

# The Low Acceptability and Use of Condoms within Marriage: Evidence from Nakuru District, Kenya

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## Abstract

*In the last two decades, there has been an increase in the prevalence of contraceptive use in Kenya. While use of modern contraceptives has been successful in preventing unwanted pregnancy, it has not been so successful in preventing HIV/AIDS. The twin risk of unwanted pregnancy and HIV/AIDS infection is a central concern of reproductive health programmes. Condoms are considered an effective barrier method because they can be used for the dual purpose of protecting against pregnancy and disease transmission. But will married couples and those in stable sexual relations accept and use them? This paper attempts to answer this question using data from Nakuru district, Kenya. From both quantitative and qualitative results, this study concludes that, not only, is the use of condoms to prevent STIs including HIV low within married and stable sexual relations, but, also, future prospects of condom use in such relations is rather bleak. Apart from using a condom for preventing a pregnancy in sexual relations, the only other reason for using it is because one does not trust the sexual partner. Majority of married couples will therefore not ask their partners to use a condom because they dread straining or breaking their relationship. This fear is amplified by the religious view of condom use being a sin. The study calls for appropriate interventions which should aim at providing married couples and those in stable sexual relations (including men) with targeted counseling services to strengthen mutual trust, a feeling they all cherish. Such services will not only facilitate the prevention of HIV/AIDS but will also minimize intra-couple tensions by enhancing mutual trust.*

## Résumé

*Le taux de prévalence de l'utilisation de la contraception a beaucoup augmenté au Kenya au cours des deux dernières décennies. Si la contraception moderne a été efficace pour prévenir les grossesses non désirées, par contre elle ne l'a pas été pour prévenir le VIH/SIDA. Les risques combinés de grossesse non désirée et d'infection du VIH/SIDA constituent un problème majeur pour les programmes de santé de la reproduction. Les condoms sont considérés comme une méthode efficace de barrière car ils peuvent être utilisés avec le double objectif de prévenir la grossesse et d'empêcher la transmission de la maladie. Mais, est-ce que les couples mariés ainsi que ceux qui ont des rapports sexuels réguliers accepteront de les utiliser ? Cet article essaie de répondre à cette question en utilisant des données du district de Nakuru au Kenya. Sur la base des résultats à la fois quantitatifs et qualitatifs obtenus, on peut conclure que l'utilisation des condoms pour prévenir les MST y compris le VIH est non seulement faible chez les couples mariés et ceux qui ont des rapports sexuels réguliers mais que les perspectives de son utilisation future dans ces genres de relations sont même sombres. Outre son utilisation pour prévenir une grossesse au cours de rapports sexuels, l'autre raison qui fait qu'on l'utilise est tout simplement le manque de confiance au partenaire. La majorité des couples mariés ne demandera pas aux partenaires d'utiliser un condom de peur de briser leurs relations ou de les rendre tendues. Cette crainte est amplifiée par le point de vue religieux qui fait de l'utilisation du condom un péché. L'étude montre qu'il est nécessaire de mettre en place des interventions destinées à doter les couples mariés ainsi que tous ceux qui ont des rapports sexuels réguliers de services de counselling ciblés pour un renforcement de la confiance mutuelle, quelque chose qu'ils aiment tous sentir. Ces services vont non seulement faciliter la prévention du VIH/SIDA mais ils vont également minimiser les tensions entre couples en améliorant la confiance mutuelle.*

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## **Introduction**

The condom dates back to Roman times, when animal bladders were used to prevent the spread of sexually transmitted diseases. The earliest published description is that of an Italian anatomist Gabriel Fallopio, who in 1564, recommended a linen sheath moistened with lotion to protect against syphilis (Potts, 1999). Only in the 18<sup>th</sup> century do we find condoms being used specifically to prevent pregnancy. In family planning, the condom – the major nonpermanent male method - was promoted and used as a barrier method. In the three decades of the 1960s, 1970s and 1980s, condom use was promoted with other methods of preventing unwanted pregnancies. However, with the onset of HIV/AIDS, sexual partners who had somehow subdued the risk of unwanted pregnancy by using efficient methods of contraceptives found themselves exposed to the risk of being infected with HIV. In an attempt to intervene, policy makers and reproductive health programme managers re-focused their attention to ways of preventing HIV/AIDS, particularly on condom use, which were promoted as contraceptives and prophylactics. Despite these efforts, condom use in Kenya has remained relatively low and largely restricted to casual sexual partners. A mere 1.5 % of women and 16 % of men were currently using condoms by 1998 (KDHS, 1998). Are there prospects of expanding the use of condoms to sexually active married people? We attempt to answer this question using data from Nakuru district of Kenya.

