Condom Use and Risk Perceptions among Male and Female Adolescents in Cameroon: Qualitative Evidence from Edéa

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ABSTRACT
The present study examines the specific constraints to condom use among male and female adolescents in Edéa, Cameroon, and how they differ by gender. The data come from recent focus groups conducted among both in-school and out-of-school male and female adolescents and young adults. The results indicate that while the image of a young man getting condoms is mixed, there is a strong stigma attached to female adolescents getting or carrying condoms, which represents a serious barrier to condom procurement among young women. For both males and females, condom use with regular sexual partners is not perceived as necessary and asking a new partner for condom use is considered suspicious and is interpreted as a sign of mistrust. Overall, young women who use condoms tend to use them to prevent unwanted pregnancies while young men use them to avoid contracting sexually transmitted diseases, especially gonorrhea and syphilis. Although AIDS awareness is high among adolescents, some youths in Edéa do not believe that the disease actually exists. The study further shows that the economic dependency involved in some types of sexual relationships among female adolescents has an ambiguous effect on condom negotiation and condom use among adolescents. Finally, youths, especially males, dislike using condoms because condoms reduce pleasure and because they can break. Adolescents often attribute breakage to poor storage and selling conditions rather than to the quality of the product per se. Policy and programmatic implications of the above findings are also discussed in the paper.
INTRODUCTION

Like in many African countries, adolescent reproductive health has become a topic of increasing concern in Cameroon. Maternal mortality among teenage mothers (CRDI 1991), growing rates of unwanted pregnancy and illegal abortions (CALVES AND MEEKERS 1997; LEKE 1998) as well as the high prevalence of sexually transmitted diseases, including HIV/AIDS (MAFANY et al. 1990; KAPTUE 1998) are examples of increasing reproductive health problems faced by Cameroonian adolescents.

Policy and program initiatives are slowly being implemented to address the special reproductive health needs of Cameroonian adolescents. Promoting the use of condoms among youth is one of them. Indeed, condom use is one of the best methods for combating sexually transmitted diseases, including the spread of HIV infection. Because it is a safe, effective and affordable family planning method, condom use can also help adolescents avoid unwanted pregnancies and dangerous abortion attempts.

Understanding youth’s attitudes to condoms is crucial in promoting condom use as a means of protection against sexually transmitted diseases and undesired pregnancies. The present study explores the norms and attitudes regarding condom use among adolescents using recent focus group data collected in Edéa, Cameroon.

Although ever use of condoms is very high among adolescents in Edéa, quantitative studies show that current use remains low. While most adolescents are sexually active, condom use is very irregular and condoms are only used with some partners and not with others (MEEKERS and CALVES 1997b; TCHUPO et al. 1996; VAN ROSSEM and MEEKERS 1999). Young men are also significantly more likely to purchase condoms and to use them regularly than their female counterparts. Quantitative results further suggest that male adolescents may be more likely to use condoms to prevent contracting sexually transmitted diseases while female adolescents use them to prevent pregnancy (MEEKERS and CALVES 1997b).

In such a context there is a need to better understand the specific constraints to condom use among male and female adolescents and how they differ by gender. This is the purpose of the present study. More specifically, the research examines gender differentials in the following areas: condom symbolism, access to condoms, condom use, motivations to use condoms, and condom negotiation. Other barriers to condom use as perceived by male and female adolescents, such as perceptions of HIV/AIDS risks and problems while using condoms, are also discussed.
LITERATURE REVIEW

Adolescent sexual and reproductive behavior in Cameroon

Childbearing starts very early in Cameroon. Data from the 1991 Cameroon Demographic and Health Survey (CDHS) show that 29.7 percent of respondents aged 15 to 19 and 80.1 percent of those aged 20 to 24 had already had a child or were pregnant at the time of the survey (BALÉPA et al. 1992). Early childbearing in Cameroon is mostly explained by an early age at first marriage. In the CDHS data, 41 percent of female respondents 15 to 19 years old had ever been married or had lived in a consensual union.

Although marriage remains a crucial event in the life of Cameroonian women and men, it is increasingly postponed, especially in urban areas and among educated youth. Data from the 1976 and 1987 censuses show that while the median age at first marriage was 26.7 among men in 1976, it increased to 27.9 years of age in 1987. Similarly, among women it increased from 18.6 in 1976 to 20.9 in 1987 (DNRGPH 1987).

While young men and women increasingly postpone marriage, they do not wait for marriage to become sexually active and premarital sexual activity and premarital births are on the rise. Data from the 1978 World Fertility Survey and the 1991 CDHS show a clear and significant increase in the level of premarital sexual activity among adolescents over time in all regions of the country, except in the Northern region (KUATE-DEFO 1998). The high prevalence of sexual activity among unmarried adolescents has been documented in several other studies conducted among Cameroonian youth (CRDI 1991; MEEKERS & CALVÈS 1997a; NIJKAM SAVAGE 1998; BEAT SONGUÉ 1998).

Not only is sexual activity among unmarried Cameroonian adolescents increasingly common but studies show that unmarried adolescents, especially young men, often have multiple sexual partners. In her study conducted in Yaoundé among 541 single young men and women, CALVÈS (1998) found that 60 percent of male respondents 15 to 20 years old and 33 percent of their female counterparts declared ever having multiple sexual partners simultaneously. Having multiple sexual partners is common among male adolescents and is perceived as a sign of virility and status among peers (ABÉGA 1995). As for young women, having multiple sexual partners is often dictated by economic necessity and young women often engage in sexual relationships in exchange for money or gifts (SONGUÉ 1986; CALVÈS 1998; MEEKERS and CALVÈS 1997a).

