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A STUDY ON FACTORS INFLUENCING WOMENS' ABILITY TO INSIST ON THEIR SEXUAL PARTNERS TO USE CONDOMS IN PREVENTION OF HIV/AIDS IN LUSAKA URBAN, ZAMBIA.

BY

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DECLARATION

I hereby declare that to the best of my knowledge, the work presented in this study for the Degree of Bachelor of Science in Nursing has not been presented either wholly or in part for any other Degree nor is it currently being submitted for another degree.

Signed  -----
(Candidate)

Signed -----
(Supervising Lecturer)

STATEMENT

I hereby certify that this study is in its entirety, the result of my own and independent and laborious investigations.

The various persons and sources to which I am indebted are clearly and gratefully acknowledged in the text and in the references.

Signed by  -----

(Candidate)

DEDICATION

This study is dedicated to my husband Neuston, and our children Soka, Kawa, Wiza and Wane for being so supportive and for what they have gone through as a result of my being away during the period of study.

ABSTRACT

This was a study to determine factors influencing women's ability to insist on condom use by their sexual partners.

Fifty five (55) women in the age range 15-45 of age were sampled from different socio-economic backgrounds and institutional set ups.

The literature reviewed was based on factors that influence womens ability to insist on condom use by their sexual partners and also based on studies done elsewhere in the world concerning HIV/Aids women and condom use.

Data were collected using self administered questionnaire, interviews and focus group discussions between 20th September and 6th October 1994, and analysed by computer.

The findings revealed that apart from economic dependence on the man by most women for survival, religious influence also rated high as a factor discouraging women from insisting on condom use by their sexual partners. Other factors established by the study were cultural upbringing and surprisingly, lack of sexual satisfaction if the condom was used.

Knowledge about HIV and the effectiveness of the protection provided by the condom was almost 100% among the respondents, yet condoms are still out of reach for most women. Recommendations include that the church should take on a more bold stance by encouraging not only change of behaviour but also condom use for those who cannot change. To the planners, policy makers and NGO's the study suggests that they should come up with ways of empowering women economically to enable them make a living. Customs that oppress women's position, ^{should be discouraged and people must} be taught correct way of using the condom if sexual satisfaction is to be achieved.

CHAPTER 1

1.0 INTRODUCTION

1.1. BACKGROUND INFORMATION.

The problem of human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) has persisted in the world for over a decade now, from the time the first cases were reported in the early 1980s in America. According to World Health Organisation (WHO) estimates by 1992 between Nine and Eleven million adults and one million children had been infected with Aids causing virus. WHO also states that Two thirds of these people live in developing countries and that by the year 2,000 about thirty to forty million people will be infected. It is also estimated that about ten million people with HIV infection will have developed AIDS by then and that 90% of these will be those living in developing countries. Zambia being one of the developing countries has not been spared this pandemic and according to Ministry of Health (MOH), reported cases of HIV and AIDs related complexes had reached about 29,734 by October, 1993 (MOH-NAPC).

This pandemic which still has no cure is said to have affected men and women equally but unlike men, one third of all women infected are said to have don so through heterosexual intercourse, which is said to be the major route of HIV transmission. (Berer 1993).

In 1986 the Zambian Government recognised Aids as a major Public Health threat which could disrupt economic and social development therefore a number of measures were put up to control the spread of the disease. A National Aids Surveillance and Intersectoral Aids Health Committees were set up to coordinate all activities of Aids prevention and control programmes through out the country (NAPC 1993).

Each district in the country has since then set up Intersectoral committees whose main aims are to intensify heath education to create Aids awareness through various media like drama groups, posters, and pamphlets. Billboards have been displayed in strategic points along streets and corners. Television discussion and programmes on radio stations have been intensified. Most of

these carry message and emphasis on condom use as the most effective way of preventing HIV/AIDS and other sexually transmitted diseases (STDs).

The condom (a thin rubber sheath worn by men during sexual Intercourse) has been identified world wide as the safest devise for the prevention of STDS including HIV/aids Infections. Condoms are intended to provide a physical barrier that prevents contact between vaginal or other secretions and ejaculate or penile lesions (Rosenberg 1993).

The condom has been in use for a very long time mainly for family planning purposes but unfortunately condoms have also been associated with promiscuity and most men are said to have used them outside marriage or to partners with whom they have casual sex. (Foster 1991).

Condom use promotion in prevention of HIV/AIDS has been intensified further by what is known as social marketing in Zambia by Maximum Condom Company. They have sponsored programmes on radio and television and have also printed posters and pamphlets. Distribution of condoms is free in family planning centres, hotels and where they are sold in shops and chemists they are relatively cheap.

In Lusaka distribution is also done by non medical personnel known as Community Based Distributors(CBD). Everyone can therefore have access to condoms.

Unfortunately the use of a condom though very important in the prevention of HIV/AIDS infection may be out of reach for most women. This is so because the decision to use a condom is the man's as stated by William (1992). Yet the risk of contracting HIV for the Zambian Society is very high as proved by Gordon in a study done in 1992. Gordon found out that Zambian society regard multiple sexual partners for men as normal. Societal norms may deny the woman to negotiate the use of condoms because she is not allowed to even initiate a sexual act with her own husband in some cultures. (Jaramba 1993).

From the information available in this background it would seem that societal norms and other issues are among the factors to consider in the fight against HIV/AIDS. The reduction in the spread of HIV/AIDS will depend on the use of condoms and change of behaviour among sexual partners. Condoms have been made accessible to both men and women equally. This study therefore seeks to identify these factors which influence women's ability to insist on condom use by their sexual partners.

1.2 STATEMENT OF THE PROBLEM

Knowledge about Aids is almost universal as stated by Kwesi (1992). In his report of a demographic health survey done in Zambia 1992, he states that most of the women interviewed had heard about the disease and its mode of transmission. Quite a good number of the women also indicated that they knew that the condom was the only effective protective measure against HIV/AIDS infection.

This high level of knowledge was found among women of every age group, in rural as well as urban areas, in all provinces, and in quite a good number of those who had attained some formal education. Despite this high level of knowledge about the spread of HIV/AIDS and the safety and protection provided by the use of condoms cases are still on the increase. Cumulative totals of Aids and Aids related cases have risen in Zambia from about 158,800 in 1986 when intensified health education campaigns started to about 297,340 by the end of October 1993 (MOH-NAPCP1993).

With intensified HIV/AIDS awareness programmes and condom use promotion campaigns being undertaken currently one would expect to see a lot of clients, women in particular coming to get condoms in large numbers from the health centres or to buy them from selling points. But this is not the case. Observations carried out by the researcher during her working experience in various health centres in Lusaka Urban and also recently during visits to selling points to assess how many, and who collects or buys condoms, revealed that very few women collected or bought condoms. Workers in selling points estimated that out of every one hundred (100) clients who bought condoms only one was a woman.

In health centres, the picture is similar. In one health centre, out of three hundred (300) clients who obtained condoms from January to December, 1993, only about fifty (50) were women, who were advised by nurses to get condoms as a back up family planning method. On the out patients department, even those women who were diagnosed as having STDS were very reluctant to get condoms for future use.

