to communicate their sexual and reproductive health needs to their spouses, as well as experiencing negative reactions after expressing their desire to use condoms (Phiri et al., 2015).

2.6. PERCEPTIONS TOWARDS FEMALE CONDOMS AT INSTITUTIONS OF HIGHER LEARNING

Women often state challenges that they usually experience when they use the female condom. These challenges include discomfort during sex, the need for excess lubrication, difficulty in using the device, feeling uncomfortable inserting the condom, unavailability and affordability, partner refusal, men disliking the appearance, trust in long-term relationships and men's preference of the male condom (Chipfuwa, Manwere, Kuchenga, Makuyana, Mwanza, Makado & Chimutso, 2014). Uchendu, Adeyer and Owoaje (2019) argue that the level of education has shown to be a major predictor of the use of female condoms, with more individuals with lower and higher educational qualifications utilising it more, while those that are less educated are still reluctant to use them. Mugadza et al. (2016) report that perceptions and religious background also contribute negatively to the use of the female condom. However, Mbelle et al. (2018) argue that negative perceptions regarding the female condom are based on attitudes that people have on the first version of the condom. The current study found that there are new female condoms that are being produced to replace the most criticised FC2. The new condom is made of Synthex latex, but people still have negative perceptions towards it. Its advantage is that it is affordable (Wiyeh et al., 2020).

2.7. CHALLENGES WITH THE USE OF FEMALE CONDOMS

Gwala (2019) reports that men used condoms consistently compared to women who reported to have found it harder to use condoms because initiating condom use is a challenge to them. Male authority in sexual and reproductive decision-making prevents women from introducing condoms (male or female) into their relationships. A study by Koster et al. (2015) shows that men have been neglected as subjects in female condom studies and are rarely targeted by female condom programmes. It is difficult to negotiate the use of female condom as a prevention method in a sexual relationship with male partners who often demonstrate gender power and inequality. Schuyler, Masvawure, Smit, Beksinska, Mabude, Ngoloyi and Mantell (2016) note that the primary drivers of unsafe sexual activities are related to gender imbalance in a relationship rather than lack of knowledge thereof. Ajayi, Nwokocha, Adeneyi, Ter Goon and Akpayi (2017) state that many female students fail to practise safer sex

regardless of their knowledge due to lack of skills to negotiate the use of protection with their partners in fear of losing benefits that are attached to the relationships.

In 2010 and 2012, the worldwide distribution of female condoms doubled from 25 million to 50 million and 60 million (Obembe et al., 2017). In South Africa, 27 million female condoms were distributed in the year 2015 and 2016, which exceeded the country's National Strategic Plan (NSP) target of 25 million annually by the end of 2016 (Beksinska, Nkosi, Mabude & Smit, 2017). Schuyler et al. (2016) indicate that condoms have become accessible and favoured among students in universities more than other methods of contraceptives. However, the use of female condoms is said to be determined by the level of knowledge one has towards it. Mbelle et al. (2018) note that both male and female students in South African TVET colleges suggested that government should stop supplying female condoms to institutions of higher learning, citing that they did not look appealing and turn them off during sexual activities with the noise they make as well as the amount of lubricants that are applied on them. A study conducted in Ghana indicates that low utilisation of female condoms among youth was related to a lack of knowledge, acceptance and availability in shops and chemists (Ananga, Kugbey, Akporlu & Asante, 2017).

To date there has been agreement with producers and donors to make the products accessible and available to governments in developing countries at subsidised prices to reach users (Ogunlela, 2013). However, the bureaucratic management approach has been reported as a major problem that affects the distribution of female condom products in many countries. This led to the reduction of the quantity of stock ordered from distributors, resulting in inaccessibility and unavailability of these products (Phiri et al., 2015). A recent study indicates that factors such as costs for procurement, training of staff and marketing as well as its different types of designs has made it difficult for governments and donors to make it available and accessible in expected large scales (Amu, 2019). This shows that the prevalence of contraceptives is greater in countries where there is larger access and availability of different contraceptive methods (Phiri et al., 2015).

A study by Akindele-Oscar, Ogunsanwo, Adesina and Ogayemi (2020) reports that female undergraduates engage in sexual activities at a young age than previous

generations that went to colleges and lived within the formal university setting without being controlled by parents. South Africa has a huge number of Christians. Those who belong to other religious beliefs may develop stigma towards other people's beliefs, which may result in a huge impact on the use of the female condom (Koster et al., 2015). Ananga et al. (2017) note how religious beliefs and cultural values influence the use of condoms among university students, which shows that dominating male partners take major decisions on sexual affairs. Negative attitudes and male dominance in decision-making influence the use of female condoms among youths.

2.8 CONCLUSION

The literature indicates that the female condom offers better protection in the fight against HIV/AIDS and STIs in South Africa and Sub-Saharan Africa. The condom is a step towards empowering women with regard to matters related to sexual activities with their partners. Studies show that most youth complain about the female condom and how uncomfortable it is to use. Negative perceptions towards female condoms have been associated with a lack of awareness, knowledge and acceptance. These findings highlight the need for government and donors to continue to increase awareness and knowledge of students regarding female condoms and make it available on campuses across the country, supplemented by campaigns to promote its use. Chapter 3 will discuss the methodology used in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter discussed the literature pertaining to this study on perceptions of postgraduate students about female condoms. The researcher elaborates the research methodology that was employed in conducting this study. Research methodology relates to specific procedures or techniques in research that are used to identify, select, process and analyse data (Polit & Beck, 2013). This chapter will also put emphasis on the research design, study site, population, inclusion and exclusion criteria, sampling, data collection, data analysis, reliability, bias and ethical considerations.

3.2 RESEARCH DESIGN

Research design is a plan of methods and procedures that the researcher uses to collect and analyse data (Tuffour, 2017). The researcher used the qualitative approach because of the need to explore and describe perceptions of postgraduate students about female condoms. According to Polit and Beck (2013), qualitative research is a social inquiry that focuses on gaining insights and knowledge by discovering meaning and the way people interpret and make sense of their experiences. The researcher explored perceptions of postgraduate students about female condoms using the descriptive design. The reason for using the descriptive design was to describe things as they are and not to change any behaviour or responses from participants. This design has an advantage as the researcher can acquire a lot of information by observing people and how they interact with each other as well as the environment.