Although sexual activity, often with multiple sexual partners, is rather common, condom use among unmarried adolescents remains low. In Yaoundé, only 19 percent of sexually active
female adolescents and 22 percent of their male counterparts reported ever using condoms with their regular sexual partners (Calvès & Meekers 1997).

**Adolescent reproductive health problems in Cameroon**

It has been well documented that mother’s age affects pregnancy outcomes, including the likelihood of complications during pregnancy and childbirth. Data from the Enquête Fécondité des Adolescentes au Cameroun conducted in 1988 show that 15.8 percent of ever-pregnant adolescents ages 10 to 19 experienced complications during childbirth and 2.6 percent experienced a still birth (CRDI, 1991). Based on data from the principal maternity hospital in Yaoundé, Leke (1989) further reports that pregnancies to women under age 16 represent nearly 70 percent of all obstetric complications.

While pregnancy among married adolescents is expected and encouraged, pregnancy among unmarried adolescents, especially those who are still enrolled in school, is often perceived as a disaster. Analysis of the CDHS data shows that a significantly larger percentage of unmarried adolescents (61.5 percent) are unhappy about the timing of their first birth compared to married adolescents (24.9 percent) (Calvès 1997).

Accidental and undesired pregnancies often lead adolescents to resort to illegal abortion. Although abortion data in Cameroon remain scarce, abortion rates among adolescents in Cameroon are believed to be high, especially in urban settings. A study conducted in health centers in Akonolinga, Obala, Niété and Mbalmayo found that about half of the induced abortions (49.6 percent) occurred among women less than 20 years old (Leke 1998). In Yaoundé, 18 percent of single adolescents aged 15-20 and 41 percent of those aged 21-26 reported ever having an abortion (Calvès & Meekers 1997). Abortion attempts are particularly dangerous to young women because they are more likely to resort to unsafe and self-induced abortion. In his qualitative study on sexual practices in the Center, South and East Provinces of Cameroon, Abega (1994, 1995) documented a wide range of self-induced and dangerous abortive methods commonly used by adolescents.

Besides undesired pregnancy, unprotected sexual relationships, often with multiple partners, increase the risk of contracting sexually transmitted diseases including the HIV/AIDS virus. A study conducted in Yaoundé in 1993 among 404 secondary level school-boys and school girls aged 10 to 26, showed that 18 percent of sexually active adolescents, 75 percent of whom were male respondents, reported ever having a sexually transmitted disease (Kapte 1998). In the Fako district in the East part of Cameroon, the reported prevalence of STDs among sexually active youth was 25 percent (Mafany et al. 1990). While between 1985 and 1990 HIV prevalence in Cameroon was estimated to be less than 1 percent, the rate increased to more than 5 percent in the 1990-1995 period. Adolescents aged 15 to 24 represented 18
percent of all AIDS cases reported between 1985-1996 in Cameroon. Almost half of the reported cases (48 percent) were persons aged 25 to 34, which suggests that they had contracted the virus during adolescence (KAPTUÉ 1998).

**The setting: male and female adolescent reproductive health in Edéa**

Edéa is located in the Littoral Province of Cameroon. It is an important industrial town of 60,000 inhabitants. The population of the town is multi-ethnic, but the dominant ethnic groups are the Bassa and the Bakako. The 1996 PSI/IRESCO Enquête sur la Santé Reproductive des Adolescents au Cameroun" survey (ESRAC-96) includes information on 805 male and female adolescents (aged 15 to 22) living in Edéa. Results from the ESRAC-96 survey provide useful background information on sexual behaviors and reproductive health issues among adolescents in Edéa and how they differ by gender (for details on the quantitative results, see MEEKERS and CALVÉS 1997b; TCHUPO ET AL., 1996; VAN ROSSEM and MEEKERS 1999).

Males interviewed in the ESRAC-96 became sexually active at an earlier age than their female counterparts: 33.6 percent of male respondents 12 to 15 years-old were sexually experienced at the time of the survey versus 16.9 percent of their female counterparts. However, by the time they reached age 18, the majority of all adolescents, males and females alike, were sexually experienced (TCHUPO et al. 1996:46).

The recent economic crisis is believed to have encouraged girls to become sexually active at an earlier age for economic reasons (ABEGA et al, 1994, 1995). The economic recession has strongly affected the town of Edéa, causing several industries to close down and raising the unemployment rate. Like in other Cameroonian towns, exchange of money or gifts for sexual favors concerns a significant portion of adolescents. In 1996, more than a third of female adolescents (37.3 percent) interviewed by the ESRAC-96 admitted ever receiving money for sex and 28.5 percent of their male counterparts declared ever giving money to obtain sexual favors (TCHUPO et al. 1996:55). However, there is evidence that a recent adolescent reproductive health intervention in Edéa led to a significant increase in age at first intercourse among women (VAN ROSSEM and MEEKERS 1999).