Women seem to fail to decide on the course of action to take even when they know that their lives are in danger, as can be concluded from a discordant couple study, done in UTH between 1989 and 1993. Figures show that out of one hundred and thirty two (132) clients recruited, 91 seronegative were women while 41 were men. To date, none of the 41 men test sero-positive and the majority of them have divorced their sero-positive wives. However, for women, the story is different. So far 14 of the women have tested sero-positive while three quarters have dropped from the study. Only 3 women have been reported to have divorced their husbands after they refused to use condoms.

Apart from such sad revelations, the other concern comes with the issue of increasing figures of STDS. Research has confirmed that there is a strong link between genital ulcer causing STDS and accelerated HIV infection. Such STDS like syphilis, chancroid and genital herpes, commonly referred to as Genital Ulcer Disease (GUD) are associated with increased rates of HIV transmission. The ulcer caused provides an open door for HIV to pass from one sexual partner to another. Unfortunately, for women it takes time for them to suspect that they have these infections because unlike men, women's genitals are more inside which makes it difficult for them to notice quickly.

Figures from STD clinic (1992) show a total of 3,181 attendance but out of these, only 1,110 were women.

Women also face the risk of contracting HIV/Aids at a higher rate than men because of the larger mucosal surface exposed during sexual intercourse (Makombe 1994). Makombe also states that semen has a much higher concentration of HIV than vaginal fluids.

Aids affects men, women and children around the world. More importantly women are also carriers of pregnancies for children who are the future generation. The importance of this study, which seeks to find the factors that make women fail to insist on condom use by their sexual partners could not therefore be over emphasised.

As primary providers of care at household level, women need to gain extensive support and knowledge on how to deal with the HIV/Aids situation. In their role as sexual partners, women need to be assertive on self protection against sure death. Cultural norms may not be the only reasons especially in modern times.

The following were some of the researchers assumptions of the factors which could influence women's ability to insist on condom use.

It could be due to the economic dependence on the man or religious teachings which influences a woman's ability to insist on condom use. Is it still regarded as a taboo to talk about sexual matters among partners even in Lusaka urban where inter-tribal partnership is very common?

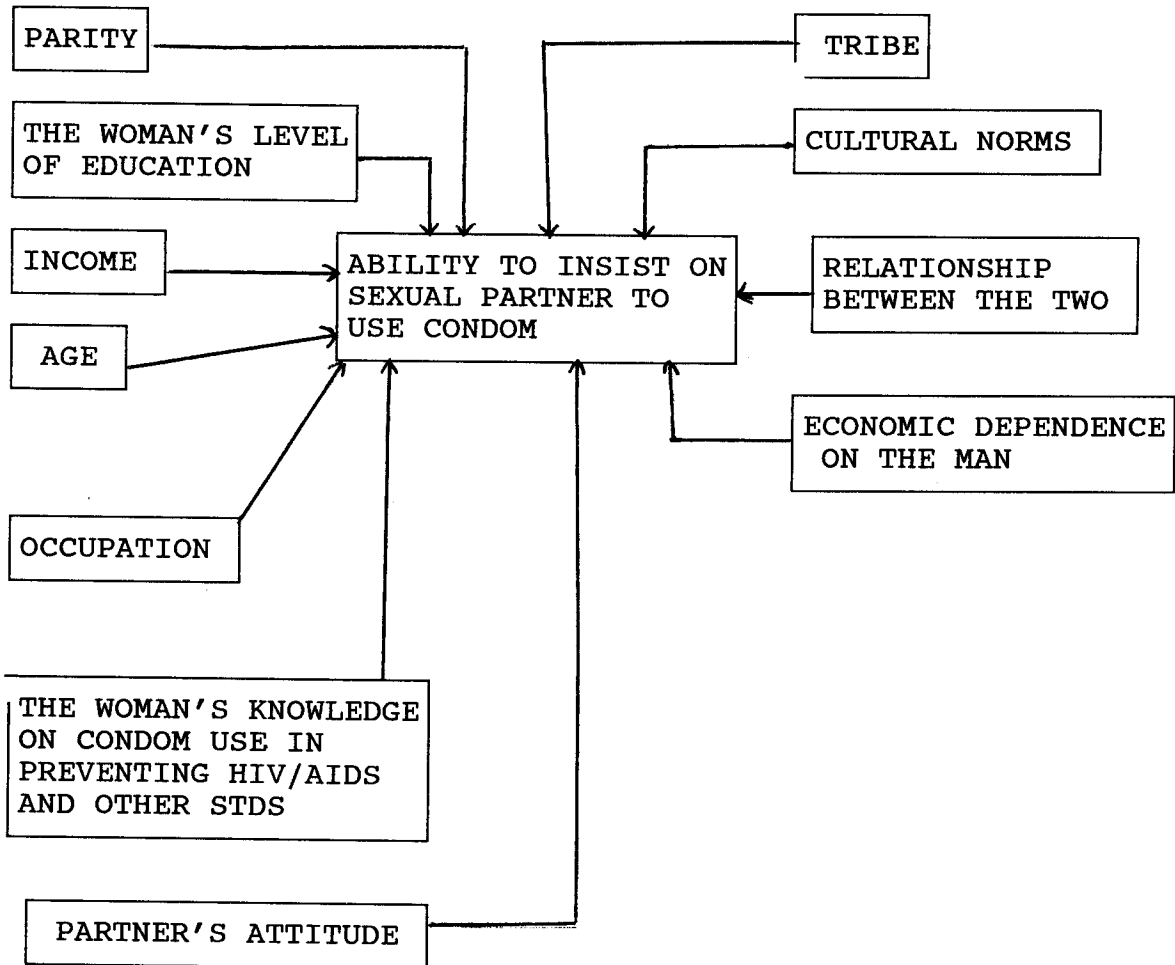
Could it be due to the type of relationship between the two people especially where the man is someone else's husband and this women has no claim over him? Or a combination of factors.

In order to establish which of these contributes, a study was necessary.

DIAGRAMATIC ANALYSIS OF THE ASSUMED CONTRIBUTORY FACTORS

PERSONAL FACTORS

SITUATION FACTORS



The findings helped the researcher make recommendations to organisations such as the Ministry of Health who are policy makers on what type of information to be carried out in health education campaign. Other organisations to whom recommendations have been directed are the Aids Committees and the Non Government Organisations (NGOs) concerned with the gender issues and advocate for women in society. Through their programmes they may help women by providing information so that women can gain the ability to be assertive and protect themselves from contracting HIV/AIDS.

LITERATURE REVIEW

Many studies have been done world wide to assess the impact of national STD and HIV/Aids prevention programmes, on knowledge attitudes and practices. Most of them have found that while general knowledge increased, there was little change in behaviour. These studies have also shown that there are still many women who do nothing to protect themselves against HIV infection despite sexual behaviour that appears to put them at high risk.

RISKS FACED BY WOMEN

In Africa, unlike the western countries, about 60% of women infected with HIV get it from one sexual partner and in most cases this is usually their spouse who could be having several other "Co-wives" because polygamy is regarded as normal in most cultures (Williams 1992).