3.3 STUDY SITE

The study was conducted at the University of Limpopo, which is located in Mankweng along R71 road, under Capricorn District Municipality in Polokwane, Limpopo Province. The university has four faculties, namely; Faculty of Health Sciences; Faculty of Humanities; Faculty of Management and Law; and Faculty of Science and Agriculture. The university has a Health and Wellness Centre, which provides

information to students about female condoms and other health-related matters. The research setting of this study is shown in Figure 1 below:

Figure 3.1: Polokwane to University of Limpopo map (Via R71 Road).



3.4 POPULATION

A study population is a group from which a sample of participants, objects or events is drawn (Grove et al., 2013). Participants of this study included male and female full-time postgraduate students at the University of Limpopo. On-campus postgraduate students are accommodated at Stellenbosch, MBH residences and Gertrude Shope house. According to the university registrar, 21 490 students were registered for the 2020 academic year. Of this number, 2995 were registered postgraduate students. Some of the postgraduate students were staying off-campus.

3.5 SAMPLING METHOD

Moser and Korstjens (2018) define a sampling method as a formal plan that specifies a sampling technique, a sample size and procedures to be used to recruit participants. The purposive or judgment sampling method is described by Etikan and Bala (2012) as a deliberate selection of units of participants in terms of qualities using inclusion and exclusion criteria. According to Polit and Beck (2013), qualitative researchers do not specify the sample size; instead they collect data until data saturation is reached. The researcher interviewed participants one by one until data saturation was reached. Saturation of data occurs when additional interviews provide no new information, but only the repetition of previously collected data from participants (Grove et al., 2013). The researcher interviewed 10 participants and decided not to continue with the process of interviews as no new information was emerging.

3.5.1 Inclusion criteria

Postgraduate students who registered fulltime for the 2020 academic year because they interact with each other in the same environment with female condoms.

3.5.2 Exclusion criteria

Postgraduate students who were not registered full-time. Some postgraduate students who are part time at the university sometimes happen to miss some of the activities and campaigns that promote female condoms on campus.

3.6 DATA COLLECTION

Data was collected through semi-structured interview using an interview guide. Semi-structured interview is a qualitative method of inquiry that combines a predetermined set of open questions, which allow conversational communication and questions based on responses from participants (Creswell, 2013). The advantage of this method is that it allows the interviewer to prepare questions before the interview and to continue to probe for further information based on the responses that were given by participants. This method also allows participants freedom to express their own views as it consists of open-ended questions and gives reliable qualitative data (Moser & Korstjens, 2018). Data was collected through semi-structured one-on-one interviews.

An interview guide, which had two sections, was used, and is attached as Appendix 1. Section A collected demographic information of participants. Section B consisted of the central question and follow-up questions. The central question was: “What are your perceptions about female condoms?” All semi-structured interviews were recorded using a digital recorder with the permission of participants. The interviews lasted between 30 to 45 minutes each for a period of a two weeks, and were conducted in a room that was very conducive and free of noise. Field notes may constitute the whole observational and written notes from the collected data during an interview session, and supplemented the conventional interview data (Schwandt, 2015).

3.7 DATA ANALYSIS

Data analysis is a process of examining and interpreting data in order to get the meaning and gain understanding of the collected data (Grove et al., 2013). Data was analysed through Thematic Content Analysis, which is a process of identifying, analysing and reporting patterns or themes within qualitative data (Jugder, 2016). Vaismoradi, Turunen and Bondas (2013) note that thematic analysis helps the researcher to arrange findings into emerging themes from the interview with participants. The researcher listened repeatedly to the audio recorder and transcribed the voice recordings verbatim, and were analysed thematically. An example of a transcript is attached as Appendix 2. After the data had been transcribed, thematic content analysis by Braun and Clarke (2011) was used as follows:

Step 1: Becoming familiar with the data

The researcher started by collecting data, thereafter immersed himself within it by frequently reading and searching for themes in order to get a clear message of what participants highlighted on perceptions of students about female condoms. This involved careful reading of the data. The researcher further made written notes about his observations and reflections of his experiences during interviews.

Step 2: Generating initial codes

After the researcher had familiarised himself with the data, he began synthesising codes in order to identify interesting aspects emerging from the data.

Step 3: Searching for themes

Searching for themes involves coding the data and clustering similarly coded data extracts into themes. The researcher looked for connections between emerging themes and grouped them together according to conceptual similarities, providing each cluster with a descriptive label.

Step 4: Reviewing themes.

The researcher began to review themes in order to refine, modify and develop them further. The researcher ensured that the collected data was discussed according to the themes.

Step 5: Defining and naming themes

The researcher defined and named themes to refine the emergent themes and to capture the most interesting and relevant content of the data extracts. This means that the researcher can change or re-shape emerging themes throughout the data analysis stage.

Step 6: Producing the report

After identifying a set of fully worked-out themes, the researcher made a final analysis and compiled a report of findings. The themes and sub-themes were presented. The report is a true representation of the data.

All copies of transcripts, research proposal and field notes were given to an independent coder to code them independently. An independent coder was a senior academic with experience in conducting and analysing qualitative research studies. A meeting was held between the researcher and the coder to discuss the themes, and consensus was reached. A certificate from the coder is attached as Appendix 3.

3.8 MEASURES OF ENSURING TRUSTWORTHINESS OF THE STUDY

Trustworthiness refers to the degree or confidence in the collected data, interpretation, and approaches that were used to guarantee the quality of the study (Pilot & Beck, 2014). In qualitative studies, there are four aspects to be followed to ensure

trustworthiness (Creswell, 2013) namely; credibility, transferability, dependability and confirmability. All these four aspects will be applied in this study.