It is also very common for adolescents to have multiple sexual partners, especially (but not solely) among older adolescents: 67 percent of male respondents aged 19 and older and 38.2 percent of their female counterparts reported having two or more regular partners during the previous year. Furthermore, more than half of sexually active male adolescents (55.1 percent) and about a third of female adolescents (33.8 percent) reported having one or more casual

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1 The large majority (93.8 percent of males and 92.0 percent of females) of the ESRAC-96 survey respondents were single (Tchupo et al., 1996).
partners during that time period. Thus, the ESRAC-96 data show that, even though males and females are sexually active by the time they reach age 18, adolescent males are significantly more likely than females to engage in risky sexual practices.

Ever use of condoms by adolescents is very high among both males (62.3 percent) and females (57.2 percent) in Edéa. Despite this positive result, current use of condom remains low among adolescents, indicating that condom use is irregular, and that condoms are only used with some partners and not with others (MEEKERS AND CALVÈS 1997b; VAN ROSSEM and MEEKERS 1999). Regular condom use is much more common with casual partners than with regular partners. While 42 percent of male respondents and 33 percent of female reported using a condom during their last intercourse, the percentages increase to 65 percent and 57 percent for male and female respondents respectively when the last intercourse was with an occasional partner. Male adolescents in Edéa are also significantly more likely than their female counterparts to buy condoms: while 63.3 percent of male respondents declared ever having bought a condom, only 18.9 percent of female respondents did.

Results from the MEEKERS and CALVÈS study (1997b) further suggest that gender differentials in condom use may be due to differences in motivations. Male adolescents in Edéa are more likely to use condoms to prevent contracting sexually transmitted diseases, while female adolescents are more likely to use them to prevent pregnancy. When asked about the potential risks associated with sexual activity, more girls (58.1 percent) than boys (35.7 percent) reported unwanted pregnancy and more boys (57.8 percent) than girls (32.8 percent) reported sexually transmitted diseases risks (TCHUPO et al. 1996: 45).

The abortion rate is high in Edéa: 18.5 percent of ever-pregnant respondents of the ESRAC-96 survey ever had an abortion and 42.1 percent of declared pregnancies were terminated by induced abortion. The prevalence of sexually transmitted diseases is also high, especially among males: 17.2 percent of male respondents and 8.7 percent of female respondents reported ever having a sexually transmitted disease. The ESRAC-96 also reveals that awareness of the HIV/AIDS epidemic is very high among both male and female adolescents and only an insignificant portion of the respondents never heard of the disease.

Despite high rates of sexually transmitted diseases and a high awareness of HIV/AIDS, however, the ESRAC-96 survey shows that risk perceptions remain low among respondents. More than two-thirds of respondents (73.4 percent of males and 68.5 percent of females) believe they are at no risk or at a lesser risk than other adolescents of contracting a sexually transmitted disease, including AIDS.

To address these issues, the Programme de Marketing Social au Cameroun (PMSC), an affiliate of Population Services International (PSI), implemented an adolescent reproductive health program in Edéa, from May 1996 through September 1997. The adolescent program,
named "Horizon Jeunes", targeted adolescents and young adults through peer education, youth clubs, mass media promotion and behavior change promotion (Van Rossem and Meekers 1999). Evaluation of the program suggested that Horizon Jeunes was extremely successful at reaching young people. The intervention has also succeeded in creating widespread awareness of the benefits of condom use, creating universal brand awareness and making affordable condoms widely available. The percentage of female and male respondents who ever used condoms increased during the intervention. Despite these results, however, there was no significant change in the proportion of youth who used condoms in the last intercourse, and condom use has remained inconsistent in Edéa. The program also seems to have been more successful in reaching male than female adolescents (Van Rossem and Meekers 1999).

Based on this analysis, it appears there is a need for qualitative research to improve our understanding of the specific constraints to condom use among male and female adolescents. Specifically, several questions remain unanswered: what contextual factors explain gender differential in condom use? Why are so few young women buying condoms? Do women have particular constraints to condom purchase that men do not have? Are there gender differentials in motivations to use condom and condom negotiation? More generally, why did consistency of use remain low, even though a high percentage of youth have tried condoms? Despite a high awareness of HIV/AIDS, why do adolescents' perceptions of risk remain so low? This study uses data from focus group interviews with adolescents and young adults in Edéa to answer these questions.

**DATA AND METHODS**

The present study uses qualitative data collected among adolescents and young adults in Edéa in January and February 1999. More specifically, six focus group discussions were conducted among female and male youth both in school and out of school. The following sub-groups were interviewed separately: female students aged 15-17, male students aged 15-17, female students aged 18-22, male students aged 18-22, out of school males aged 18-22 and out of school females aged 18-22. Considering the small number of female and male adolescents less than 18 years old who are not in school in Edéa, these two groups were not interviewed in the study.

Local informants recruited student participants from the six different schools ("collèges" and "lycées") in Edéa. The purpose of using more than one informant to recruit participants was to ensure that all participants would not know each other or would not come from the same "group of friends". Out-of-school males and females were recruited directly from various spots in the town: at the market, car-wash, hair salons, small shops and the like. Female students also helped recruit non-student females. Focus groups were moderate sized groups ranging from six to eight participants. All participants were asked to complete a short form with background information including age, ethnic group, occupation and class attended.
The author moderated all focus group sessions, in the presence of a male assistant for sessions conducted among male students. Focus group discussions were based on fairly structured and detailed guidelines, but at times, additional topics or questions were raised to obtain further clarifications about specific issues. The discussion guidelines included five main topics: condom use, condom use negotiation, condom symbolism, interaction with service providers, and perceptions of HIV/AIDS risks. Each section focused on gender differentials. All discussions were conducted in French, the lingua franca, and were audio-recorded. To ensure that respondents could be distinguished on the tapes, the transcription of the tapes took place shortly after the discussions under the supervision of the moderator.

