Understanding constraints to adolescent condom procurement: the case of urban Botswana

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Abstract

Even when condoms are widely available and affordable, adolescents may be reluctant to obtain them. Hence, programme managers need to understand what determines youths’ perceptions of access to condoms. This paper analyzes focus group and survey data on condom access conducted among male and female adolescents in urban Botswana. Although a majority of sexually experienced adolescents have purchased condoms from retail outlets, only about 50% have obtained condoms from health facilities, even though the latter distribute free condoms. This study shows that many adolescents perceive that access to condoms is more difficult from public sector outlets than from private sector outlets, because the public sector providers tend to question the adolescents’ behaviour while the latter do not. To bypass this problem, males tend to obtain condoms from friends. However, females are reluctant to ask their friends for condoms because they fear that their friends may gossip about them. The results of this study indicate that adolescents’ access to condoms can be improved by interventions that improve the quality of interaction between public sector providers and adolescents, destigmatize condom use, expand private sector condom distribution, and that use peer sales agents and educators.

Introduction

Even when condoms are widely available and affordable, several factors may deter adolescents from obtaining them. Lack of knowledge of a condom source, perceived cost of condoms and distance to a condom source are not the only factors that limit adolescents’ access to condoms (Abdool Karim et al., 1992a; 1992b; 1992c; McCauley & Salter, 1995; Weiss et al., 1995). Youths may be embarrassed to obtain condoms or have concerns about judgemental attitudes of the providers and about the confidentiality of their visits. Perceptions that free condoms are of lesser quality may also discourage youths from obtaining them (Lewis, 1986; Ross & Frankenberg, 1993).

This study uses focus group discussions with adolescents in two urban areas in Botswana, (1) to illustrate why adolescents who want to use condoms may not always be
willing or able to obtain condoms; and (2) to explore to what extent adolescents’ perceptions of ease of access differs for public and private sector outlets.

Adolescent reproductive health in Botswana

In Botswana, most adolescents become sexually active relatively early (Dynowski Smith, 1989). In the towns of Lobatse and Francistown, 41% of males and 15% of females aged 15–16 were sexually experienced; by age 17–18, two-thirds of youths were sexually experienced. Casual sexual relationships are common. Among adolescents aged 17–18, 39% of females and 47% of males had a casual partner in the past year; 16% of females and 21% of males had at least two casual partners (Meekers & Ahmed, 2000). Although free and commercial condoms are widely available, levels of premarital childbearing, pregnancy-related school dropouts, abortions and HIV infection are high (Dynowski Smith, 1989; Meekers & Ahmed, 1999; National Institute of Development Research and Documentation, 1988), illustrating a need for adolescent reproductive health services.

To address the specific needs of youths, Population Services International implemented the Tsa Banana adolescent reproductive health programme in Lobatse, from March 1995 to March 1996. Peer educators promoted abstinence, monogamy and condom use, and taught correct condom use and condom use negotiation skills. This programme developed youth-friendly outlets and encouraged adolescents to patronize them. The programme increased awareness of condom effectiveness and made it easier for males to convince their partner to use condoms (Meekers et al., 1997). However, despite efforts to develop adolescent-friendly outlets, many youths remained too shy obtaining condoms, especially females.

Methods

The main data are from focus group discussions (FGDs) with adolescents in Lobatse and Francistown in mid-1997. In each location, four separate FGDs were conducted (in-school males, in-school females, out-of-school males, and out-of-school females). Each of the eight groups had four–six participants aged 14 to 20. Student participants were recruited with the assistance of the headmasters and deputy headmasters at selected schools, and leaders of student associations. Out-of-school participants were recruited with the assistance of officers responsible for out-of-school adolescents’ recreational activities at the community hall and through convenience sampling. Informed consent was obtained from all participants.

A standardized discussion guide was used, but at times additional topics were raised for clarification. The discussion guide covered condom use negotiation, consistency of condom use, condom symbolism, interactions with service providers and condom distribution among adolescents. To understand adolescents’ interactions with condom service providers, we asked participants to discuss whether adolescents in their community feel comfortable obtaining condoms and other reproductive health services from pharmacists, clinic nurses and other providers, and whether they sell or give condoms to friends.