3.8.1. Credibility

Credibility shows the truth, confidence and the value of information and findings from participants, as well as the context in which the study has been undertaken. It is the most important criterion (Polit & Beck, 2013). Credibility was ensured by prolonged engagement through a face-to-face interview with participants while collecting data using an audio recorder as well as taking field notes until data saturation was reached. Data was interpreted and analysed carefully. Misinterpretation of data was avoided at all times.

3.8.2 Transferability

The nature of transferability refers to the extent to which phenomena or findings are useful and applicable to theory, practice and future studies that are conducted in other settings (Moon, Brewer, Hartley, Adams & Blackman, 2016). To ensure transferability, the researcher provided a solid and accurate description of demographic characteristics of research participants, the research context, the research methodology and settings to enable other researchers to decide whether or not to follow and apply the whole process to other settings. In order to show the authenticity, findings of the study were supported by direct quotations from interviews.

3.8.3. Dependability

Dependability refers to the stability and consistency of the data over time and over conditions of the study documented, allowing someone outside the research to follow, audit and critique the research process (Moon et al., 2016). The researcher made an effort to keep all materials and notes used to be available to any researcher who will be interested in the study safe and available for five years. Findings are supported by the data collected.

3.8.4. Confirmability

Confirmability is the ability of the researcher to prove the transparency of their studies and measuring the extent to which findings are affected by personal interests and biases (Creswell, 2013). The researcher ensured confirmability by sending the research proposal, copies of transcripts and field notes to an independent coder to make sure that findings were from the data collected and not own opinions.

3.9. ETHICAL CONSIDERATIONS

According to Polit and Beck (2013), ethical principles are a system of moral values that guide the researcher to safeguard and protect the welfare of participants by protecting them from any form of harm that may occur as a result of participating in the study. According to the Department of Health (2014), if human beings are used or involved as participants in the study, the researcher should ensure that their rights are not violated. In consideration of ethical issues, the researcher considered the following: ethical clearance, protection of anonymity and confidentiality, protecting their rights to withdraw from the study.

3.9.1. Ethical clearance

The researcher submitted the research proposal to the Department of Public Health, School of Health Care Sciences and to the Faculty of Health Sciences for approval. After the approval of the proposal, the researcher applied for an ethical clearance certificate from TREC. The certificate is attached as Appendix 4. After obtaining the certificate, permission to conduct the study was requested from the university registrar. The letter requesting permission to access participants on campus to collect data is attached as Appendix 5. The letter granting permission to collect data is attached as Appendix 6.

3.9.2. Avoidance of harm

According to Polit and Beck (2013), an ethical rule of research is that it must not cause any discomfort or harm to participants. Harm can be physical, psychological, social or economic in nature, and may happen during interviews. A social worker was available at the University of Limpopo Health and Wellness Centre to provide counselling in

case harm happened during interviews. There was no harm for participating in this study.

3.9.3. Maintenance of privacy, anonymity and confidentiality

Anonymity is when the identity of the participant cannot be linked with personal responses in any way (De Vos, Strydom, Fouche, & Delport, 2011). Confidentiality refers to the protection of participants by holding data in confidence or keeping data secret from the public sphere (Kola, 2018). Fouka and Mantzourou (2011) define privacy as the freedom an individual has to determine the time and general circumstances under which information discussed is withheld from people who are not part of the study. Anonymity was ensured as participants were advised not to mention their names during the interview. To ensure privacy, the researcher assessed rooms which were used for interviews. Interviews were conducted in a conducive space with no distracters and interruptions. Confidentiality was also ensured by keeping information given by participants confidential and not accessed by anyone who is not part of the study.

3.9.4. Respect for individual autonomy and voluntary participation

Autonomy means the freedom to decide what to do (De Vos et al., 2011). In order to ensure the implementation of this ethical principle, the researcher ensured that participants were informed about the nature of the study that participation was voluntary and participants were informed of their rights to withdraw from the study at any time. Participants signed consent forms to show that they were not coerced to participate in the study. The form is attached as Appendix 7.

3.10 CONCLUSION

This chapter focused on the methodology employed in executing the study. The emphasis was on research design, population, sampling, data collection, data analysis as well as ethical measures to ensure trustworthiness and ethical considerations. Chapter 4 will discuss the findings of the study through literature control.

CHAPTER 4

FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

The research methodology used in this study was fully discussed in Chapter 3. This chapter focuses on the findings of the study and the literature control that substantiates the findings. The purpose of this chapter is to present, analyse and interpret findings from data collected on how postgraduate students perceive female condoms. *Participant* is the term used to substitute real names of individuals who participated in this study. Participants were given numbers to protect their identities, for example; “*Participant 1*”. Biographical information of participants is provided so that their socio-cultural context can be understood. Furthermore, relevant literature was studied from international and local studies to explore and describe perceptions of postgraduate students at the University of Limpopo about the female condom.

4.2 DEMOGRAPHIC PROFILES OF PARTICIPANTS

The study sample comprises 10 participants, with four participants being between 18 and 25 years old. Six participants were between 25 and 45. Five participants were females, while the other five participants were males. Seven participants were masters’ students from the School of Agricultural and Environmental Sciences and one honours student from the School of Economics and Management. Two participants were doctoral students from the School of Physical and Mineral Sciences. One participant was married, while nine were not married. Some of the participants stayed on campus, while others stayed off-campus. Table 4.1 below summarises demographic profiles of participants.

Table 4.1. Demographic profiles of participants

PARTICIPANTS	AGE GROUP	GENDER	MARITAL STATUS	FIELD OF STUDY
2	18-25	Female	Single	Msc. in Agricultural Management
5	18-25	Female	Single	Msc. in Physics
6	18-25	Female	Single	Msc. in Geology
8	25-45	Female	Single	Msc. in Physics
10	18-25	Female	Single	Msc. in Agricultural Management
1	25-45	Male	Single	Hons. in HR Management
3	25-45	Male	Single	PhD. in Physics
4	25-45	Male	Single	Msc. in Agronomy
7	25-45	Male	Married	PhD. in Physics
9	25-45	Male	Single	Msc. in Plant Production

4.3 THEMES AND SUB-THEMES

As summarised in Table 4.2, data analysis yielded three themes and eight sub-themes. Themes in qualitative data analysis are theoretical relationships that emerge after the researcher has spent extensive time examining data, categorising and sorting elements into groups to look for patterns (Grove et al., 2013).