The analysis of the focus group transcripts took place in several steps. The first step was "code mapping" the data. It consisted of going through the transcripts and in assigning a code to each topic and sub-topic developed in the guidelines and marking passages related to the same topic. When topics that were not part of the initial discussion guidelines were mentioned (e.g. abortions or condom quality) additional codes were created. In addition to organizing the material by topics and sub-topics, statements that could serve as illustrative quotations were marked. Statements, expressions and terms were selected because they reflect the general impression of the group or because they provide particular insight into respondents' perspective on a specific topic. Notes about the level of consensus on a certain topic or issue were also made (non-verbal communications such as head movements showing approval or passionate answers showing disagreement was also considered).

RESULTS

AIDS Risk assessment: Syndrome Imaginaire pour Décourager les Amoureux (SIDA)

Previous studies have shown that adolescents' perceived risk of AIDS is strongly associated with their intention to use condoms (MODESTE et al. 1994). Focus group discussions confirm that AIDS awareness is rather high among youth in Edéa. All focus group participants had heard about the disease. With the exception of non-student female adolescents who mentioned kissing and greetings, adolescents were able to accurately cite all the transmission modes. Female participants were more likely than males to mention mother-to-child transmission.

However, despite this apparent awareness about the disease, participants stress that many adolescents in Edéa, especially uneducated ones, still deny the very existence of the HIV/AIDS virus. As in other Francophone countries, some adolescents have labeled the disease (called SIDA in French) as "Syndrome Imaginaire pour Décourager les Amoureux", which translates into "Imaginary Syndrome to Discourage Lovers"). Similar findings have been reported in South
Africa where teenagers have labeled AIDS as "America's Idea to Discourage Sex" (MTSHALI 1994, cited in GAGE 1998).

Discussions conducted with male and female out of school youths were edifying in that respect:

People are fooling us, I can't believe in this disease [AIDS] [Non student male, 18 years old]

I only believe want I see, I never saw a victim [Non student male, 21 years old]

I don't know if AIDS exists in Cameroon. I don't believe in all this [Non student female 19 years old]

If a girl dies, people say it is AIDS. If a girl loses weight people say it's AIDS. We never know. It can be dysentery or anything. It is when there is a dead body that people talk about AIDS. I don't know, I never saw someone with AIDS. [Non student female, 21 years old]

The lack of proof was a recurrent argument provided by non-student participants to justify their disbelief. During discussions conducted among students, no participant stated that he or she did not believe in the existence of AIDS, although they did say that it was a common belief among youth in Edéa. While students believe in the epidemic, some students tend to underestimate its magnitude:

Malaria kills more people than AIDS in Cameroon. Why should I protect myself against AIDS and do nothing about malaria? You can die of anything, hepatitis …or even a cold! [Female student, 16 years old]

These results partly explain why, despite a high AIDS awareness among youth, more than two-thirds of adolescents interviewed in the ESRAC-96 survey believe they are not at risk or at a lesser risk than other adolescents of contracting a sexually transmitted disease, including AIDS. Furthermore, several participants mentioned that adolescents have difficulty believing that an HIV-infected person can be symptom-free:

Guys don't think that a beautiful girl can be sick [Male student, 17 years old]
Gender differentials in condom symbolism

Focus group participants were questioned on the opinions of other adolescents in Edéa, who use condoms, or who are seen getting or carrying condoms. They were also asked about adults’ opinions (parents and teachers) on adolescents who carry and buy condoms.

There was a clear agreement across the six focus groups that female and male adolescent condom users are not perceived in the same way. Participants noted that there is a strong stigma attached to female adolescents obtaining or carrying condoms.

If you are seen with condoms here, people will say: « look at her she became something else already ». They immediately think you are a prostitute, or a street girl. Nothing will be able to remove that idea from people’s heads. [Out of school female, 19 years old]

As a young male student explains:

A decent and respectable girl cannot be seen buying condoms at the market, she will lose her dignity, be put ostracized. [Male student, 16 years old]

Several derogatory terms were used to refer to girls who are believed to use and purchase condoms. They were referred as Bafana Bafana, "Passe-partout " (literally "goes everywhere") "occasion pressée" (literally "quickie ") or simply as prostitutes.

While participants agreed that girls who are seen getting or carrying condoms are often labelled prostitutes, the image of a boy or young man who buys or carries condoms is more ambiguous. On the one hand, male condom users are also perceived as "passe partout", "promiscuous", "unfaithful" boys who have several sexual partners. Strong words such as "criminal", "delinquent" or "sexual maniac", were used by older male students to qualify the perception people in the community have of boys carrying condoms.

However, despite this reaction, participants believe that, overall, carrying or buying condoms is considered as an acceptable and normal attitude for a male adolescent. It is even perceived as a sign of "wisdom", and boys who carry condoms are seen as "responsible", "careful" or "evolved" youth. Several participants believe that educated males, especially older ones, purchase condoms more often than uneducated ones, often referred as "youth in the neighborhood" or "street youth", because the former are not "ignorant". Thus, there is sometimes a positive image associated with condom use among male adolescents.

