ABSTRACT

The female condom (FC) was developed as an alternative to male condom as a means to empower women so that they could have control over their own protection against STIs and unintended pregnancies. Despite serious campaign programs to sensitize women of reproductive age to take up contraception and provision of contraceptives in public health facilities the use of modern contraceptives is still low at 37.6% raising the need for more efforts to make modern contraceptive use more widespread among women in urban Kenya. The MCH/FP clinics provide a window of opportunity for service providers to promote contraceptive use among mothers. The FC is an effective modern contraceptive offered in MCH/FP clinics in preventing mother to child transmission (PMTCT) of HIV and reducing maternal and child morbidity and mortality. Although the FC was introduced in 1993, low level of knowledge still remains even among health care providers; the FC remains limited not widely available and under utilised. Therefore low use of the FC could be due to failure of delivery of the information by healthcare providers, low accessibility or low popularity of the product among women. This study sought to assess influence of sociodemographic characteristics on knowledge and acceptability of FC use by women visiting MCH/FP clinics in Kisumu East sub-County Hospital. The specific objectives were to evaluate influence of sociodemographic characteristics on knowledge, on acceptability and to identify barriers of FC use by women visiting MCH/FP clinics in Kisumu East sub-County Hospital. This study adopted a cross sectional study design where simple random sampling was used to select a sample size of 438 women of reproductive age calculated using Yamane formula (Yamane, 1967). Questionnaires were administered among women and Key Informant Interview (KII) was conducted among female nurses. Data from KII were analyzed thematically. Proportions were determined using chi-square analysis. Multivariate logistic regression was used to determine associations. Sociodemographic characteristics was regressed against knwoledge on and acceptability of female condom use. Statistical significance was assessed at p<0.05. Chi-square analysis revealed that sociodemographic characteristics (age, marital status, level of education and source of income) were significantly associated with FC knowledge among the women except religion. Regression analysis showed that age group 25-34 were three times more likely to have knowledge on FC while age 45-49 were 0.3 times less likely to have FC knowledge. The Married women (OR=4.3,95% CI, 1.2-15.1;P=0.02), were more likely to have FC knowledge. As education level increases, knowledge of FC increases among these women. Chi-square and regression analysis against acceptability of FC revealed that sociodemographic characteristics were significantly associated with acceptability of FC except religion. Age group(25-34) OR=1.57,95% CI, 0.62-3.96;P=0.341),married(OR=2,95%) CI,0.80-5.01), secondary school, middle level, university were more likely to accept FC use. Those widowed, self employed, spouse dependent and farmers were less likely to accept FC use. Most women (86.8%) wished to know more about FC whereas (70.3%) were willing to use it if they had a chance to know more about it. Lack of information among women and nurses about FC, and availability of FC are the main barriers to FC use. This study has established that sociodemographic characteristics influence differently knowledge on and acceptability of FC use among women. Making FC more available and accessible will encourage nurses to give more information and FC will be well known and accepted for use by women.