As one of the districts with the highest HIV prevalence rates estimated at 26 % in 1998 by the National AIDS and STIs Control Programme, Nakuru was selected to be the study area in a multi-country study on *“Family Planning and Sexual Behaviour in the Era of STIs and HIV/AIDS”*. The study was funded by WHO and carried out by the African Population and Health Research Centre of the Population Council, Nairobi. The other countries participating in the study were Uganda, Tanzania, Zimbabwe, Zambia and South Africa. The study had three main objectives: to ascertain the perspectives of sexually active men and women about the risks of HIV/AIDS and unwanted pregnancy; to investigate the strategies considered by sexually active individuals as most appropriate, practical and effective to cope with these risks; and to explore the opportunities for, and constraints on, changing behaviour, with particular emphasis on partner communication. The study was designed to hold discussions with and interview sexually active men and women in both rural and urban areas in three phases: Phase 1 was the focus group discussions; Phase 2 was the household-based sample survey; and Phase 3 was the in-depth interviews. This paper presents results drawn from all the three phases.

## **Methodology**

The study was limited to persons aged 18 to 49 years, because the majority were sexually active and the contraceptive prevalence was higher in this age range than during adolescence or after age 50. Twelve focus group

discussions (FGDs) were held in both urban and rural areas in July 1998 targeting three groups: (i) women using a family planning method, (ii) women not using a family planning method, and (iii) sexually active men.

A randomly selected sample of 1,422 sexually active male and female respondents (defined in this study as males aged between 20 and 49 years and females between 18 and 39 years) was interviewed in June-July 1999. During this survey, quantitative information on knowledge, attitudes and practices of people on the needs of family planning and sexual behaviour was collected. Results from the household sample survey provided the sampling frame for the selection of individuals interviewed during phase III of the study. In-depth interviews with 40 sexually active men and women (in both urban and rural areas) were carried out in October 1999 in order to investigate attitudes on sexual activity and to obtain meaningful answers to sensitive questions. They were selected by their risk levels to unwanted pregnancy and HIV/AIDS as determined by their sexual behaviour, or that of their partners, which was assessed from answers to survey questions. The in-depth interviews were designed to elicit detailed information, over and above what had been collected from the same respondents in the household survey. The interviews sought information about the perceptions and personal experiences of respondents in relation to family planning, sexual behaviour, and STIs, including HIV/AIDS.

In this paper, we use part of the data that addressed acceptability and use of condoms by sexually active men and women in Nakuru district.

## **Results**

### *Characteristics of Respondents*

Background characteristics of the 1,422 respondents interviewed are presented in Table 1. The distribution according to age shows a similar pattern for males and females. About 67 % of the males and 70 % of the females were in the age range 20-34 years. This is the age range where sexual activity is expected to be very high. Overall, the respondents were distributed equally between urban and rural areas although there was a predominance of males over females in urban areas.

The study population was relatively highly literate given that only about 6 % of the respondents had never attended school. The proportion of women who had never attended school was twice that of males, at 8 % and 4 % respectively. The majority (53%) of the males had secondary education unlike the females whose majority (55%) had primary education.

About 95 % of the respondents reported themselves as Christians, 26 % Catholic and 69 % Protestants. Islamic religious influence was minimal as less than 1% of the respondents were Muslims.

Seventy one per cent of the respondents were currently married with more females (76%) than males (67%). Although 23 % of the study population had never married, the proportion for males was double that for females. On the other hand, more females, 3.4 %, than males, 1.7 %, were cohabiting with their partners.