Risks faced by women are many, the most serious one is that which has been stated by Makombe (1994) that men appear to pass on HIV more effectively than women during unprotected vaginal intercourse

due to women"s larger mucosal surface exposed. Not only are women highly vulnerable to Aids, they carry a greater burden of it as they are the ones entrusted with the care of Aids victims.

The other risk of contracting HIV/Aids is brought on by the women themselves. In most African cultures the role of a 'good' wife is accepted to involve satisfying the sexual needs and preferences of her husband. Women believe that men like the vagina of their lover to be 'dry' therefore they will insert herbs, tissue paper or douch with dettol to keep the vagina dry. The friction which results during intercourse is perceived to add the sexual pleasure of men. But this could also lead to tearing and lesions which increase the vulnerability of women to HIV infection. (Preston - Whyte, 1993).

SEXUAL BEHAVIOUR AND DECISION MAKING FOR WOMEN

Men and women have the same options to protect themselves against STDS including HIV/Aids. These include faithful relationships, non penetrative or condom protected sex, but both sexes suffer from denial of the risks of these factors. (Golberg 1989).

Public awareness on Aids has been found to be high in adults and youth in Zambia as stated by Kwesi (1992) but the practice of safer sex and other risk reducing behaviour is still low. This is so even among those who recognise themselves as being at risk. (Delanyo 1993).

For some women, knowledge about HIV risk reduction is used selectively as proven by Werth (1989). In his study, he found that women prostitutes may insist on condom, use with a client but not

with a 'partner.'

Werth says: it is easier for a woman to insist on condom use in a business setting where she has authority - an authority which may be lost in a personal setting.

It is unfortunate to note that even educated men also have negative attitudes towards their sexual partners as stated by Preston-Whyte. In his study in South Africa, he found out that the result on open challenges by 'enlightened' women married to educated men, to enforce condom use may be personal violence. Women interviewed stated that the men would likely beat them if they refused sex or suggested condom use. The blame can also be placed on older women. The messages transmitted to younger women at marriage and to girls when they reach puberty are those emphasising total submission to the man. (YWCA, 1992).

According to Foster (1991) many women refuse to acknowledge their partners behaviour because they feel powerless to change the situation. This has also been confirmed by Pachauri (1993) who states that:

A major obstacle for condom use is the woman's inability to negotiate compliance by her male partner. A woman's cultural conditioning may limit her ability to assert dominance in the sexual realm, a domain largely controlled by men in most parts of the world.

However, cultural conditioning may not be the only reason that stops women from negotiating condom use, as stated by Buloye (1993). According to Buloye, one woman interviewed in his study stated that:

It is all very well for you to tell us to protect ourselves against Aids by sticking to one partner or using condom. What if we and our children are hungry and we have no other way to get money.

This just shows that people's immediate needs for food, shelter and other needs are often more important to them than preventing HIV. The things they do to survive, such as selling sex may increase the vulnerability to HIV infection. For most women, fear of Aids is not often translated into any preventive effort as they know about Aids but feel helpless. (Luo 1992).

One major obstacle for women who wish to protect themselves against HIV infection is the desire to have a child. Safer sex non penetrative or condom protected sexes pre-suppose sex without conception and as in most societies decisions about motherhood are not taken in a vacuum, a childless woman faces stigma. Sometimes the penalty is desertion or divorce upon pressure from society. (Williams, 1990)

INFORMATION EDUCATION AND COMMUNICATION

Awareness increases in a community when its leaders, influential persons and well recognised personalities lend support to Aids information and education campaigns. (Delanyo 1993).

This has also been emphasised by the Deputy Minister of Health in Lusaka, (Times of Zambia, March 24th 1994). In his address to participants of an Aids Conference, he expressed his disappointment at the negative attitude with which his colleagues in other Ministries were reacting to the Aids epidemic. The Minister stressed that the economic reforms Government was implementing would be meaningless if the Aids problem was not handled with the attention it required.

A continuous flow of correct information is essential to sustain the practice of new behaviour. Regression to unsafe and negative practices is often a result of pressures from the environment such as alcohol use especially away from home and in the company of companions with non supportive attitudes. (Cochram 1990).

Promoting more wide spread understanding of condoms, efficiency and advocating their consistent use by those who choose to be sexually active is crucial to protecting people from HIV infection and to slowing the spread of the HIV/Aids epidemic (Roper-et-al 1993).

Therefore, though widely criticised by most people in Zambia, the method of using outstanding personalities like Kalusha Bwalya (Footballer) and Tshala Muana (Musician) to advertise condoms was good. Delanyo (1990) has stated that regular and innovative stimulation up-to-date data and stories and appealing health education are needed as well as linking HIV/Aids communication to regular routine activities such as soccer match in order to make an impact.

Testimonies about successfully sustained behaviour change as well as those from people affected by HIV sero-positives create a further supportive environment (Colby 1991).

THE FEMALE CONDOM

The Aids crisis, the increase in other STDS and the continuing problem of unwanted pregnancies necessitates new methods of barrier protection.

The female condom is one such new method and according to Gollub (1993), its symbolic importance should not be underestimated. Condoms for men have been in use for many years, both as contraceptives and as prophylaxis against STDS but their acceptance by the public is only limited.

Women do not have a say in their use, therefore the female condom is the first woman controlled barrier. In Zambia, the female condom is still a new method under trial and as such its acceptance is yet to be ascertained.

C O N C L U S I O N

It can be concluded from available literature that although information dissemination regarding HIV/Aids has been intensified, women are still not able to negotiate condom use by their sexual partners. Focus for prevention should now be placed on empowering women to protect themselves against the pandemic. Perhaps one way this could be done is by promoting the new barrier method which is the female condom, which was recently launched in Lusaka at a society for women and Aids Conference.

1.4 DEFINITION OF OPERATIONAL TERMS

<u>TERM</u>	<u>DEFINITION</u>
SEXUAL PARTNERS	Men with whom the women usually have sexual intercourse, such as spouses or boyfriends.
FACTORS INFLUENCING	Determining causes or reasons which affect the women's power to have a say or decide on condom use.
WOMEN'S ABILITY	Power to have a say over sexual matters or decide on condom use.
GOOD CULTURAL NORMS	Norms that do not prevent a woman from discussing sexual matters freely with her partner or discourage her from initiating a sexual act even with her own husband.
POOR RELIGIOUS INFLUENCE	Religion which discourages its followers from using hormonal contraceptives or barrier methods of family planning.

GOOD ATTITUDE

A good attitude between partners is when the couple discuss sexual matters and the man can use condoms if available.

ADEQUATE KNOWLEDGE ON
CONDOM USE AS A PREVENTIVE
MEASURE AGAINST HIV/AIDS

This is when a woman knows what a condom is and that currently it is the only effective preventive measure against STDS including HIV/Aids.

SUFFICIENT INCOME

An income that enables the woman to sustain her own survival from one month-end to another without supplements from anyone else.

CHAPTER 2

3.1 OBJECTIVES OF THE STUDY

THE GENERAL OBJECTIVE

To determine factors that influence womens' ability to insist on their sexual partners to use condoms in prevention of HIV/Aids, and once established, recommendations will be put forward to policy makers to focus on these factors in order to enable women protect themselves against the prevailing HIV/Aids disease.