Table 4.2. Themes and sub-themes

THEMES	SUB-THEMES
1. The use of female condoms is a challenge among students.	1.1. There is minimal knowledge on the use of female condoms compared to male condoms. 1.2. Social and cultural stigma a barrier to explicitly carry and use female condoms. 1.3. Insertion is challenging and time consuming
2. Female condom accessibility and availability.	2.1. Cartoons for storage of female condoms not visible in student residences. 2.2. Fewer health promotion campaigns for female condoms compared to those of male condoms. 2.3. Marketing strategies should be integrated into the university health services to popularise female condoms.
3. Female condom benefits	3.1. Female condom is an instrument or tool for empowerment of women 3.2. Female condom provides dual role of prevention of sexually transmitted infections and contraception.

4.3.1. Theme 1: The use of female condoms is a challenge among students

Participants cited many challenges that they encounter with regard to using female condoms. These challenges have discouraged the use of these condoms amongst students at the university. Some of the challenges ranged from discomfort with the use, unappealing and its size with the ring hanging outside. Under this theme, the following sub-themes emerged: minimal knowledge on the use of female condoms compared to male condoms, social and cultural stigma a barrier to explicitly carry and use female condoms, as well as challenges with insertion and time consuming. The emerged sub-themes are discussed below:

4.3.1.1. There is minimal knowledge on the use of female condoms compared to male condoms

This study shows that lack of sufficient knowledge of the female condom is reported as a barrier by participants. Some highlighted that government and donors need to come with methods to increase knowledge of the female condom. Participants expressed some of their challenges below:

Participant 7 (Male) said: *“Those things are very much complicated and have procedures. I'd recommend someone to use a female condom but for them to use it they should have a clear knowledge about it. They should have seen someone practicing it, a perfect demonstration rather than just go and say I have a female condom now, I think I'm ready to use it”*.

Participant 4 (Male) added: *“Well, the knowledge is not out there and they are not promoted that much as opposed to the male condoms. Yes, so I think that's part of the reasons why they are not recognised”*.

Studies reveal that educational background is highly associated with the consistent use of female condoms (Mbelle et al., 2018). A study by Ajay (2019) states that information about the condom is mostly associated with consistent condom use amongst students at institutions of higher learning in Nigeria. Ananga et al. (2017) reveal that some students relied on their friends for information about female condoms.

4.3.1.2. Social and cultural stigma a barrier to explicitly carry and use female condoms

This study reveals that factors such as cultural background can influence the use of female condoms as people are brought up in different environments. Society has morals and values that guide people on how to conduct themselves. Therefore, the issue of stigma attached to one having or carrying female condoms around has reduced chances of students utilising female condoms with the fear of being verbally victimised. Below is how participants expressed themselves:

Participant 2 (Female) said: *“Basically, I can say... with the female condom, it goes with an individual to say. Culture also can influence that. I can also say they might be accessible but my upbringing can limit me to want to know much about it. However, I feel they are accessible”*.

Participant 5 (Female) added: *“Yes, looking at also at our backgrounds where we're coming from. I think another thing that might be contributing to females not having female condoms at our disposal is because if someone is found with a female condom and it's a female they see that person in a different way than when it's a male person carrying a male condom”*.

Participant 9 (male) said: *“Most ladies shy away from having a female condom because they will be thinking about how their boyfriends will do when he finds out about the condom”*.

Gambir et al. (2019) posit that there is a challenge on who should be responsible for the purchase of the condom between the partners in the sexual relationship because of gender norms attached to carrying a condom around. In Sub-Saharan Africa, women have less powers to negotiate the use of female condoms with their partners in the relationships due to existing cultural background, societal norms and other gender aspects in the communities (Schuyle et al., 2016). Gambir et al. (2019) further report that men usually take responsibility for purchasing condoms because women fear criticisms from people when purchasing condoms. It has been observed that reluctance to use female condoms is caused by the belief that the condoms feel unnatural and reduce sexual pleasure.

4.3.1.3. Insertion is challenging and time consuming

Participants noted that the process of inserting the female condom as a contributor of female condom non-use. According to Fenwick, Botfield, Kidman, McGeechan and Bateson (2021), the female condom can be inserted into the vagina before sexual intercourse and can be used with any kind of lubricants to enhance stimulation during sex. Participants allude that it is quite difficult to hold the device inside the vagina for longer period. Participants commented:

Participant 8 (Female) said: *“Uhm... the process. First of all, that you have to insert them for eight hours before you interact with a male. The time frame for me it is not working”*.

Participant 3 (Male) added: *“Uhm, with female condom specifically, from what I've heard is that it may be more difficult to use as compared to the male condom in terms of putting it on or inserting it”*

Participant 6 (Female) added: *“For me, the male condom is much faster and easier to use than the female condom. You have to put it on for 8 hours for it to sit properly and all those stuff”.*

Mogetse and Ramukumba (2018) documented reasons and challenges students face at institutions of higher learning when attempting to use female condoms. These challenges include a large ring hanging outside the vagina and how it needs to be inserted correctly before the commencement of sexual activities. Schuyler et al. (2016) note that the appearance of the female condom or lack of knowledge about its insertion makes it hard for some women to convince male partners to use it. Common misconceptions among people is that the female condom cannot be effective as it has two rings which will allow skin contact during sex, and that the sperm may pass through (Gambir et al., 2019). This results in students resorting to male condoms.