**Table 1: Distribution of Respondents by Background Characteristics and Sex**

Characteristic	Male		Female		Total	
	%	Number	%	Number	%	Number
<b>Age</b>						
15-19	0.3	2	12.5	85	6.1	87
20-24	30.3	225	27.7	188	29.0	413
25-29	23.8	177	25.6	174	24.7	351
30-34	13.3	99	16.2	110	14.7	209
35-39	12.7	94	15.3	104	13.9	198
40-44	9.0	67	2.2	15	5.8	82
45-49	9.8	73	0.5	3	5.4	76
50+	0.8	6	0.0	0	0.4	6
<b>Residence</b>						
Urban	56.7	421	42.0	285	49.6	706
Rural	43.3	322	58.0	394	50.4	716
<b>Education</b>						
No education	3.9	29	7.8	53	5.8	82
Pry education	41.3	307	54.8	372	47.7	679
Sec. education	52.8	392	36.7	249	45.1	641
Higher ed.	2.0	15	0.7	5	1.4	20
<b>Religion</b>						
Catholic	28.4	211	23.8	162	26.2	373
Protestant	64.9	482	73.5	499	69.0	981
Muslim	1.1	8	0.6	4	0.8	12
No religion	4.8	36	1.8	12	3.4	48
Other religion	0.8	6	0.3	2	0.6	8
<b>Marital status</b>						
Never married	30.3	225	14.7	100	22.9	325
Married	66.6	495	76.1	517	71.2	1012
Living together	1.7	12	3.4	23	2.5	35
Widowed	0.0	0	1.8	12	0.8	12
Divorced	1.3	10	0.9	6	1.1	16
Separated	0.1	1	3.1	21	1.5	22
<b>Occupation</b>						
Agriculture	16.3	121	32.8	223	24.2	344
Public sector	14.1	105	06.6	45	10.5	150
Private sector	63.0	468	26.4	179	45.5	647
Unoccupied	5.8	43	33.1	225	18.9	268
Missing	0.8	6	1.1	7	0.9	13
<b>Total</b>	<b>100.0</b>	<b>743</b>	<b>100.0</b>	<b>679</b>	<b>100.0</b>	<b>1,422</b>

About 24 % and 56 % of the respondents were occupied in agricultural and non-agricultural sectors respectively. The majority of those engaged in agriculture worked on their own farms with females (33%) double the proportion of males (16%). Sixty three percent of the males were in the private sector where sales and services were the main pre-occupations. Thirty three percent of the females, compared to 6 percent of males, were unoccupied – a clear indication of economic dependency.

## **Knowledge and Acceptance of Condoms**

### *Evidence from the FGDs*

Knowledge about condoms was widespread in all the study sites but their acceptability and use was limited, particularly within marriage. The use of condom as a method of family planning and a response to the twin risk of unwanted pregnancy and STI infection, including HIV/AIDS, was rejected by one third of women groups and all men groups. All the women focus groups plus one group of men pointed out that men resist using condoms in marriage but are ready to and actually use them in sexual contacts out of marriage.

“Not many people use condoms. Married couples refuse to use condoms” (Women non-users, Kabachia - urban).

“Condoms are known and used by men in their extra marital affairs so that they don't get STIs” (Women users, Langalanga - urban).

“People use condoms with prostitutes” (Men, Ndabibi - rural).

### *Evidence from the In-depth Interviews*

Majority of the respondents (78%) approved the use of condoms in a casual relationship but disapproved its use within marriage.

“There is no point in using condoms. I am a married man and do not see the use of condoms” (Male, Married - rural).

“I don't think it is necessary to use condoms in a marriage if you are faithful to each other, since there is no chance of contracting STIs” (Female non-user, Ziwani - rural).

“You mean with my own wife? There is no need of using condoms” (Male, Bangladesh - urban).

“I don't see my husband agreeing to use condoms. He has never wanted us to use them, even before we were married” (Female non-user, Rhoda I - urban).

### *Evidence from the Sample Survey*

For the respondents who were either married or cohabiting with a partner, 696 were using a family planning method. Out of this number, 14 % were using condoms. There was limited use of condoms in marriage since the majority (74%) of the reported non-users of condoms were married. The level of condom use for the unmarried was more than double that of the married respondents. Of the respondents currently using condoms, 38 and 10 % were unmarried males and females respectively while for the married it was 15 and 4 % for males and females respectively.

Focusing on those who were married, some of their characteristics about condom use are shown in Table 2.