THE SPECIFIC OBJECTIVES

1. To establish the relationship between demographic variables and ability to influence condom use:
 - (i) Age
 - (ii) Marital status
 - (iii) Parity
 - (iv) Religion
 - (v) Level of education
 - (vi) Occupation
 - (vii) Tribe
2. To find out whether womens' Socio-Economic position has any influence on their ability to insist on condom use by their sexual partners.
3. To verify whether tribal influence has any bearing on womens' ability to insist on condom use by their sexual partners.

4. To ascertain whether the kind of relationship between women and their sexual partners has any bearing on their ability to insist on partners to use condoms.
5. To establish whether womens knowledge on condom use as a preventive measure for HIV infection has any bearing on their suggesting its use.
6. To utilize study results to make recommendations to relevant authorities for action.
7. To stimulate further research.

2.2 THE VARIABLES

The dependent variable in this study is 'Ability to insist on condom use' by women of different Socio-economic backgrounds in Lusaka Urban. A number of independent variable have been identified, some are measurable but others are not. Measurable variables are mainly those concerning demographic data such as Age Parity and level of education, where as those that cannot be measured include cultural norms, religion and partners attitude. Variables that cannot be measured such as the ones mentioned above will be measured using indicators as shown below.

2.3 INDICATOR TABLE

CUT OFF POINTS

1. Religious Influence

(a) does not discourage followers from using condoms	Good	2
(b) Discourages the use of all Contraceptives except natural methods	Poor	1

2. Cultural Norms

- | | | |
|--|------|---|
| (a) Encourage a woman to discuss sexual matters with her sexual partner | Good | 3 |
| (b) Only emphasises the Importance of respecting the man | Fair | 2 |
| (c) Emphasises total submission no initiating sexual act, no discussing sexual matters | Poor | 1 |

3. Partners Attitude.

- | | | |
|--|-------------|---|
| (a) Allows the woman to discuss sexual matters and may use condom if available | Good | 3 |
| (b) Does sometimes have time to discuss sexual matters with the woman | Fairly Good | 2 |
| (c) Has no time for discussing sexual matters with the woman, is very harsh and uncompromising | Bad | 1 |

4. The Womans Knowledge on
 Condom use in Prevention of
 HIV/Aids and other STDs.
- (a) Knows a condom is and that
 it is the only effective
 measure against STDS
 Including HIV/Aids Adequate 3
- (b) Knows what a condom is but
 does not know whether it can
 protect against STDS Fair 2
- (c) Does not know what a condom
 is and has never seen one
 before Not Adequate 1
5. Income
- (a) Earns enough to sustain
 her own survival through-
 out the month Sufficient 3

(b) Earns enough to sustain her for a short time only, needs supplement from sexual partner	Fairly	2
	Sufficient	2
(c) Does not earn any money and is entirely dependent on the sexual partner for survival	Poor	1

CHAPTER 3

METHODOLOGY

3.1.0 STUDY TYPE

A descriptive research design was used to establish factors that influence womens' ability to insist on condom use by their sexual partners.

The design was chosen to enable the researcher to systematically collect an accurate account of such factors and data that would give a clear picture of the presented factors.

3.1.2 RESEARCH SETTING

The study was conducted in Lusaka Urban District, Lusaka Province. The Province has a projected population of about 1,513,924 people and Lusaka Urban alone has a projected figure of about 1,251,899 for 1994 (MOH Bulletin of Health Statistics 1987-88).

The majority of this population consists of women in child bearing age group who total about 275,418 (20% of total population).

Population characteristics vary, ranging from the well to do to the underprivileged and from the educated to the illiterates. The reason why the researcher chose Lusaka Urban is that, being the capital city, it has attracted people from all walks of life in search of jobs from all over the country. Lusaka has an added advantage of having more forms of communication than anywhere else in the country. These are radio, television, posters, pamphlets, and Newspapers which carry messages on HIV/Aids.

The population therefore has had more information on the dangers of HIV/Aids than most other parts of the country.

3.2 THE STUDY POPULATION.

To get representative views from women of different socio economic back grounds, the researcher conveniently chose four areas from which to draw sample units. These were Bank of Zambia, Mulungushi house, Luburma Market and Libala compound.

Due to time limit for completion of the research only 60 respondents were included in the study, which had a total sampling frame of 764 women.

These are sexually active women within the age range 15-45 years of age. Details of how this was done are discussed below.

MULUNGUSHI HOUSE

This organisation was chosen to represent government formal sector because it houses five ministries who generally earn lower salaries than those in the private sector. Hence these women can be said to be of medium socio- economic status. Inclusion of women working in Mulungushi House gave the researcher a better insight of whether these women were unable to insist on condom use due to their low wages. The organisation was also chosen because it was convenient to the researcher for data collection as it is situated near to the researchers residence.

BANK OF ZAMBIA

This organisation was chosen to represent high socio economic status. This is the private formal sector whose workers generally earn quite a substantial amount of money as compared to these

working in the government. The organisation was also chosen for convenience of data collection because it is centrally situated in town and the researcher found it easy to distribute self administered questionnaires.

LUBURMA MARKET

The market was chosen because it represents people in the informal sector from a diversity of backgrounds. These can also be said to be of medium socio-economic status because they earn some money. People selling in this market come from all over the country. Some have permanent stands and come from homes within Lusaka while others reside within the market and along shop corridors at night, in make shift structures. They go back to their places of origin when they finish selling their goods.

LIBALA COMPOUND

The compound was chosen for convenience of data collection due to the short distance (from UTH) the researcher had to travel to get there. Here the researcher interviewed women who are full time housewives.

3.3 METHODS OF SAMPLING

The sampling procedure used was the random sampling in which the 764 Sexually active women from the four different areas chosen had an equal chance of being selected to participate in the study. 60 sampling units were drawn and included in the study from this sampling in each organisation, pieces of paper with numbers were placed in a box and after shaking, the numbers were picked. The interval was calculated as shown in each sample below.

3.4 SAMPLE SELECTION APPROACH.

The four different samples in the study consisted of units of women in the formal sector, informal sector and those without any income. With the help of research assistant every woman was approached using the lottery method either, in offices, market or residence, either for questionnaire interview or focus group discussion.

MULUNGUSHI HOUSE (SAMPLE 1.A)

Sampling frame was a total of 158 women. To get the Units the researcher calculated the interval in order to give equal chance to all ladies to take part. The sampling interval was found by calculating as follows:-

$N = \text{Total No of women} = 158$

$n = \text{Total no. of units included in the sample}$
which was equal to 15

$K = \text{The interval to accord equal chance}$

Therefore $K = N/n = 158/15 = 10$

Every tenth woman was approached if willing a questionnaire was given to fill in, if not the next woman was approached.

BANK OF ZAMBIA

(SAMPLE NO 1.B)

Sampling frame was a total of 213 women and to get the units randomly the researcher calculated the interval in order to give equal chance to all the women to take part in the study.

METHOD.

$N = 213 = \text{Total No of women in the organisation}$

$n = 15 = \text{Total No of units to be drawn.}$

$K =$ the interval used.