The FGDs were conducted in secluded classrooms and community centre rooms. They were moderated by a 23-year-old female Tswana (the third author). Discussions were conducted in English (for students) and Setswana (for non-students) and lasted two–three hours on average. The discussions were tape recorded, and transcribed and translated by the moderator. Transcripts were hand coded using a provisional coding list that emerged during data collection. Codes were then revised through an iterative process of reading and rereading the transcripts. To ensure consistency of coding, only one coder was used. Coded data were
examined for similarities and differences between sub-groups, with a particular focus on differences between males and females.

Data on condom use prevalence and purchasing patterns were obtained from a 1995 adolescent reproductive health survey conducted among a representative sample of 731 sexually experienced youths in Francistown and Lobatse (for details about the survey, see Meekers & Ahmed, 2000).

Results

Adolescent condom use and condom procurement

Table 1 indicates that over 90% of males and females aged 13–18 report ever having used condoms. Furthermore, 67% of females and 79% of males reported using a condom during last sex with a regular partner, and 80% of females and 82% of males reported using a condom during last sex with a casual partner. However, this does not necessarily imply that it is easy to obtain condoms.

Only 51% of females and 56% of males have ever obtained condoms from a health facility, even though they provide them free. Retail outlets (stores, bars, nightclubs, hair salons, etc.) are the most common condom source, used by 61% of females and 77% of males. Friends, peers and siblings are an important source for obtaining condoms for males, but not for females (34% versus 3%). It is unknown how frequently adolescents obtained condoms from these sources.

Fear to disclose sexual experience

During the discussions, several schoolgirls noted that many adolescents feel uncomfortable procuring condoms because they are hesitant to disclose that they are sexually active and fear being stigmatized:

You will feel uncomfortable even in your heart that [the pharmacist] knows that I am going to have sex because I am buying a condom (Lobatse schoolgirl).

Table 1. Condom use and procurement among sexually experienced adolescents, Francistown and Lobatse, 1995

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
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<th>Males</th>
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<tbody>
<tr>
<td></td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Ever used condoms (%)</td>
<td>91.5</td>
<td>318</td>
<td>90.8</td>
<td>413</td>
</tr>
<tr>
<td>Used condoms during last sex with regular partner (%)</td>
<td>66.9</td>
<td>275</td>
<td>79.4</td>
<td>350</td>
</tr>
<tr>
<td>Used condoms during last sex with casual partner (%)</td>
<td>79.6</td>
<td>191</td>
<td>81.9</td>
<td>287</td>
</tr>
<tr>
<td>Ever obtained condoms from a health facility (%)</td>
<td>50.8</td>
<td>315</td>
<td>55.9</td>
<td>413</td>
</tr>
<tr>
<td>Ever obtained condoms from retail outlets (%)</td>
<td>61.0</td>
<td>315</td>
<td>76.5</td>
<td>413</td>
</tr>
<tr>
<td>Ever obtained condoms from friends, peers, or siblings (%)</td>
<td>3.2</td>
<td>315</td>
<td>34.1</td>
<td>413</td>
</tr>
</tbody>
</table>
Teenagers don’t want to be seen obtaining condoms because they don’t want their parents to know that they are sexually active (even though adolescent sexual activity is the norm). Girls fear that buying condoms will affect their reputation, and may result in them being stigmatized as prostitutes. Yet, Table 1 shows that many youths do obtain condoms, despite shyness. Therefore, it is important to understand the factors that determine the likelihood that adolescents will acquire condoms despite their shyness.

Interaction with service providers

In a context where many adolescents are shy obtaining condoms, the attitudes of the providers towards adolescents who want condoms can affect condom access. Many adolescents noted that poor relationships with providers deter youths from obtaining condoms. Service providers sometimes intimidate adolescents by questioning them about their reasons for trying to procure condoms, and by remarking that persons of their age should not yet be using condoms. Not surprisingly, adolescents have reservations about procuring condoms from such providers and prefer to obtain them from someone their own age.