Although 39 % of the respondents agreed that it is acceptable for a married couple to use condoms, only 8 % of them were currently using condoms and 26 % had ever used. Ever use with a regular partner was 20 % implying that the extra 6 % (from the 26% of ever use) was with non-regular partners. It is not conclusively clear who a regular partner is. He or she could be a marriage/cohabiting partner, or any person with a regular sexual relationship. Concerning condom use in the past, married males reported 36 % ever use irrespective of type of partner and 24 % ever use with regular partner. The corresponding proportion of ever use for married females was constant at 17 %. This suggests that while 12 % of the ever use by married males involved non-regular partners, condom ever use by married females was confined to regular partners. For both married male and female respondents, there was a sizeable drop between ever use with regular partners and current use: from 24 % to 15 % for males and from 17 % to 4 % for females. This means that condoms are not consistently used.

Most of the respondents held some negative attitudes towards condom use. For example, 67 % of the married respondents agreed that condoms encourage promiscuous behaviour; yet another group of 56 % agreed that the only reason to use a condom is because one does not trust the partner. Males are more likely than females to agree that condoms encourage promiscuous behaviour and that the only reason to use a condom is because one does not trust the partner.

The possibility of condom use in marriage was further restricted given that the very males, who were against using condoms in marriage, were also reported to have more control (at 38% compared to only 13% for females) over whether or not to use a condom. Even with the current threat of HIV/AIDS, only 23 % (14% males and 31% females) of the married respondents agreed that a married couple can use condoms every time they have sex to protect themselves. This resistance, even in the face of a death threat, is a clear manifestation of how strong they are opposed to condom use in marriage.

**Table 2: Distribution of Respondents Who Were Currently Married by Selected Characteristics and Sex**

Characteristic	Male		Female		Total	
	%	Number	%	Number	%	Number
<b>It is acceptable for a married couple to use a condom</b>						
Agree	45	219	33	163	39	382
Mixed/no opinion	9	44	12	59	10	103
Disagree	46	226	55	276	51	502
<b>Currently using a condom</b>						
Yes	15	31	4	10	8	41
No	85	179	96	264	92	443
<b>Ever used a condom</b>						
Yes	36	177	17	81	26	258
No	64	310	83	409	74	719
<b>Ever used a condom with regular partner</b>						
Yes	24	116	17	82	20	198
No	76	362	83	414	80	776
<b>Condoms encourage promiscuous behaviour</b>						
Agree	72	352	62	311	67	663
Mixed/no opinion	12	58	24	118	18	176
Disagree	16	77	14	68	15	145
<b>The only reason to use a condom is because you don't trust your partner</b>						
Agree	60	291	52	259	56	550
Mixed/no opinion	13	66	23	114	18	180
Disagree	27	132	25	124	26	256
<b>Who has more influence over whether to use a condom</b>						
Man	33	162	42	208	38	370
Woman	12	58	15	72	13	130
Equal	43	211	31	156	37	367
Don't know	12	58	12	61	12	119
<b>To protect themselves against HIV/AIDS, a married couple can use condoms every time they have sex</b>						
Agree	14	68	31	157	23	225
Mixed/no opinion	19	91	26	135	23	226
Disagree	67	328	43	219	54	547

## **Why Condoms Are not Acceptable in Marriage**

### ***Negative Associations***

#### *Evidence from the FGDs*

The main reason from the focus groups suggests that resistance to condom use is related to its negative associations, for example, promiscuity. The groups reiterated that the use of condom within marriage is an indication of unfaithfulness, leading to mistrust.

“Most people use condoms for ‘hit and run’ episodes, not to be used with your wife. Millions of condoms are used everyday and dumped in the coffee plantation (pointing)” (Men, Kabazi - rural).

“Men will not use them in marriage because their wives are not prostitutes” (Women non-users, Ndabibi - rural).

“To introduce the condom at home is not very practical. When you are married you don’t use condoms. In marriage it brings problems. Your wife will suspect you of unfaithfulness. But among the unmarried it is okay to use it” (Men, Langalanga - urban).

“Men think that it will encourage immorality with their wives. ....” (Women users, Kabachia - urban).

#### *Evidence from the Sample Survey*

Sixty eight percent of the respondents who were not currently using condoms agreed with the assertion that condoms encourage promiscuous behaviour and 53 percent agreed with the assertion that the only reason to use a condom is that you don’t trust your partner.