4.3.2. Theme 2: Female condom accessibility and availability

Female condom access points at the University of Limpopo are Health and Wellness Centre, university entrances and residence entrances. Some university residences have more than one entrance. Therefore, both male and female condoms are distributed at entrances to bathrooms. There are some postgraduate students who indicated that female condoms are accessible and available at the university. However, some participants expressed dissatisfaction with the availability and accessibility of female condoms on campus. Participants said that the availability and accessibility of female condoms on campus is not the same as male condoms. The following sub-themes emerged:

4.3.2.1. Container for storage of female condoms were not visible in student residences

Participants explained that female condoms tend to be distributed in very small numbers compared to male condoms. The distribution should be equal in order to allow women an opportunity to choose the type of contraceptives they prefer. Participants indicated that

instead of being placed in a container, female condoms are sometimes dispensed in boxes on the floor. Participants said the following:

Participant 8 (Female) said: *“Well, I think when they put the male condom, they should also include the female condom for alternative options because sometimes you will want to maybe pick a condom then you only find one type which is the male condom”*.

Participant 4 (Male) added: *“But one thing that I've never really seen it's on the residences, the entrances do have a box of condoms, but they always put male condoms instead of female condoms”*.

Participant 3 (Male) also added: *“The male condoms have their own containers in some of these residence entrances. Now my opinion is that if they put the female condom container right next to the male condom containers across all the residences”*.

Higher Health has made both male and female condoms accessible and available free of charge in public health institutions, TVET colleges and universities through its First Thing First programme (Mbelle et al., 2018). Furthermore, Mbelle et al. (2018) note that students at institutions of higher learning were aware that female condoms were available and accessible at student residences, student representative council chambers and inside male and female bathrooms.

4.3.2.2. Fewer health promotion campaigns for female condoms compared to those of male condoms

Participants mentioned lack of proper promotions as a setback to the female condom uptake in South Africa. Participants further compared the distribution of both male and female condoms and concluded that female condoms were not equally promoted as compared to male condoms, with the latter receiving much attention. Participants expressed themselves as follows:

Participant 4 (Male) said: *“Uhm, well... the knowledge is not out there and they are not promoted that much as opposed to the male condoms. So I think that's part of the reasons why they are not recognised”*.

Participant 9 (Male) added: *“Precisely. I think in the years that they developed this female condom they have been shadowed by the male condoms. So I think it's high time that we*

as society to promote sexual health especially equip our ladies because I think it might be even find that a lot of ladies don't know about female condoms.

Akindele et al. (2020) posit that the low use of female condoms can be attributed to the fact that it is less well known, and not readily accessible and available from vendors, unlike its male counterpart.

Mahlalela and Maharaj (2015) noted that there was no sufficient promotion for female condoms in the media. However, pamphlets are displayed on some public bathrooms that advertise female condoms. Akindele et al. (2020) further reported that most available researches focus more on the promotion of male condoms. Therefore, there is a need for researchers to interrogate what influences the low use of female condoms amongst students in higher institutions of learning.

4.3.2.3. Marketing strategies should be integrated into the university health services to popularise female condom

This study showed that the female condom is not well-known amongst students, which results in low uptake. Participants argue that appropriate marketing strategies need to be initiated and implemented on campus to popularise the female condom. Some participants indicated that they only heard about the female condom before but had never used it. This indicates that for the device to be well known, it needs to be promoted so that it can be used on an informed basis. Participants' comments are presented below:

Participant 5 (Female) expressed: *“Mmm... I think there's no difference between female and male condom but then maybe how they advertise might be a problem because we end up not knowing how they should be used and the process”*.

Participant 4 (Male) further said: *“I think the campaigns that they hold at Gate 2. The problem is that most of the time when they have those campaigns they teach mostly about male condoms instead of female condoms. So maybe if they should just shift the focus and teach more about these female condoms and its importance. Maybe that's where you can get a better understanding of the importance”*.

Participant 9 (Male) added: *“I think I've seen in the past awareness campaigns on campus where they are promoting public health and showing people how to utilise male condoms. That should be the starting point, when we promote male condoms, promote female*

condoms. The distributors who are distributing male condoms among residents on campus let them distribute female condoms, for example, you find that male condoms that are distributed where it is supposed to be female condoms. At the female residence you find male condoms instead of female condoms. So let's have those awareness campaigns as they are always happening at health centre”.

According to Beksinska et al. (2020), higher institutions of learning are part of sites for female and male programming and social market outlets that are targeted by the South African government to promote both male and female condoms. Akindele et al. (2020) note that university clinics should be revived in order to provide enlightenment and education on female condoms. Beksinska et al. (2020) highlighted strategies to improve the marketing of female condoms. These strategies include the use of social media platforms such as Facebook and Twitter, targeting key population such as higher institutions of learning, and more advocacy for female condoms.

4.3.3. Theme 3: Female condom benefits

This study revealed that some participants were aware that the female condom is an instrument or device that is used to prevent HIV, unwanted pregnancies, as well as other STIs. It is a method of contraception. Therefore, it has health benefits if used correctly. The following sub-themes emerged from this theme:

4.3.3.1. Female condom is an instrument or tool for empowerment of women

Participants also noted that the female condom offers an alternative for women to decide on the kind of contraceptives that they prefer to use. The female condom is the only female-initiated method that is designed for females for protection and prevention against HIV and other STIs (Fenwick et al., 2021).

Participant 1 (Male) expressed his views thus: *“According to my understanding, a female condom is a tool which is implemented for prevention. The main purpose behind is been used for prevention. The perceptions that I have towards it is that it is good to use it to prevent, I think with my understanding if people are having knowledge about it they would be using it for prevention. It’s a good tool for prevention”.*

According to Mogetse and Ramukumba (2018), the female condom was developed to empower women to take control of their reproductive health. A recent study revealed that the condom is a non-hormonal barrier contraceptive that is only women-initiated to provide a dual protection against STIs and unwanted pregnancies (Coffey & Kilbourne-Brook, 2021).