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2 Bafana Bafana is the name of a South African Soccer team that badly defeated a Cameroonian team during an African cup. The team was remembered for being dangerous.
The association of condoms with promiscuity can hurt the reputation of adolescent women, but it enhances the reputation of young men. Confirming results from previous studies conducted among youth in Yaoundé (MEEKERS and CALVÉS 1997a), focus group discussions in Edéa suggest that for young men having multiple sexual partners is often perceived as a sign of virility and status. Several female participants pointed out that it is sometimes "prestigious" for a boy to be seen buying condoms because it shows that he has several partners, that "he is popular" and that "girls like him".

According to adolescents, the reaction of parents and teachers who see their adolescent children or their pupils carrying condoms will vary depending on the person’s "education" and level of "openness". While some adults will be "horrified" and will "punish" the adolescent for it, others will be "proud" and "encourage" this behavior. However, parents and teachers are also believed to hold double standards depending on whether the adolescent is a girl or a boy:

> If parents find a condom in their daughter’s bag they will be hurt. The first idea that comes to mind is ”My daughter is already making love with guys!” The parent is going to suffer. But if it is their son, they are going to tolerate it and say “he is a guy after all”. [Female student, 16 years old]

**Gender differentials in access to condoms**

Focus group discussions confirm that sources where condoms can be obtained are well known among adolescents in Edéa. There was a consensus across discussion groups that condoms are widely available in the town and that it was "very easy" for adolescents, both males and females to obtain cheap condoms:

> You can find condoms everywhere in Edéa: at street vendors, at the market, in small shops, at the pharmacy. They sell them across from discotheques. At any hour of the day or of the night, youths can get condoms. [Female student, 22 years old]

Other participants mentioned some health centers (one in particular) or youth clubs where condoms can be obtained for free (where condoms are, in the participants’ terms, "shared"). However, small shops, street vendors, market vendors, and pharmacies were the most often-cited condom sources. Several participants pointed out the role of the adolescent program "Horizon Jeunes" in making condoms more accessible to youth. Focus group discussions confirm that the program was very efficient in reaching adolescents in Edéa: in every focus group
discussion the program was mentioned\(^3\) and several participants mentioned "Prudence" as the most popular condom brand.

Considering the stigma attached to young women buying or carrying condoms in Edéa, it is not surprising that adolescent women are believed to be reluctant to buy condoms and ashamed to do so. To investigate alternative sources of condom procurement, participants were also asked if it is easy for girls and boys to try to obtain condoms from friends. Results show that not only are girls less likely to buy condom than boys, they are also less likely to obtain condoms from friends. Supporting previous results found in Botswana (Meekers et al. 1997) several female participants noted that female adolescents in Edéa, especially younger ones, do not dare to obtain condoms from friends because they are shy and/or do not want or disclose that they are sexually active.

There is a problem of hypocrisy, especially among schoolgirls. They are acting as if they have never done it [have sex] and don't want to ask or talk about condoms because friends will know. [Female student, 16 years old]

Another female participant added:

"But boys do. For a boy, having girlfriends is like having medals in the military!! So they ask each other for condoms without problem". [Female student, 17 years old]

**Condom use among male and female adolescents**

The ESRAC-96 survey data show that although condom use is low, regular condom use is much more common with casual partners than with regular partners, for both male and female adolescents (Meekers and Calvès 1997b). Sixty percent of male respondents and 49 percent of females who had not used a condom during the last intercourse said they trusted their partners. Focus groups discussions with adolescents in Edéa confirm that condom use with stable partners is very rare. However, condom use is more acceptable and even expected for sexual intercourse with "casual" partners, such as girls met in bars, prostitutes, or occasional partners met for the first time at a party. In sum, condoms are used with sexual partners who cannot be trusted.

    Going to the bar is like a game. When you play you know the rules. A young guy who goes to the bar to meet a girl knows that today it will be him, tomorrow, another man,

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\(^3\) Some participants did not know if the program was still active or not. This may stem from the fact that earlier distributed promotional materials (such as T-shirts) continue to give the program visibility, even though it ended in September 1997.
the day after, another. If she asks to use a condom, he should not be surprised. All sexual intercourse with girls who you meet in a bar requires condom use. [Male student, 21 years-old]

Paradoxically, both males and females participating in focus groups complain about the fact that the opposite sex is not faithful and cannot be trusted:

"Boys are more loyal than girls, girls sleep around too much it is difficult to find a girl with only one boyfriend." [Male student, 16 years old]

"There are beautiful women outside. They will always have something that you don’t have and your man will be attracted. No man is faithful to his girlfriend, even in movies!" [Non-student female, 21 years old]

As a male participant admits:

"In Africa, a man cannot eat plantain every day, he needs to vary his food, to change dishes". [Non-student male, 22 years old]

Participants were asked how female and male adolescents would react when a new partner proposes to use condoms. Even though both male and female adolescents are concerned about their partner’s promiscuity, the focus group results show that the majority of girls and boys think it is suspicious when a partner proposes condom use; they also think that it may be a sign of mistrust.

A girl might have two reactions: either she will say to herself "this guy is afraid of me, he think I am not a serious girl and he wants to protect himself, he does not trust me". Or she might also think, "this guy is not serious, he might be sick". [Male student, 19 years old]

"If a girl asks me to use a condom the first time, I wouldn’t be happy, it's a lack of trust." [Non-student male, 18 years old]

Although participants pointed out that some "clever", "educated" youth might agree to condom use, they believe it is rare. Adolescents may accept to use condoms for the first time or at the beginning of a relationship to "please their partner", but condom use would be discontinued as soon as the relationship becomes stable.