Therefore $K = N/n = 213/n = 14$

Every 14th woman was approached and if willing a questionnaire was given to fill in. If not willing the next woman was approached. This way, every woman had an equal chance of taking part in the study.

LUBURMA MARKET (KAMWALA). (SAMPLE NO. 2)

Like in the other two places here the researcher also needed to draw a total sample of 15 units from the total of 300 women selling on permanent stands inside the market. The Units were selected using an interval which was worked as follows.

$K = N/n = 300/15 = 20$

Every 20th woman along the stands was approached starting from the first woman on the first stand and interviewed if willing. If not willing the next woman was interviewed till the total of 15 was reached. This accorded equal chance for all the women within the market to participate in the study.

LIBALA COMPOUND (SAMPLE NO. 3).

This compound has five sections numbered into stages namely stage 1-4. Stage 4 has two sub sections, A and B. Each Section has about 75 houses. Numbers according to sections were written on pieces of paper and placed in a box and shaken. One piece of paper was picked. This is the section to which the researcher went to interview the women. This was necessitated by time factor because the researcher had other sample units to take care of. Sampling interval was calculated as follows:

75 = No of houses in the section

15 = No of required respondents from the section

Therefore $K = 75/15 = 5$

Every 5th house in a row was approached and the woman found at home interviewed if not willing the next house was approached, till the total added up to 15. This also accorded equal chance for the women to participate in the study.

SAMPLE NO. 4. UNITS FOR FOCUS GROUP DISCUSSIONS.

Units for this sample were drawn from the four named places. Discussions were held in each area and the same sampling method was used. Willing respondents were gathered in one place where the focus group discussion took place. In the case of the market, the hall was used. This method enabled the researcher to control for non-respondents in the questionnaire and the people were able to freely express their views. Therefore in all four, focus group discussions were successfully held with 10 women in each place.

3.3 DATA COLLECTION TECHNIQUES.

The main instrument of data collection was a self administered questionnaire with predetermined closed ended questions and non pre-determined open ended questions. This was aimed at obtaining necessary information from clients on ability to insist on condom use. For clients who could not read and write English, data were collected using a semistructured interview schedule, and the interviewer had to translate into vernacular all the questions as the interview was going on. To supplement these two methods data was also collected using focus group discussions.

THE QUESTIONNAIRE

Respondents who were able to read and write English were given a self administered questionnaire. The questionnaire has the advantage of anonymity and may result in more honest responses.

SEMI STRUCTURED INTERVIEW SCHEDULE.

This data collecting technique involved oral questioning of respondents individually. This method was chosen to elicit information from respondents who could not read and write English. The interviewer translated the questions into vernacular. Since some of the questions were sensitive because they pried into womens privacy the interviewer had to first establish rapport with each interviewee before the interview and privacy was ensured. No names were asked for.

The interview had an advantage of the completeness of the questionnaire due to the presence of the interviewer. High response was possible which was not the case with the self administered questionnaire.

This helped to control for the imitation of non response. A research assistant was trained and used in this data collection technique.

FOCUS GROUP DISCUSSIONS (FGD).

These were in depth discussions using a guide involving 10 respondents to talk about women's ability to insist on condom use by their sexual partners. The advantage of this was that some people in the self administered questionnaires and interviews were

not able to freely express their views, but this was possible during the discussion because the issue was not personalised.

3.4 DATA COLLECTION

This commenced after written permission was sought from the ethical committee. Data were collected over a discontinuous period of 2 weeks.

3.5 ETHICAL CONSIDERATION

Aids is a sensitive subject and the use of condoms prys into peoples's private live therefore it was necessary to obtain clearance from the ethical research committee before the study was conducted. The purpose of the study was explained to each respondent and they were also assured that confidentiality would be maintained. Participation was voluntary.

3.6 PILOT STUDY.

PRE TESTING.

Self administered questionnaires were issued to 10 women within Kabwata compound area both in house holds and working organisations. Five interviews were conducted in the market.

This population was not included in the main study. This was done to evaluate clarity of the questions and rephrasing of the questions was done afterwards where need arose.

3.9 LIMITATIONS OF THE STUDY.

The time in which the study had to be submitted to the Department of Post Basic Nursing was too short.

The ethical committee took too long to clear the proposals forcing the researcher to do hurried work towards the end of the study.

The sample was too small, compounded by the fact that some questionnaires were never returned. Therefore from the original 60 respondents the final total come to 55. So generalisations of findings beyond the sample could not be made.

4. The study involved travelling to different organisations and residential areas and since time for data collection had been shortened the researcher had to book cabs to get to places on time because she had to attend other lectures as well. This made the researcher incur more travelling expenses on a small sample.

CHAPTER 4

ANALYSIS AND PRESENTATION OF DATA

Data was analysed by computer using EP1-INFO Programme. Prior to this all data collected from both questionnaires and interview schedules were checked for completeness and internal consistency and then tallied on a master sheet.

Responses from open ended questions were categorised and suitable terms were used to bring all such related data together and also entered on the master sheet.

Descriptive statistics using frequency distribution, percentages and cumulative percentages have been used in tabulating data. Statistical data were tabulated in an explanatory manner with all percentages rounded to whole members. It was necessary to present data in table form because tables summarize results in a meaningful way, enabling the reader to understand the authors intentions in the study. Tabulated data also tends to be easy to remember by quick readers.

Cross tabulation of variables was done to show relationships among variables and to draw meaningful inferences from the sample.

TABLE 1.1 DEMOGRAPHIC DATA FREQUENCIES
AGE MARITAL STATUS AND PARITY

A	AGE GROUP	FREQUENCY	PERCENTANCE	CUMULATIVE %
	Below 20 years	5	9.1	9.1
	21-25 years	15	27.3	36.4
	26-30 years	12	21.8	58.2
	31 And Above	23	41.8	100.0
	TOTALS	55	100.0	
B	MARITAL STATUS			
	SINGLE	12	21.8	21.8
	MARRIED	36	65.5	87.3
	WIDOWED	3	5.5	92.7
	DIVORCED	3	5.5	98.3
	SEPARATED	1	1.8	100.0
	TOTALS	55	100.0	
C	HAVE SEXUAL PARTNER			
	YES	16	84.2	84.2
	NO	3	15.8	100.0
	TOTALS	19	100.0	
D	PARITY			
	0	4	7.3	7.3
	1-2	24	43.6	50.9
	3-5	20	36.4	87.3
	6 AND ABOVE	7	12.7	100.0
	TOTALS	55	100.0	

Interpretation of TABLE 1.1

Table 1.1A. The majority 33 (41.8%) of the women were aged 31 years and above

Table 1.1B. The majority 36 (65.5%) of the respondents were married as compared to 12 (21.8%) who were single.

Table 1.1C. Shows that among the single, divorced or separated 16 (84.2%) had sexual partners.

Table 1.1D. The majority 24 (43.6%) of the women have between 1-2 children while 20 (36.4%) have between 3-5 children.