Discussions also indicated that the type of service provider affects how adolescents are treated when they obtain condoms. Most adolescents think that public sector providers are unfriendly, and that frequently they publicly question the behaviour of adolescents who want condoms. Private sector providers are perceived as indifferent and more willing to provide services to adolescents, perhaps because their livelihood depends on sales:

In the shops, the people who will be selling might look up at you surprised and ask themselves what you are going to use the condoms for, but even though they can look at you like that, they will sell you the condoms. But in the clinics, it is hard […] teenagers are afraid to go to the clinic to ask for condoms because they know that the nurses are going to ask them a lot of questions about use of condoms and their age (Francistown schoolgirl).

The sole exception to this pattern are out-of-school boys in Lobatse, who were satisfied with hospital services, because boxes of condoms were kept at a window and no questions were asked. This suggests that young people may be happy to get condoms from public sector providers if they would have an open attitude toward providing adolescents with condoms. At present, perceptions of providers’ attitudes, whether real or not, are discouraging adolescents from obtaining condoms from public sector providers, although they are free.

Perceptions about condom quality

Adolescent condom procurement is also affected by perceptions of the quality of the condoms. FGD participants remarked that some adolescents have concerns about the quality of free condoms:

Those [condoms] from the clinic cause illness [rashes] and therefore they prefer those from the chemists because as adolescents, we copy cultures of other countries. Condoms mostly in other countries are sold and not given out for free (Lobatse out-of-school female).

Perceptions of potential side-effects, even if incorrect, may deter adolescents from obtaining free condoms. Since only a small percentage of people have allergic reactions to latex condoms, it is fairly unlikely that problems with side-effects are common, although this may merit further investigation.
Obtaining condoms from friends

Males remarked that it is better to obtain condoms from friends than from clinics or other providers because it is less embarrassing. Males explained that it is very common to give friends condoms. They do not sell them because clinics have free condoms, because unprotected intercourse is unsafe, and because they themselves may need condoms some day. Thus, if they can spare them, males will share condoms with friends who need them. However, there are some concerns about the quality of condoms obtained from friends. Boys worry that condoms obtained from friends may be less safe than those from clinics or private providers because they could be old:

- When you get a condom from a friend, it is not usually as safe as the one you get from a shop which is actually new. So you end up using a condom that has been in your friend’s pocket for a long time (Francistown schoolboy).

Considering that girls had voiced strong concerns about procuring condoms in public places, we expected that girls would be more willing to obtain condoms from friends. However, girls share boys’ concerns about getting condoms from friends. Moreover, they are very concerned that their friends will talk about them and spoil their reputation. Hence, girls rarely get condoms from friends.

Discussion

Given that many adolescents are shy obtaining condoms, it is important for managers of HIV/AIDS prevention programmes to understand what determines adolescents’ perceptions of ease of access to condoms. Earlier research has noted that even when condoms are available and affordable, poor relationships with condom providers can discourage youths from obtaining them. This research adds that youths’ perceptions of condom access vary by provider type, largely because public sector providers tend to question their behaviour, while private providers—who depend on sales profits—do not.

Our research also shows that shyness obtaining condoms is particularly problematic for girls. Adolescents do not wish to disclose that they are sexually active, and girls fear that being seen obtaining condoms may ruin their reputation or may cause them to be stigmatized. Boys can bypass some of these problems by obtaining condoms from friends. However, girls do not feel comfortable obtaining condoms from friends because of gossip. Hence, girls rarely obtain condoms from friends.

These findings imply that HIV programmes have several options for increasing access to condoms by youth. First, the uncomfortable interaction with providers could be improved through provider training programmes, especially for public sector providers. Designating outlets with trained providers as “youth-friendly” may also help youths identify those outlets where they will be welcomed. Second, young women’s fear that condom use will stigmatize them can be reduced by provider training, and by mass media campaigns that destigmatize condom use and promote it as the responsible thing to do. Third, since some youths feel uncomfortable obtaining condoms from older adults, there is a large role for programmes that use peer sales agents, who can also serve as peer educators. Use of peer sales agents/educators may also facilitate access to condoms for young women. Finally, since youths are more willing to obtain condoms from the private sector, expanding condom availability at private sector outlets can increase access.

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References