4.3.3.2. Female condom provides dual role of prevention of sexually transmitted infections and contraception

This study revealed that participants were aware that the female condom is an instrument or tool that is used for prevention against STIs and unwanted pregnancies. Institutions of higher learning consist of adolescents and young adults who are sexual active who are at high risk of contracting infections such as STIs and unwanted pregnancies. Its dual function as a contraceptive and method of preventing diseases makes it very important in institutions of higher learning because postgraduate students are involved in sexual relationships.

Participant 6 (Female) said: *“According to me, it’s just another method of prevention of diseases and pregnancy. That’s it. And with pregnancy, it’s just that I’m just not sure, because when I did my research, it was that it can prevent pregnancy about 21% of it. And for me that’s a concern”.*

Participant 2 (Female) said: *“I think people use condoms for various reasons, some use it to justify their cheating behaviour. I would say people go for it to prevent pregnancy and some are protecting themselves against diseases because you meet a person without knowing their health statuses”.*

Participant 10 (Female) added: *“I think the advantage it’s just the same as the male condoms, I can’t say it’s important more than the male one. The male condom serves as a protection against diseases and pregnancy, same goes with the female condoms”.*

Mogetse and Ramukumba (2018) note that the female condom is a contraceptive method that offers dual-protection against STIs, including HIV/AIDS and unwanted pregnancies. Benard (2017) revealed that the increasing number of HIV infections among women has called for all possible strategies to strengthen resources for women in order to enable

them to act autonomously in sexual relations. Therefore, the female condom was introduced as a means of both contraception and protection against STIs.

4.4. CONCLUSION

This chapter discussed the findings through literature control, including four themes and eight sub-themes. The following themes and their sub-themes were discussed: the use of female condoms is a challenge among students; female condom accessibility and availability; and female condom benefits. Chapter 5 discusses the summary, recommendations, strengths and limitations of the study.

CHAPTER 5

SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1 INTRODUCTION

The previous chapter focused on research findings and literature control where a number of themes and sub-themes were discussed. In this chapter, the results of the study are discussed, and conclusions, limitations and recommendations of the study are provided based on the research objectives. The main aim of this study was to understand and document perceptions of postgraduate students at the University of Limpopo about female condoms.

5.2 SUMMARY

The aim of the study was to understand and document perceptions of postgraduate students at the University of Limpopo about female condoms. The objectives were to explore demographic characteristics and to describe perceptions of postgraduate students at the University of Limpopo about the use of female condoms. In order to ensure that the aim and objectives of the study were met, the researcher asked the main question and probing questions. Postgraduate students were able to answer the questions and to describe their perceptions and experiences in findings, themes and sub themes in Chapter 4.

The study employed the qualitative approach, which is descriptive in nature. The researcher used Thematic Content Analysis to organise and manage data. The first theme focused on the use of female condoms as a challenge among students. Under this theme, the following sub-themes were discussed: minimal knowledge on the use of female condoms compared to male condoms, social and cultural stigma as a barrier to explicitly carry and use female condoms, challenges with insertion and the fact that it is time-consuming. The second theme looked at female condom accessibility and availability. Under this theme, the following sub-themes emerged: containers for storage of female condoms not visible in student residences, fewer health promotion campaigns

for female condoms compared to male condoms as well as marketing strategies that have to be integrated into the university health services to popularise female condoms. The last theme focused on benefits of using female condoms. Under this theme, the following sub-themes emerged: female condom as an instrument or tool for women empowerment, female condom as providing dual role of prevention of sexually transmitted infections and contraception.

Postgraduate students were able to share how they perceive female condoms. Findings revealed that students are aware of the female condom and its benefits. Participants have shown much interest and support for the female condom. However, the issue of availability and accessibility emerges as a primary problem for students to give the female condom the same attention given to the male condom. Furthermore, students also acknowledged that female condoms exist on campus, but many have cited insufficient knowledge or experience in the use of the condoms. Lack of knowledge regarding the condom is mostly caused by students having to rely on government as a source of information through pamphlets due to its lack of advertisement on media.

The inaccessibility discourages students in considering the female condom as an alternative to the male condom. The distribution of female condoms still lags behind compared to male condoms at the university, with male condoms being distributed in a larger scale, and therefore, visible everywhere, including in female residences. Participants called for government to ensure a balance in the distribution of condoms in order to empower women to take responsibility in their sexual relationships. Procurement and costs have led participants to raise questions about the unavailability of female condoms in nearby pharmacies. All challenges attached with the female condom have left students with no other option but to continue using the male condom. It appears very clear that enough attention should also be given to the female condom in order for it to gain popularity and used accordingly.

5.3 RECOMMENDATIONS

Introduction of more different female condoms to make it easier for students to choose between different female condoms. The university must start distributing female condoms in the same quantities as they do with male condoms. Increasing of distribution points within the university, especially in female residences to make them more accessible. Introduction of female condom containers to store female condoms. More advertisement and promotions of female condoms, including in private media houses such as billboards and commercial radio stations.

5.4 STRENGTHS AND LIMITATIONS OF THE STUDY

- **Strengths**

The researcher interviewed all participants at the university. This allowed for probing for further information. Participants were free to give all necessary data needed as they were able to interact with female condoms in the same environment.

- **Limitations**

The researcher had to maintain social distance and wear a face mask together with participants due to Covid19 regulations. Therefore, the researcher was not able to interview participants for longer time as contact had to be minimised.

5.5 CONCLUSION

This chapter outlined the summary, conclusion, limitations and recommendations of the study. Key findings of the study were presented on perceptions of postgraduate students about female condoms as emerged from the study. Recommendations highlighted by the researcher will have implications for the improvement of female condom programmes.

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APPENDIX 1: INTERVIEW GUIDE

DATA COLLECTION TOOL

INTERVIEW GUIDE FOR ONE ON ONE INTERVIEW.

SECTION A: SOCIO-DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS

1. Age group

18-25		25-45		45-65		66-75		Other	
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2. Gender

Male		Female	
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3. Marital status

Single		Married		Divorced/separated		Co-habiting	
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4. Field of study

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SECTION B: PERCEPTIONS OF POSTGRADUATE STUDENTS ABOUT FEMALE CONDOM.