TABLE 1.2 DEMOGRAPHIC DATA FREQUENCIES

TRIBE RELIGION AND EDUCATION LEVEL

	VARIABLES	FREQUENCIES	PERCENTAGE	CUMULATIVE TOTAL %
E	TRIBE			
	NYANJA	11	20.0	20.0
	BEMBA	12	21.8	41.8
	LOZI	8	14.5	56.3
	TONGA	10	18.2	74.5
	OTHERS	14	25.5	100.0
	TOTALS	55	100.0	
	F	RELIGION		
ROMAN CATHOLIC		12	22.6	22.6
PROTESTANT		8	15.1	37.7
PENTECOSTAL		10	18.9	56.6
OTHERS		23	43.4	100.0
TOTALS		53	100.0	
G	GRADE ATTAINED			
	NEVER WENT TO SCHOOL	5	9.1	9.1
	PRIMARY	15	27.3	36.4
	SECONDARY	18	32.7	69.1
	COLLEGE	12	21.8	90.9
	UNIVERSITY	5	9.1	100.0
	TOTALS	55	100.0	

TABLE 1.2E. Shows that the women in the study come from a variety of tribes with the majority 12(21.8%) being Bembas, (followed by Nyanja (11(20.0%) and smallest number were Lozi 8(14.5%).

TABLE 1.2F. Show a wide variation of religious affiliation of the respondents (with Roman Catholic 12(22.6%) Predominating.

TABLE 1.2G. Indicates that almost all the respondents had attained some formal education with a greater Percentage holding a secondary level background 18(32.7%).

TABLE 2. SOURCE OF HIV/AIDS INFORMATION AND WHAT INFORMATION WAS GIVEN

SOURCE OF INFORMATION	INFORMATION GIVEN TOTALS				TOTALS
	A. DEADLY DISEASE	B. Disease Transmitted Via Sexual Intercourse With Infected Partner and Blood Transfusion	Both A & B	Disease inherited from Parents	
FRIENDS	4 (7.4%)	4 (7.4%)	12 (22.2%)	0	20 (37%)
HEALTH WORKERS	2 (3.2%)	5 (9.3%)	3 (5.6%)	0	10 (18.5%)
NEWS PAPERS	3 (5.6%)	2 (3.7%)	8 (14.8%)	0	13 (14.1%)
TELEVISION	3 (5.6%)		6 (11.1%)	0	11 (20.4%)
TOTALS	2 (22.2%)	3 (24.1%)	29 (53.7%)	0	54 (100%)

The majority of respondents 20(37%) heard about HIV/AIDS from friends making it the most popular source of information.

TABLE 3. KNOWLEDGE OF CONDOMS

KNOWLEDGE	FREQUENCY	PERCENTAGES	CUMULATIVE TOTAL %
YES	52	94.5	94.5
NO	3	5.5	100.0
TOTALS	55	100.0	

52 (94.5) of the women have heard about condoms.

TABLE 4. MARITAL STATUS AND ABILITY TO INFLUENCE CONDOM USE.

MARITAL STATUS	ABILITY TO INFLUENCE CONDOM USE			CUMULATIVE
SINGLE	8 (14.5%)	4 (7.33%)	12 (21.8%)	12 (21.8%)
MARRIED	18 (32.7%)	18 (32.7%)	36 (65.4%)	48 (7.2%)
WIDOWED	1 (1.8%)	2 (3.6%)	3 (5.5%)	51 (92.7%)
DIVORCED	0	3 (5.5%)	3 (5.5%)	54 (98.2%)
SEPARATED	1 (1.8%)	0	1 (1.8%)	55 (100.0%)
TOTALS	28 (56.8%)	27 (49.1%)	55 (100%)	

The total number of these who are able to insist on condom use 28(56.8%) and those who are not 27(49.1%) is a fifty fifty chance regarding marital status.

TABLE 5. TRIBE AND ABILITY TO INSIST ON CONDOM USE.

TRIBE	ABILITY TO INSIST ON CONDOM USE			CUMULATIVE TOTAL
	YES	NO	TOTAL	
NYANJA	6 (10.9%)	5 (9.1%)	11 (20%)	11 (20%)
BEMBA	7 (12.7%)	5 (9.1%)	12 (21.8%)	21 (48.8%)
LOZI	4 (7.3%)	4 (7.3%)	8 (14.5%)	29 (56.3%)
TONGA	5 (9.1%)	5 (9.1%)	10 (18.8%)	39 (74.4%)
OTHERS	6 (10.9%)	8 (14.5%)	14 (25.4%)	55 (100%)
TOTALS	28 (50.9%)	27 (49.1%)	55 (100%)	

Out of 55 (100%) 27(49.1%) women belonging to different tribes are unable to insist on condom use signifying that cultural influence does exist.

TABLE 6. RELIGION AND ABILITY TO INFLUENCE CONDOM USE.

RELIGION	ABILITY TO INFLUENCE			CUMULATIVE TOTALS	TOTALS
	YES	NO	TOTALS		
ROMAN CATHOLIC	2 (3.6%)	10 (18.2%)	12 (21.8%)	12 (21.8%)	
PROTESTANT	5 (9.1%)	3 (5.5%)	8 (14.5%)	20 (36.3%)	
PENTECOSTAL	6 (10.9%)	4 (2.3%)	10 (18.2%)	30 (54.5%)	
OTHERS	14 (25.4%)	9 (16.4%)	23 (41.8%)	53 (100%)	
TOTALS	27 (49.1%)	26 (47.3%)	53 (100%)		

Out of 26(47.3%) women who are unable to influence condom use, the majority 10(38.5%) are Roman Catholic.

TABLE 7. LEVEL OF EDUCATION AND ABILITY TO INSIST ON CONDOM USE

LEVEL OF EDUCATION	ABILITY TO INSIST ON CONDOM USE		
	YES	NO	TOTAL
NEVER WENT TO SCHOOL	2 (7.7%)	3 (5.5%)	5 (9.1%)
PRIMARY	8 (14.5%)	6 (10.9%)	14 (25.4%)
SECONDARY	6 (10.9%)	13 (23.6%)	19 (23.6%)
COLLEGE	9 (16.4%)	4 (2.3%)	13 (23.6%)
UNIVERSITY	3 (5.5%)	1 (1.2%)	4 (2.3%)
TOTALS	28 (50.9%)	27 (49.1%)	55 (100%)

The majority of the women who are able to insist on condom use 9 (16.4%) reached college level.

TABLE 8. OCCUPATION AND ABILITY TO INFLUENCE CONDOM USE

OCCUPATION	ABILITY TO INFLUENCE CONDOM USE		
	YES	NO	TOTALS
GOVERNMENT SECTOR	4 (7.2%)	9 (16.4%)	13 (23.6%)
PRIVATE SECTOR	10 (18.2%)	2 (3.6%)	12 (21.8%)
SELF EMPLOYED	6 (10.9%)	9 (16.4%)	15 (27.3%)
HOUSE WIFE	5 (9.1%)	10 (18.1%)	15 (27.3%)
TOTALS	25 (45.6%)	30 (54.5%)	55 (100%)

The majority of the women who are able to influence condom use (18.2%) are working in the private sector.