### ***Problems Associated with Using Condoms***

#### *Evidence from the FGDs*

A number of problems were reported in connection with using condoms hence the strong reservations about their acceptability. First on the list was the apparent fear by three quarters of the focus groups that condoms rupture in the process of sexual intercourse. This apparent fear was based more on what the respondents had heard from other people and less from actual experience. The second problem cited was the notion that the use of a condom reduces sexual pleasure for both the man and the woman. The other problem mentioned by one third of the groups concerned the stigmatization that goes with the possession and use of condoms. The groups reiterated that if a person is known to be using condoms, this person is taken to be promiscuous hence a sense of loose morals towards him or her. The issue of condom disposal after use was also associated with stigmatization. Unless

condoms are properly disposed off, there are embarrassing moments when they are seen strewn all over in the gardens and rubbish heaps with the result that children pick them up and use them as balloons.

Three out of the eight women groups cited religious reasons as factors inhibiting condom use. Some churches forbid the use of modern contraceptives (including the condom) arguing that such use amounts to killing the innocent hence committing a sin in the process. These strong religious beliefs emanated largely from rural women groups.

“The men don’t like using the condoms because they say it reduces sexual pleasure” (Women users, Langalanga - urban).

“The condom is slippery. Without the condom the sexual act is very sweet” (Men, Kabazi - rural).

“Some churches and religions don’t allow the use of condoms. People use them because they know they have to prevent pregnancies and STIs but it is against the church here. Even the other family planning methods like the pills. They say you are planting graves in the stomach” (Women users, Ndabibi - rural).

“If you are seen with a condom, you are stigmatized. So carrying it is a problem” (Men, Ndabibi - rural).

“Its use and disposal is embarrassing” (Men, Ndabibi - rural).

#### *Evidence from the In-depth Interviews*

Further inquiry as to the reasons for the resistance to condom use revealed that only 5 out of 40 respondents (13 %) cited condom rupture as a problem with using condoms. Even then, 2 of these 5 respondents had never used condoms meaning that the problem of condom rupture cited by these 2 is rather speculative since it is not based on experience.

“Well, I wouldn’t say condoms are very effective because I think that they can fail to protect if they rupture” (Female, non-user, Loldia - rural).

In spite of the low level of condom acceptability, 21 respondents (53%) reckoned that there were no problems whatsoever in using condoms. However, it is worth noting that 8 of these respondents had never used condoms to be certain that indeed there are no problems in their use. Seven respondents (18%) declared that they did not know of any problems in using condoms since they had never tried using them.

## **Future Prospects of Condom Use**

### ***Whether Condoms Can Be Used to Prevent the Dual Risk***

#### *Evidence from the FGDs*

As to whether condoms can be used as a family planning method, one quarter of the focus groups responded with an outright 'No' and a similar number of groups were positive. The former cited problems associated with condom use as reasons for non-acceptability of condoms as a family planning method. For those who said that the condom is the best family planning method, they believed that it has dual protection against both unwanted pregnancy and STIs/HIV. However, their perceived acceptance was conditional: that men will be talked into accepting to use condoms.

"If the wife is using family planning methods, there is no need of using the condom. The condom should be used outside the marriage not in it. If you find someone using condoms he will not be using them at home" (Men, Kabazi - rural)

"If one can accept to use the condom it can be better. I think the condom is the best for family planning and also prevention of AIDS/STIs" (Women users, Kabachia - urban)".

#### *Evidence from the In-depth Interviews*

Opinions were sought on the use of condoms either at the same time as, or instead of, other methods of family planning. While 12 respondents (30%) preferred condoms to other family planning methods, 18 respondents (45%) disapproved condom use instead of other methods. Condom preference was based on the argument that condoms would offer enough protection to the twin risk of unwanted pregnancy and STIs/HIV. The majority (83%) in this group were females.

"The condom would be preferable because it will protect against STIs, can be used as a family planning method, and is easy to use" (Male, Kabazi - rural).

"I don't see the need of using both of them at the same time, because condoms can prevent STIs/HIV and unwanted pregnancy. I would prefer to use the condom only" (Female non-user, Rhoda I - urban).

"Using two methods would be a clear indication that we do not trust each other. The fact that we are using condoms shows that one of us is worried about contracting a disease from the other, so one has been unfaithful. If we are using a method to prevent pregnancy, I don't see any use for the condom" (Female non-user, Ziwani - urban).

A group of 6 respondents (15%) would prefer to use dual methods. They were convinced that by using a condom with another method, the dual risk would be greatly reduced through the double protection offered.

“I would feel safe using both for protection against STIs and unwanted pregnancy” (Male, Kabazi - rural).

