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Factors that influence utilization of the female condom among senior secondary school female students in urban Cameroon

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Background: The female condom is a proven effective female controlled HIV prevention device. Sociocultural and biological factors predispose women to a heavier burden of HIV/AIDS than men. In Cameroon, with a high prevalence of HIV/AIDS, no study has investigated the factors influencing use of the female condom. This study was aimed to identify the factors influencing utilization of the female condom among senior secondary school female students in Kumba, Cameroon, using the Health Belief Model (HBM) as the framework.

Methods: A cross-sectional correlational design was adopted using a stratified simple random sample of 398 senior secondary school female students to respond to a pretested self-administered questionnaire. Data were analyzed using the Statistical Package for Social Sciences (SPSS) software version 20.0. Binomial logistic regression analyses were conducted at the 0.05 significance level.

Results: The proportion of the sexually active female students reported to use the female condom was very low, 8.0%. None of the components of the HBM was statistically associated with female condom use in binomial logistic regression analysis. However, female students who disagreed that youths are prone to HIV; that a healthy looking person can be HIV positive (perceived susceptibility); that the consequences of having HIV/AIDS are so serious that they may want to avoid them (perceived severity); that correct and consistent use of the female condom can prevent HIV transmission (perceived benefit); that they feel confident that they can convince their partners to use the female condom during sexual intercourse (perceived self-efficacy) were associated with lower odds of using the female condom during sexual intercourse: OR=0.44; 0.94; 0.43; 0.59; and 0.60 respectively. Conversely, female students who disagreed that the female condom makes sexual intercourse less enjoyable; that due to religious beliefs they would feel guilty using the female condom; that they lack knowledge on the correct use of the female condom; and that distance to the nearest female condom supply point is far (perceived barriers) were associated with higher odds of using the female condom during sexual intercourse: OR=1.20; 1.57; 1.16 and 1.49 respectively. Also, female students who perceived that they were at high risk of contracting HIV were at higher odds of using the female condom during sexual intercourse 1.87.

Conclusions: Interventions to increase the perception of risk of contracting HIV among female students and strategies to empower them with female condom negotiation skills and to overcome tangible and psycho-social barriers to female condom use are highly needed.

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