1. **Main question:** What are your perceptions about female condoms?

2. **Follow up questions**

- What can you say about are the accessibility of female condoms at the University of Limpopo?
- In your view, how important is it for partners to use female condoms?
- What can recommendations can you make regarding female condoms?
- What do you think can be done to improve the use of female condoms among students?

Thank you for cooperation and participation

APPENDIX 2: INTERVIEW TRANSCRIPT

INTERVIEW TRANSCRIPT

PARTICIPANT NO 09 (MALE)

	Questions and answers	Coding
Researcher	What are your perceptions about the female condom?	
Participant	Mmm... I think it's a great initiative... considering that eeh... or let me refer to campus and not just outside. I will just base my responses on campus. So I think it's a great initiative to have a female condom on campus, one being... most of campus age group are sexual active of course. So you find that they tend to visit each other a lot in their in their residences. So most guys, I'm confident that most guys don't carry along their condoms when they visit this female residences so even if you were to carry your condom. Most of the time sex is it's not something that we can plan that I'm going there to have sex and it can happen simultaneously. I think it's a great initiative for females also have their own condom that in case emotions take you to have sex we can actually have it safe. So I think that would be my perception to say it's a great initiative, especially for sexually active students who are pointed on campus to always have the instrument in case their boyfriends visit them and you find that they didn't bring condoms along so it could be it could be beneficial for their health and take not just to talk of... but just their health.	
Researcher	Mmm... okay. Going forward, in your stay in this university are female condom accessible?	
Participant	Uhm... no let me not lie and say they are accessible or not. Cause some somewhat of an introvert and for the fact that I am married I'm always indoors with the lady so for us We were hardly seen or accessed female condoms as we use other means of contraceptives. So I would lie to say how their accessibility are but I think maybe they are accessible. I'm not sure.	
Researcher	So in your understanding, how is it important for partners in a sexual relationship to use this female condom as a method of contraceptive?	
Participant	I think in today's world we need to be safe because there's a saying that you can you can buy anything but not your health... so I honestly think it's very important for partners to discuss this methods of contraceptives and female condoms should be should be a part of it. It shouldn't be outside the picture because as I've mentioned before you never know sex is simultaneously So if you are female and you	

	are in your room you can easily to talk to your partner and say it is okay I've got female condoms along. So it's one of the contraceptive method that I think partners needs to discuss amongst themselves, and we utilized like we utilize male condoms.	
Researcher	Yes...	
Participant	Yeah...	
Researcher	Okay, I think I got that point. So, your understanding can a female condom be recommended to students as we are talking about students?	
Participant	Precisely... precisely. I think it's a... in the years that they developed this female condom they have been shadowed by the male condoms. So I think it's high time that we as society to promote sexual health especially equip our ladies because I think it might be even find that a lot of ladies don't know about female condoms. So I think it's high time that we capacitate are females and let them be recommended to use female condoms for better reasons and will say forever and good health. So because I think not just in my understanding society should just start recommending the female condom cause I think we tend to rely more on male condoms and in case of shortages you're actually doomed so precisely let's just recommend and equip our females to use female condoms. So yeah...	
Researcher	Okay. I heard saying the female condoms are not that much accessible at the university... so what do you think can be done or what strategies can be employed to make this condom accessible and to make sure that students are able to utilize it.	
Participant	I think I've seen in the past awareness campaigns in campus where they are promoting public health then showing people how to utilize male condoms I think that should be the start of point Let's when we promote male condoms, promote female condoms. The distributors who are distributing male condoms among residents in campus let them distribute female condoms cause it's funny you go to a female residence. For example, you find that it's male condoms that are distributed where it's a female residence so I think the start of point is let's have those awareness campaigns as they are always happening with one health and eeh... promote female condoms while promoting a male condom so in that way you'll be promoting public health, you will be leading society especially females know that there is an alternative to a male condom. You will also be telling male students that hey it is not necessary we can carry along female	

	condom and I once heard... I'm not sure if it's true, but I once heard that they are reusable you can use it then wash them and...	
Researcher	Mmm... Those who are in South Africa today the government does not really promote using and reusing it but it is mostly used by the sex workers. Those ones whose ones use the female condom up to up to eight times or seven times	
Participant	So you see it's quite a safer option than the male condom if that's the case.	
Researcher	So uhm... as you have indicated that The best ways to improve this service of female condom it's those Campaigns and all the necessary arrangements that can be done. If you happen to walk around and see a person with female condom how are you going to perceive that person?	
Participant	I think eeh... I will answer this in a biased way since did you know I'm now an adult and married so I came understand stuff a different way, so but I would say it's we need to be agents of Public Health when growing up and growing up means you also need to start talking about these things and be agents of Public Health with so I think it will be... for me I understand that people, I mean 90% of people who are the university are adults and sexually active. So if you are to have to find someone who's got condoms, it's like you get to be happy to say no these people are playing it safe. They're responsible then and they are careful of their health. So it's something that would actually just make me happy to say these people know that they are sexually active that's number one, number two they know that they should be looking after their health and number three, of course, they are responsible. Yes, that would be my take.	
Researcher	I would like us to talk about it these perceptions especially since you had hints in your answering and we went through some analysis and discussion together. So what are your perceptions your general overview of female condoms?	
Participant	I think one would just concluded to say female condoms are a good initiative. That is number one, number two just judging from what we talked about. It's high time that we prioritize female condoms or gift give it attention the same way we are giving the other contraceptives like male condoms and other forms. So one would conclude to say I know for now the perception is... I'm just trying to log into a feminine side, too. Most ladies might shy away from Heaven female condoms cause they'll thinking my boyfriend comes to find out the condom. So it gives him a perception that maybe I'm going around. Yeah, but we need to change that mindset going	

	<p>forward to say it's okay to have female condoms is like having a male condom. I mean chances are if you visit any guys the room, you'll find make condoms or even female rooms will find a male condoms. So why not come to my room and then in find a female condoms. So we need to shift toward that direction now to say, okay. We know the benefits of male condoms is what they can do things I've ever tested in received it in a good manner. So let's now also give attention to You mean condoms and no know its benefits let's just juggle it and get on it like we perceive or received male ones.</p>	
Researcher	Thank you very much.	