TABLE 9. INCOME BY ABILITY TO INFLUENCE CONDOM USE

INCOME ZK'000	ABILITY TO INFLUENCE CONDOM USE		
	YES	NO	TOTALS
NONE	5 (9.1%)	10 (18.2%)	15 (27.3%)
10-20	3 (5.55)	2 (3.6%)	5 (9.15)
21-30	4 (7.3%)	5 (9.1%)	9 (16.4%)
31-40	3 (5.5%)	7 (12.7%)	10 (18.2%)
41 AND ABOVE	12 (21.8%)	7 (12.7%)	19 (34.5%)
TOTALS	27 (49.1%)	28 (50.9%)	55 (100%)

The majority of women 12 (21.8%) who are able to influence condom use earn K41,000 and above, where as the majority of these who are unable to influence condom use 10 (18.2%) are women without any income.

TABLE 10. TYPE OF RELATIONSHIP AND ABILITY TO INSIST ON CONDOM USE

TYPE OF RELATIONSHIP	ABILITY TO INSIST ON CONDOM USE			CUMULATIVE TOTALS
	YES	NO	TOTALS	
WIFE	18 (32.7%)	18 (32.1%)	36 (65.4%)	36 (65.4%)
GIRLFRIEND	7 (12.7%)	10 (18.1%)	17 (30.9%)	53 (96.4%)
NO SEXUAL PARTNER	2 (3.6%)	0	2 (3.6%)	55 (100.0%)
TOTALS	27 (49.1%)	28 (50.9%)	55 (100%)	

The table indicates that the majority 10(18.1%) of the women who are unable to insist on condom use are the girlfriends.

TABLE 11. FREQUENCIES OF REASONS FOR FAILURE TO INSIST ON CONDOM USE

REASON FOR FAILURE TO INSIST ON CONDOM USE	FREQUENCY	PERCENTAGE	CUMULATIVE PERCENTAGE
RELIGION DOES NOT ALLOW	10	18.2	18.2
PARTNER WOULD OBJECT	6	10.9	29.1
PARTNER WOULD LEAVE ME	8	14.5	43.6
CULTURE DOES NOT ALLOW	2	3.6	47.2
DON'T ENJOY SEX WITH CONDOM	3	5.6	52.8
TOTALS	28	50.9	100.0%

This table indicates that among reasons for women's failure to insist on condom use, religion still rates highest 10 (18.2%) followed by fear of desertion 8 (14.5%). The least common reasons are culture 2(2.36%) and lack of satisfaction 3 (5.6%).

FOCUS GROUP DISCUSSION RESULTS FROM WOMEN IN CHILD BEARING AGE RANGE 15-45 YEARS

INTRODUCTION

Focus group discussions were held in each of the 4 areas involving 10 participants in each organisation. These areas were: Luburma Market on 14th September, Bank of Zambia on 17th September, Mulungushi House on the 20th September and Libala Compound on the 22nd September, 1994.

Participants in the focus group discussions were not included in the sample for the questionnaires or interviews. The aim of the discussions was to get more views from women in a more free atmosphere on the subject of HIV/Aids transmission and its prevention. The researcher also wanted to know what women in general feel about condoms and their use.

In each of the areas, the topic for discussion was introduced to the participants. The purpose was explained to them and participants were related to the fact that HIV/Aids was on the increase, most probably due to lack of change of behaviour by people. And that the use of condoms is not very popular especially among women.

The following are some of the views expressed by the women in general:

KNOWLEDGE ABOUT HIV/AIDS AND ITS TRANSMISSION

In general the women said that Aids is a killer disease which is transmitted through prostitution. The women also expressed fear

that since there was no cure for Aids yet, the most sensible thing for people to do would be to stick to one sexual partner in order to stop the spread of the deadly disease.

PROTECTION PROVIDED BY THE CONDOM

Mixed feelings were expressed regarding the protection and safety of the condom. Some participants were in support while others were strongly against saying that from what they had heard and read about condoms, they do not provide 100% protection.

Some participants felt that condoms campaigns just corrupt the morals of young children while others said that it was a sin to use condoms because semen contained living organisms made by God. These were of the idea that sperms should be deposited in the appropriate place. However, quite a good number of the participants were for the idea of using condoms especially where a woman suspected that the partner had several other sexual partners.

ABILITY TO INFLUENCE CONDOM USE

Most participants said that the biggest reason why women failed to negotiate condom use was the partners attitude. The women said that if a partner was harsh and selfish and most of the times violent towards the woman, she cannot negotiate condom use for fear of being battered.

Others felt that the main reason for womens failure to influence condom use was economic dependence on the men especially for fulltime housewives with no source of income and girl friends who earned very little money to sustain their living. Since the men provided all that was needed he also dictated the terms of sexual

relationship. Therefore the women feared to be chased or deserted by the breadwinner.

Cultural upbringing was also sighted as another reason for womens failure to influence condom use. Some participants said that it would be regarded as being cheeky and insurbodination towards the men to suggest condom use. Some women feared that the men would suspect them of misbehaving if they suggested the use of condoms while others said that it was morally wrong and against religious teachings to talk about condoms.

One participant strongly felt that Aids was infact Gods way of expressing disapproval of the sins that people were committing.

CHAPTER 5

DISCUSSION OF FINDING.

The results of this study are based on the analysis of responses obtained from fifty five (55) women in child bearing age range 15-45 years. The aim of the study was to find out factors that influence womens ability to insist on their sexual partners to use condoms in prevention of HIV/AIDS.

The information obtained in this study provides the following highlights on the objectives of the study.

KNOWLEDGE OF HIV/AIDS AND PROTECTION PROVIDED BY THE CONDOM.

Knowledge about HIV/Aids has been said to be almost universal. In Zambia results from a demographic health survey done in 1992 revealed that almost all women had heard about HIV/AIDS and had also heard that the condom is the only effective preventive measure

against the disease. This high level of knowledge was found among all the groups of women included in this study.

This study verifies that women in general know what HIV/AIDS is and are aware that the use of condoms is the only way that one can use to avoid contracting HIV/AIDS (Tables 1 and 2).

This public awareness has probably been a result of campaigns undertaken by the government since 1986 when it decided to intensify Aids awareness through various media. This campaign was decided upon realising that Aids and aids related cases were increasing rapidly.

From the findings and focus group discussions in this study, it can be concluded that the message has been delivered to the people. At least they mention sexual intercourse with infected partners or transmission with infected blood as modes of transmission of the Aids virus. (Table 2).

This awareness seems to be universal. In Johannesburg, a survey done by Pachauri(1993) to ascertain attitudes and practices also found out that knowledge about HIV/Aids among women aged 20-29 years was about 88%. The majority of the women in the survey also indicated that sexual intercourse is a mode of transmission but there was little change in behaviour because none of them used condoms.

In Ghana a study done by Delanyo (1993) revealed that public awareness was about 90% but the practice of safer sex and other risk reducing behaviour was still very low. This was found to be so even among those who recognise themselves as being at risk.

FACTORS THAT INFLUENCE WOMENS ABILITY TO INSIST ON CONDOM USE

The majority of the women in this age range of 15-45 are either married or have sexual partners (table 1B and C). This confirms the researchers views that women in this age range are sexually active. Since we know that intercourse without the use of a condom places one at the risk of contract HIV/Aids, most of these women are at risk of catching the disease unless their partners are HIV free.