"If you always make love to the same boy, one day you will get tired of using these things [condoms], if you trust each other why use them, it's not worth it!" [Female student, 17 years old]
These findings suggest that even though most adolescents know about HIV/AIDS, they may not be able to accurately access their personal risk.

**Gender differentials in motivations for using condoms**

Focus group discussions provide support for the idea that young women use condoms mostly to prevent pregnancy, while young men use them to prevent contracting sexually transmitted diseases. Thus, undesired and unplanned pregnancy was a dominant topic and concern in focus groups conducted among both in-school and out-of-school females. Young women believe that pregnancy is the first thing that comes to mind when young women make love, that avoiding pregnancy is a priority for them.

"Girls, especially schoolgirls, ask their partners to use condoms to prevent undesired pregnancy, not as much diseases, but undesired pregnancy. They think about their future, they don't want a child to spoil it. If you give birth, you will spend your time at home. Even if you go back to school, you will be behind" [Female student, 20 years old].

Confirming previous studies (CALVÈS, in print), participants believe that girls are also afraid that undesired premarital childbearing will jeopardize their chances of subsequent marriage.

In Edéa, even if you are 13 years old, when you already have a child, people think you are an old lady. You won't find a boyfriend anymore, they will say "you don't taste anything, you are empty." [Female student, 17 years old]

Although participants point out that young men are also afraid of becoming "little fathers", especially because they fear their parents' reaction, men appear to believe that the responsibility to avoid pregnancy should be born by the girl:

If a girl is in a bad period, she should not come and see me. I cannot calculate her [reproductive] cycle [Non-student male, 20 years old].

Female participants stress that the burden of an undesired pregnancy will often ultimately fall on girls' shoulders. If an adolescent girl decides to keep the child, she will jeopardize her education and her future, especially if the father of the child refuses to assume paternity, which female participants believe is common. If the young woman decides to get rid of the pregnancy she will run the risk associated with unsafe abortion. In a context where 42.1 percent of pregnancies to adolescents are terminated through abortion (TCHUPO et al. 1996) it is not surprising that abortion was often mentioned in discussion with adolescents in Edéa:
When I meet a girl my age and she tells me she was never pregnant, I know she is lying, she has already flushed three or four down the toilet! [Non-student female 22 years old]

Several female participants mentioned their fear vis-à-vis induced abortion. This anxiety, coupled with the negative social and economic consequences often associated with unplanned childbearing, motivates them to avoid pregnancy.

Discussions among female adolescents in Edéa further show that adolescents are reluctant to use modern contraceptive methods other than condoms because they fear side effects. Concerns about side-effects appear particularly pronounced for oral contraceptives:

Some pills make you become fat, others make you lose a lot of weight, and others delay your periods. Sometimes you can't give birth anymore, you become sterile. [Non-student female, 19 years old]

Another respondent added:

I would rather use condoms all my life than ever touch pills. Thank God we got condoms! [Non-student female, 20 years old]

Beside side-effects, participants point out that condoms are cheaper, that they can be obtained everywhere, and that no prescription is needed for them, unlike for other means of contraception.

Adolescents explain that condoms will only be used during the "risky time of the month", to prevent pregnancy. To the extent that adolescents are able to accurately identify the fecund period during the menstrual cycle, this may help them avoid unwanted pregnancy, but it will have little impact on their risk of STD infection.

While girls primarily use condoms to avoid undesired pregnancies, boys seem to use condoms primarily to avoid sexually transmitted diseases, especially with occasional partners. Quantitative data show that male adolescents in Edéa, especially older ones, are significantly more likely to have had a sexually transmitted disease than their female counterparts, which is likely to increase their perception of risk. Importantly, according to participants, male adolescents use condoms mostly to prevent sexually transmitted diseases other than AIDS (see discussion on AIDS). The most frequently mentioned venereal diseases were gonorrhoea, commonly referred as "chaude pisse" (literally "hot piss") and syphilis. Participants believe that girls worry less about sexually transmitted diseases than boys because they are less likely to feel the symptoms of these diseases and know that they are infected.
Gender differentials in condom negotiation

Female adolescents, especially younger ones, find it difficult to speak about condom use with their sexual partners. Many females are embarrassed to discuss condom use, as illustrated by the following statements:

For a girl, you’re supposed to love your boyfriend and you must always avoid this type of discussion [Female student, 22 years old]

Girls are too ashamed to talk about it to their boyfriend. She’s also afraid because she fears he will be cross, he won’t be happy [Female student, 16 years old]

Girls, especially younger ones, were also described as being more "docile" in condom negotiation, and more likely to accept their boyfriend's decision. Although they never stated it clearly, participants' discussions suggest that girls can hardly ever impose condom use.

Older participants, however, argue that discussions about condom use are frequent among sexual partners and are often a topic of "fights". As mentioned above, asking for condom use in a stable relationship is perceived as a sign of "mistrust" and/or as an acknowledgment of infidelity and infection with a sexually transmitted disease. Consistent with findings on motivations, when girls initiate or ask for condom use, it is very often in the context of pregnancy avoidance.