APPENDIX 3: INDEPENDANT CODER CERTIFICATE

Coding Report for Mkhotso George Shiburi

Research Topic: The Perceptions of Postgraduate Students at the University of Limpopo about Female Condoms

By: Dr. PM Mamogobo

This is to certify that I, Dr. PM Mamogobo has independently coded data based on the one-to-interview of the individual participant for the research study titled *The Perceptions of Postgraduate Students at the University of Limpopo about Female Condoms*. I, therefore, declare that the candidate and I reached a consensus on the major themes and sub-themes reflected by the research data. Furthermore, I declare that data saturation was achieved as evidenced by repeating common ideas reflected by verbatim data

Signature  _____ **Date**
_2020/11/30_____

APPENDIX 4: ETHICAL CLEARANCE



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 12 August 2020

PROJECT NUMBER: TREC/158/2020: PG

PROJECT:

Title: The Perceptions of Postgraduate Students About Female Condoms at The University of Limpopo
Researcher: MG Shiburi
Supervisor: Prof SF Matlala
Co-Supervisor/s: N/A
School: Health Care Sciences
Degree: Master of Public Health

PROF P MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

APPENDIX 5: LETTER REQUESTING PERMISSION TO COLLECT DATA

P.O Box 27

Tarentaalrand

0859

19 August 2020

The registrar

University of Limpopo

Sovenga

0727

Dear Prof Masha

RE: Request for Permission to conduct a study

I Shiburi Mkhotsso George, hereby request permission to conduct a research study at the University of Limpopo postgraduate residences from postgraduate students as participants. I have currently enrolled for Master of Public Health programme at the University of Limpopo and I am in the process of writing my Master's dissertation. I have attached my TREC certificate with the project number TREC/158/2020: PG.

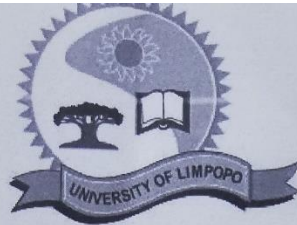
The purpose of the study is to explore and describe the perceptions of postgraduate students about female condoms. Your approval to conduct this study will be greatly appreciated. I

Yours sincerely,

.....

0820659291 or shiburigeorge24@gmail.com

APPENDIX 6: LETTER GRANTING PERMISSION TO COLLECT DATA



**University of Limpopo
Office of the Registrar**

Private Bag X1106, Sovenga, 0727, South Africa

Tel: (015) 268 2407, Fax: (015) 268 3048, Email: Kwena.Masha@ul.ac.za/Retha.Balie@ul.ac.za

26 August 2020

MG Shiburi,

Email: shiburigeorge24@gmail.com

Dear MG Shiburi,

GATEKEEPER PERMISSION TO CONDUCT RESEARCH

**TITLE: THE PERCEPTIONS OF POSTGRADUATE STUDENTS ABOUT FEMALE
CONDOMS AT THE UNIVERSITY OF LIMPOPO**

Researcher: MG Shiburi
Supervisor: Prof SF Matlala
Co-Supervisor/s: N/A
School: Health Care Sciences
Degree: Master of Public Health

Kindly be informed that Gatekeeper permission is granted to you to conduct research at the University of Limpopo entitled: **"The perceptions of Postgraduate students about female condoms at the University of Limpopo"**.

Kind regards,

**PROF. JK MASHA
UNIVERSITY REGISTRAR**

Cc. Prof. RN Madadzhe: Deputy Vice-Chancellor: Teaching and Learning
Dr. T Mabila, Director: Research Development and Administration
Prof. P Masoko – Chairperson: Research and Ethics Committee
Ms A Ngobe – TREC Secretariat

APPENDIX 7: INFORMED CONSENT

CONSENT FORM

UNIVERSITY OF LIMPOPO (ENGLISH CONSENT FORM)

Statement concerning participation in a clinical trial /research project

Name of study: **The Perceptions of Postgraduate Students About Female Condoms at The University of Limpopo.**

Information box:

<p>My name is Shiburi MG, I am a researcher from the University of Limpopo. The aim of this study is to explore and describe the perceptions of postgraduate students. Interview guide will be used to collect data. Participation in this study is voluntary and you may withdraw from it at any time without providing any reason. This will have no influence on your academic performance.</p>

<p>For any enquiries kindly contact me on: 0820659291</p>

Participant:

I have heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study sufficiently clear to me. I have not been pressurised to participate in any way.

I understand that participation in this study is completely voluntary and that I may withdraw from it at any given time without supplying reasons. This will have no influence on my academic performance.

I know that this study have been approved by the Turfloop Research Ethic Committee (TREC), University of Limpopo. I am fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this study.

.....

Name of participant

.....

Signature of participant

Statement by the researcher

I provided verbal information regarding this study. I agree to answer any future questions concerning the study as best I am able. I will adhere to the approved protocol

.....

Name of researcher

.....

Signature

.....

Date

APPENDIX 8: LETTER FROM THE EDITOR



University of Limpopo
School of Languages and Communication Studies
Department of Linguistics, Translation and Interpreting
Private Bag x1106, Sovenga, 0727, South Africa
Tel: (015) 268 3707, Fax: (015) 268 2868, email:kubayij@yahoo.com

17 June 2021

Dear Sir/Madam

SUBJECT: EDITING OF DISSERTATION

This is to certify that the dissertation entitled 'The perceptions of postgraduate students at the University of Limpopo about female condoms' by Mkhotsso George Shiburi has been copy-edited, and that unless further tampered with, I am content with the quality of the dissertation in terms of its adherence to editorial principles of consistency, cohesion, clarity of thought and precision.

Kind regards



Prof. S.J. Kubayi (DLitt et Phil - Unisa)
Associate Professor
SATI Membership No. 1002608

Finding solutions for Africa