“The condom plus another method would work very well because if a person has STIs, the condom will protect the other from contracting the disease” (Female non-user, Rhoda I - urban).

### ***Whether One Can Ask the Spouse to Use a Condom***

#### *Evidence from the FGDs*

As to whether one could suggest to the spouse that they use a condom as a protective measure against a perceived risk of HIV, the overwhelming response was ‘No’ due to the unpalatable consequences that would arise.

“There is a problem here because he is your husband and so you can’t tell him to use a condom every time he comes home. You will bore him and make him go out to other women” (Women non-users, Kabazi - rural).

“You cannot tell him unless he himself suggests/agrees to use the condom” (Women non-users, Langalanga - urban).

“If you suspect her it will bring problems. Even if she has been away for long we would have sex without a condom” (Men, Kabazi - rural).

“No, because he will think that you have affairs outside” (Women users, Ndabibi - rural).

“There is no way that the woman can suggest that they use condoms. There is bound to be fighting between them. The woman can only get protection secretly as the doctor would advise. She cannot blatantly confront her husband. Men are not easy people to handle” (Women non-users, Ndabibi - rural).

#### *Evidence from the In-depth Interviews*

Even in a situation where one spouse is suspected to be having sexual relations with other partners, the majority of the respondents expressed reluctance in asking the spouse to use a condom. The fact that females would be the ones to ask their male counterparts to use condoms made the matter even worse. A very desperate group of 8 respondents (20%) said that there was nothing they could do to protect themselves against the perceived

risk of HIV. The fact that all the 8 were females is a manifestation of the dependency syndrome – where females have to depend on decisions of their male partners in most of the family matters.

“I don’t see what else I can do apart from praying to God to protect me from the diseases. You see, the problem here is that, my husband doesn’t accept to use condoms. If he would I would probably ask him to use condoms. But if he doesn’t agree, what would I do?” (Female non-user, Rhoda I - urban).

“Now here I am faithful to him, while he is not. What would I do? Nothing much” (Female non-user, Langalanga - urban).

“I would not be able to protect myself because for one, I cannot tell him to use a condom. By doing that I would be ruling over him. Secondly, he would feel that I am judging him, so it would be hard for me to introduce the use of condoms, because we don’t normally use them. So, there is nothing much I can do” (Female non-user, Ndabibi - rural).

### *Evidence from the Sample Survey*

Of those who were not currently using condoms: 62 % recommended use of condoms as the appropriate action to take to avoid AIDS while engaging in sex; 70 % agreed that using condoms is an effective way of preventing pregnancy; and 52 % agreed that using condoms is an effective way of preventing AIDS.

In the main study, both male and female respondents were asked to consider their own chances of contracting HIV/AIDS. From this self-assessment, those whose chances were high or medium were regarded as being at risk of HIV/AIDS. From a total of 1,364 respondents, nearly 20 % were classified as being at risk of HIV/AIDS. Of those at risk of HIV: 28 % agreed that to protect themselves against HIV, a married couple can use condoms every time they have sex; and 60 % agreed that using condoms is an effective way of preventing AIDS.

Of those who were currently married: 39 % agreed that it is acceptable for a married woman to ask her husband to use a condom; 48 % agreed that using condoms is an effective way of preventing AIDS; and 68 % agreed that using condoms is an effective way of preventing pregnancy.

### ***Were non-users of family planning having different perceptions about condom use from family planning users?***

#### *Evidence from the Sample Survey*

Given that 51 % of the total sample were sexually active yet not using any family planning method, we sought to determine whether this group’s perceptions and inclinations about condom use were different from those

held by users of family planning methods. By comparing Tables 2 and 3, there was no difference between users and non-users of family planning methods in terms of how they perceive condom use. For example: 67 % users and 68% non-users believed that condoms encourage promiscuous behaviour; and 56 % users and 58 % non-users held the opinion that the only reason to use a condom is because one does not trust the partner.