Some girls in the neighborhood [girls who don't go to school] don't know how to calculate their [reproductive] cycle, so they push you to use these things [condoms]. [Non student male, 18 years old]

Female participants point out that the "pregnancy argument" is effective in negotiating condom use, especially with educated adolescents. Discussions conducted among male adolescents and young adults support the idea that they will accept and even encourage condom use when there is a risk of pregnancy. But other comments suggest that convincing male partners is not always an easy task even when using the "pregnancy argument":

Men don't like to hear that you are in your fecund period. They will find excuses. They’ll say that they’re going to make love but won't ejaculate inside you. I tell you, the best argument to convince them is to take your condom out of your bag [Non student female, 21 years old]

Overall, however, focus group discussions suggest that condom use for pregnancy prevention is more acceptable among youth than condom use for prevention of sexually transmitted diseases.
Sex for money and condom use negotiation

Financial needs often motivate sexual activity of female adolescents in Edéa. In the ESRAC-96 survey more than a third of female respondents admitted ever receiving money in exchange of sexual favors. Supporting findings from studies conducted in other Cameroonian cities (MEEKERS and CALVES 1997a; CALVES 1998; SONGUE 1986), focus group participants stress that the economic aspect of sexual relationships has become crucial among youth in the Edéa. As one male student complains:

It's the materialism, the competition. Because one girl has something, her friend wants the same thing. The first thing a girl asks to herself when she meets you is "Does this one have money?"; "Is he from a well-to-do family?" [Male student, 19 years old]

While young males complain about girls' materialism, female participants stress that girls need money to fulfill basic needs:

You are suffering, your parents don't have money. You don't have enough to start a little business. One day a man will hit on you. It always happens to us girls. Girls are always beautiful. He tells you ‘can I see you tonight?’ At night he will give 1,000 FCFA\(^4\) or 2,000 FCFA, you are very happy. Then it becomes a habit. This one gives you 2,000 FCFA, another one 3,000 FCFA. It is like that in Edéa. Seventy percent of girls do that. [Non student female 18 years old]

Female students are believed to sometimes use sexual relationships, often with older wealthier men referred as "sponsors" (see MEEKERS and CALVES, 1997a for relationship terminology) to finance their schooling:

It is the misery. Your father did his best to put you in school. You must struggle to pay for schoolbooks. Even if the man who comes to you is older than your father, you will accept. If he gives you 2,000 or 3,000, you give it to your mother. "It's my contribution, buy me school books". That's the way it is. [Female student 16 years old]

Focus group results support the idea that girls are becoming sexually active at a younger age because of the difficult economic conditions. Participants believe that in Edéa the "petite filles" or "yoyettes" ("little girls") are the "dangerous ones", that they enter sexual relationships "as soon as you can see their little breasts", that "they would do it for candy" and that "little girls are body and soul into it [sex]".

\(^4\) About 2 US$. 

16
The financial aspect of a sexual relationship varies greatly from one relationship to the next. While some occasional relationships, such as those involving female adolescents found in bars or discos, or "Bafana Bafana" are often clear-cut prostitution, "where girls are paid after service", others are more implicit. Some relationships simply involve providing adolescents with gifts, drinks, food, or money for clothes, schoolbooks, or transportation.

This variation in the degree of explicitness of the financial transaction creates a "gray area" where the need for condom use is ambiguous. As mentioned above, condom use is believed to be common in relationship with prostitutes, girls met in bars or Bafana-Bafana ("easy girls"). According to participants, these girls "often have a little bag in their bra with condoms in it". Sexual relationships with sugar daddies also seem to involve condom use. A student explains:

Sometimes a girl has a boyfriend with whom she gets along well. Outside she looks for "sponsors". Because people often tell her that there are too many diseases outside, she will use condoms with these "messieurs" but will not use anything with her boyfriend. [Female student, 21 years old]

In other words, female adolescents do use condoms for STD prevention, even though they are unlikely to use them for this purpose with their boyfriends. Some participants believe that older men "know better" and are therefore are more likely to ask for condom use. Others mentioned that "girls are afraid to get sick because he is old", that "old blood carries more disease".

If "sugar daddy" relationships, and relationships with young prostitutes or Bafana Bafana are perceived as risky relationships requiring the use of condoms, relationships involving less explicit exchange of money for sex may not. Even when money is involved, the stigma attached to condom use remains. As this surprising comment from a non-student shows:

Girls in the neighborhood [non-students] are complicated. You ask to use condoms, she refuses. She says you should not treat her like a prostitute, she wants to give you your money back. [Non student male, 19 years old]

It is evident, however, that the economic dependency involved in several types of sexual relationships in Edéa weakens female adolescents’ ability to negotiate condom use.

**Other barriers to condom use: reduced pleasure and quality issues**

According to participants, some adolescents in Edéa perceived sexual intercourse with condoms as "unnatural", "artificial", and "too indirect". These adolescents and young adults, especially males, are believed to prefer sex without a condom which they referred to as "full
contact”. NJIKAM SAVAGE (1998) reported that this term is also popular among university students in Douala.

Some adolescents are said to dislike condoms because they reduce pleasure and sensation. Popular expressions used by adolescents during the focus groups are telling in that respect. For example, “One cannot suck a candy in its wrapping paper.” and “I cannot eat a banana with its skin.”

Adolescents also stress that condoms sold in Edéa are "too thick" for men to feel anything". Other problems include condom breakage, which was mentioned several times during focus groups. While the study did not investigate the issue of potential misuse of condoms, it reveals that adolescents link breakage problems to the poor quality of condoms available. Importantly, the quality issue is also often attributed to poor storage and selling conditions rather than to the quality of the product per se. As a participant summarizes:

On the street they sell you anything. Old condoms, or boxes that they [the retailers] have left in the sun, they don't check the date written on the box. You use that and you wonder why you get sick. [Non student male 19 years old]

The idea that condoms or condom lubricant could transmit diseases was also voiced several times during focus group discussions.

Participants think that condoms sold in pharmacies or health centers are more reliable, and of better quality. But they also pointed out that these condoms are less convenient to get and more expensive.

I've already used good ones [condoms]. But they are expensive. No youth will make the sacrifice, we are forced to use the street things. [Non student male, 20 years old]
Several important findings emerge from this study. The analysis of condom symbolism among male and female adolescents and young adults in Edéa shows that there is a strong stigma attached to female adolescents getting or carrying condoms. While the image of a boy getting condoms is mixed and can be positive at times, girls who buy or are seen carrying condoms are quickly classified as prostitutes. This finding explains why female adolescents are significantly less likely to buy condoms than their male counterparts (TCHUPO et al. 1996). Not only are females less likely to buy condoms but condom procurement through female friends is also stigmatized. While it is common for male adolescents to obtain condoms from friends, female adolescents, especially younger ones, are reluctant to do so because they do not want to disclose that they are sexually active and because they fear for their reputation. Overall, the negative image attached to female adolescents getting condoms represents a serious barrier to condom purchase and procurement among girls. Thus, HIV/AIDS prevention programs and reproductive health promotion campaigns aimed at adolescents should focus on "destigmatizing" condom use among females. Efforts should be made to promote a positive image of female condom users. Condom promotion material should not target prostitutes specifically, which would reinforce the association between condom use and prostitution. The results further suggest that, although the image of male adolescents who use condoms is still ambiguous, there are already signs that a positive image of "reasonable", "wise" male adolescents who are condom users is emerging. Efforts should be made to reinforce this image.

The study confirms that condom use with regular sexual partners is not perceived as necessary, except for pregnancy prevention. Asking a new partner for condom use is considered suspicious and interpreted as a sign of mistrust. According to participants, condoms need to be used only with partners one cannot trust. Paradoxically, both male and female adolescents believed that adolescents from the opposite sex cannot be trusted and that fidelity on partners’ part is a difficult thing to expect. This suggests that Information and Education and Communication (IEC) campaigns need to focus more on reducing the stigma associated with condom use.

Qualitative results provide strong support for the idea that girls and young women in Edéa use condoms to prevent unwanted pregnancies while boys and young men use them to avoid contracting sexually transmitted diseases, especially gonorrhea and syphilis. Fear of abortion consequences, and poor social and economic prospects associated with premarital childbearing motivate female adolescents and young women to avoid pregnancies. Condoms are perceived as the best modern method of contraception by young women because they are cheap and have no side effects. According to adolescents' declarations, however, condoms are only used during the "risky time of the month" to prevent pregnancy, which will not provide protection against
STD infection. Results regarding condom negotiation further show that condom use for pregnancy prevention is more acceptable among youth than condom use for venereal disease prevention.

Thus, these results suggest that there is a need to further promote condom use among young adolescents, as a means to avoid both undesired pregnancy and sexually transmitted diseases. Importantly, it may be an avenue to increase condom use among stable sexual partners, and break the association between condoms and unfaithfulness. The irregular use of condom as a contraceptive method suggests that IEC campaigns and adolescent programs should also emphasize effective condom use. In any case, the gender differential in condom use motivations needs to be taken into account to successfully reach youth.

Gender differentials in condom negotiation require further investigation. Particularly, the effect of money exchange on condom use and condom negotiation needs to be analyzed. Condom use seems common during sexual intercourse with prostitutes and sugar daddies. However, the financial aspect and the stability of sexual relationships that female adolescents are engaged in varies greatly from one relation to the next. This variation creates a "gray area" where condom use and negotiation is ambiguous. The economic aspects of sexual relationships need to be further studied, and taken into account when designing adolescent reproductive health programs. The economic dependency involved in some types of sexual relationships among female adolescents in Edéa is obvious and is believed to be rising. A long-term HIV/AIDS strategy should include efforts to reduce poverty among female adolescents, and their economic dependency on men, as this will make interventions that promote reproductive health among adolescents more effective.

As for adolescents' perceptions of HIV risks, the study reveals that although AIDS awareness is high among adolescents, some youths in Edéa do not believe that the disease actually exists. Those who do believe that AIDS is real underestimate its magnitude and devastating effects. This low perception of risk of HIV infection among youth partly reflects the reality of the problem, since the reported rate of infection in Cameroon, although it is growing, remains low relative to other African countries. Based on this result, however, it is clear that HIV/AIDS campaigns need to be intensified.

Finally, the analysis of focus group discussions reveals that adolescents and young adults, especially males, dislike using condoms because condoms reduce pleasure. The problem of condom breakage was also mentioned several times during focus groups. The study shows that adolescents often attribute breakage to poor storage and selling conditions rather than to the quality of the product per se. While affordable condoms are widely available in Edéa, additional efforts to ensure that the quality of condoms at the retail outlets is maintained, may increase consistency of condom use among adolescents.
REFERENCES