**Table 3: Distribution of family planning non-users by selected characteristics and sex**

Characteristic	Male		Female		Total	
	%	Number	%	Number	%	Number
<b>It is acceptable for a married couple to use a condom</b>						
Agree	37	118	33	102	35	220
Mixed/no opinion	11	36	14	43	13	79
Disagree	52	164	53	166	52	330
<b>Condoms encourage promiscuous behaviour</b>						
Agree	74	233	62	191	68	424
Mixed/no opinion	12	38	22	69	17	107
Disagree	14	45	16	50	15	95
<b>The only reason to use a condom is because you don't trust your partner</b>						
Agree	63	198	54	168	58	366
Mixed/no opinion	13	42	21	65	17	107
Disagree	24	77	25	77	25	154
<b>To protect themselves against HIV/AIDS, a married couple can use condoms every time they have sex</b>						
Agree	14	46	34	109	24	155
Mixed/no opinion	17	54	28	91	23	145
Disagree	69	218	38	125	53	343
<b>Using condoms is an effective way of preventing AIDS</b>						
Agree	52	163	53	165	52	328
Mixed/no opinion	18	58	23	71	21	129
Disagree	30	96	24	74	27	170
<b>Using condoms is an effective way of preventing pregnancy</b>						
Agree	72	230	70	216	71	446
Mixed/no opinion	15	47	20	62	17	109
Disagree	13	41	10	32	12	73

## Discussion

Currently, condoms are the most effective barrier method because they can be used for disease prevention in conjunction with other methods, or alone for the dual purpose of protecting against pregnancy and disease transmission (FHI, 1998). However, while knowledge of condoms is widespread in the study area, its use remains very low and largely limited to sexual encounters outside marriage. This finding is supported by the findings of the 1998 KDHS which show that: (i) the proportion of sexually active men and women who were currently using condoms was about eight times the proportion of married couples using condoms; (ii) of all women aged 15-49, only 3 % used a condom with the spouse while 15 % of the women used them with someone else. The corresponding percentages for married men aged 15-54 were 7 % with spouse and 60 % with someone else.

Even the HIV/AIDS scourge has not spurred adequate drive to raise the level of condom use. For example, Bauni and Obonyo (2000) established that: only 17 % of the respondents at risk of HIV were currently using condoms leaving a high 83 % engaging in risky sexual relations; and that 43 % of those who were not currently using a condom and who also had multiple sex partners, had never used a condom during their extra-marital affairs.

Condoms are associated with unfaithfulness and therefore not acceptable in most stable sexual relationships. The introduction of condom use in a long-term relationship, where they have not been previously used, threatens the trust that is implied (whether it exists or not) in most of such relationships. Changati also observed that for most married men and women, condoms were associated with outside partners hence should be used only for casual sex and with prostitutes (Changanti et al, 1994). Because of being associated with infidelity, possession or use of condoms within marriage or in a steady relationship implies lack of trust of partner hence a potential cause for a breakup. It is the fear of the resultant feelings and subsequent consequences that constitutes the major obstacle to condom use to prevent STIs including HIV in stable sexual relationships. Despite the male dominance in making decisions over a wide range of family issues, including sex, husbands also fear asking their wives to use condoms (since they do not want to create suspicion that they have affairs outside of marriage).

Future prospects of condom use within marriage are further complicated by concerns by religious groups who contend that condoms symbolise complacency, immorality and moral decadence and their use is committing a mortal sin. To this, add the minor practical problems of condom rupture, being slippery, not pleasurable and difficulties of disposal, and the chances of married couples adopting condom use look rather bleak, at least in the context of the communities in this study.

## **Conclusion**

Knowledge about the role of condoms in preventing unwanted pregnancy as well as STIs, including HIV/AIDS, is widespread. Yet the levels of condom use have remained low even among high-risk groups such as those with multiple sex partners. The main reason for the low level use of condoms among married couples and those in a regular sexual relationship is the negative association of condom use with promiscuity, a behaviour that leads to distrust within relationships and stretching them almost to a breaking point.

Most married couples fear straining their marriages or worse still, breaking them. Neither women nor men will suggest the use of condoms to prevent infection with HIV, not even when the risk is clearly high. They contend that the only reason to use a condom, other than for preventing a pregnancy is because you do not trust your sexual partner. In addition, the religious couples have the fear of using condoms, committing a sin and straining their relationship with God.

Clearly, married couples and those in stable sexual relationships must protect themselves from catching HIV/AIDS by adopting preventive and practical measures which they accept and are comfortable with. For example, since they contend that mutual trust is the bedrock of their relationships, then, it should be enhanced and made real through innovative well targeted (including men) counseling services. In this way, we shall not only assist married couples to prevent HIV/AIDS, but, also, to live more mutually trusting sexual relationships which are less stressful.

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