MARITAL STATUS & ECONOMIC DEPENDENCE ON THE MAN

The study has revealed that only about half of these women with sexual partners are able to influence condom use during sexual intercourse. This is so regardless of marital status (table 4). Most of these women's failure is attributed to the fact that they fear their partner would object or leave them. Others indicated religion and culture as being the reasons for failure to negotiate condom use (table 12).

This still shows that even if women are aware of the danger of condoms, they are not in a position to negotiate or propose its use. There is still a long way to go before the condom can rescue the majority of women from the risk of contracting STDS or HIV/Aids. This state of affairs has come on because the condom in use currently has to be worn by the man and since he is usually the bread winner he decides on the issue of condom use.

Men have been known to choose on whom to use the condom. Usually it is with those partners they regard as casual friends. Since in Zambia a man can have several wives or sexual partners (Gordon

1992) without any protest from his wife or society around him the risk of catching HIV/Aids for him and his lovers is very high.

Lack of authority or power has also been confirm by Foster (1991) who found out that many married women and girlfriends who are economically dependent on the men refuse to acknowledge their partners behaviour.

This is because these women feel powerless to change to situation. Female poverty often brings with it an increasing risk of infection because womens' negotiating position with partners is undermined by economic dependence.

The only solution that can help in these circumstances is media campaigns which make it acceptable for girls and women to buy or obtain condoms and encourage their partners. Programmes which increase womens income should also be adopted such as small scale industry and increase of salaries for low income earners. This will make it easier for couples to adopt safer sexual life styles because the woman will not feel threatened anymore because she knows she can live on her own should the man leave her.

TRIBE

A tribe also reflects a persons culture beliefs and practices. This study has revealed that culture has some influence on a womans ability to insist on condom use (Table 6).

However within one tribe some respondents indicated that their culture does not stop then from condom use. But we cannot rule out cultural upbringing completely because though this might not be the

case in Lusaka, perhaps due to mixed marriages, interaction between tribes and educational level of people.

These aspects may lead a woman to brush aside cultural teachings. Yet in the rural areas and elsewhere culture may be a very strong factor. A study is required to establish this factor)

In a study done by Jaramba (1993) it is stated that in Africa societies it is regarded as insurbodination for a woman to talk about sex or let alone initiate a sexual act even to her own husband. Such cultural norms provide a handicap to women and further jeopardise their position.

It is such norms which make it difficult for women to even talk about problems they are having in their marriages as stated by YCWCA Paper (Nov.1992). The author says that over the issue of wife battering, some of the reasons may well be that the woman refused to have sex or might even have suggested condom use. But in most cases the women never gave any of these as reasons because it is regarded as taboo to reveal bedroom secrets to strangers.

Therefore the researcher feels that such cultural norms should be discouraged. Through observations and discussions the researcher has had while working with women in various communities, instilling of such norms is done during the time a girl is confined when she comes of age for some tribes. Other tribes do this when the girl is about to enter into marriage. This is the same forum that people concerned with gender issues, can use to get to the women and discourage teachings that compromise a girls position in a relationship.

RELIGION.

This study has established that religious influence rates high among the factors that influence women from negotiating condom use (table 7). The Roman Catholic Church has always been against the use of contraceptives preferring natural methods. Its teachings and the teachings of other churches emphasise the principal of one man woman for life.

These Churches mainly refer to the verse in the bible which tells people to go out in the world and multiply.

This verse reads "Have many children, so that your descendants will live all over the earth and bring it under their control." (Genesis Chapter 1-Verse 28.)

Obviously the churches interpretation of the above verse refers to contraceptives and the condom is a method of contraceptive.

The natural methods they are advocating for would well be worthwhile if people were faithful to one another. But reality is that many couples do not stick to one sexual partner, especially in Zambia where society regards multiple partners by men as normal (Gordon 1992).

A word of caution from Gordon (1988) says:

When trying to improve sexual health, we all need to get over our embarrassment and prejudice and learn to talk openly and honestly. We will never prevent the sexual spread of the disease if we bury our heads in the sand and refuse to acknowledge what people really do sexually.

The researcher is of the view that the church is burying its head' in the sand by denying the fact that those who go to pray can also be promiscuous.

In fact, as stated in YCWA paper (1992) the bible has been used as a strong weapon in the hands of those who believe women are inferior and meant to be servants of men. Such people use arguments based on Genesis Chapter 2 Verses 21-23 which says.

"Then the Lord God made the man fall into a deep sleep, and while he was sleeping he took out one of the man's ribs and closed up the flesh. He formed a woman out of the rib and brought her to him. Then the man woke up and said "at last, here is one of my own kind - Bone taken from my borne, and flesh from my flesh."

Arguing about this passage in the bible is not easy because the woman is accused of tempering with 'the word of God.'

Therefore the feeling is that because the woman was made out of the mans rib she is inferior to him and should respect the man totally to the point that she becomes part of his property.

The role of the church in the researchers view should be to take a more bold stance by advocating for condom use if some of its members are to be saved from sure death or give alternatives such as other methods of safer sex.

EDUCATION

The study has demonstrated that the higher the level of education the more the woman is able to insist on condom use (table 8). This in the researchers view is due to the fact that the woman is then

widely exposed to reading materials and hence develops a better understanding of issues concerning HIV/Aids and condom use.

Unfortunately for some educated women, men may feel that they are becoming too high headed.

In South Africa a study done by Preston-Whyte revealed that even educated men have negative attitudes towards 'enlightened women.' He states that in most cases the result of open challenges by educated women to enforce condom use was personal violence. Men usually did this to silence the woman or embarrass her.

Such men may even threaten desertion or chase women out of the house accusing her of prostitution. Womens fear of mens physical strength is real and often forces them to keep quiet. But all in all an educated woman stands a better chance when compared to an uneducated woman concerning the issue of condom use because she will not only be arguing intelligently, but also has well informed opinion.

Educated women or any other women should not be intimidated but instead strive to stand up to the men as long as she is equipped with enough information. Therefore the researcher suggests that pamphlets and other literature should be made accessible to these women. Necessary books and papers on HIV/Aids should be distributed in organisation's freely. Most of the organisations the researcher visited while collecting data did not have a single pamphlet or poster anywhere displayed carrying messages on HIV/Aids.

Organisations like Mulungushi House have appointed a person in each department as an HIV/Aids liaison and information officer but these people need more training and literature which they can distribute in the places of work for people to read.

OCCUPATION AND INCOME

The study has found out that people working the private sector generally earn higher salaries than those in the government sector or the self employed. Therefore, these are also in the majority of the women who are able to negotiate condom use (tables 9 and 10). This feature reflects economic independence of the women working in the private sector.

Unfortunately for the women who have no income at all or whose income can barely sustain their living, they need the salary the man earns to feed themselves and their children. Hence they are unable to stand up to the husbands or boyfriends and must endure whatever abuse or inequality that is dished out to them. This includes the risks of HIV/Aids because the man will most likely have several other sexual partners and the women dares not utter a word because of fear of being chased or deserted.

Womens needs for food, shelter and other needs are often more important to them than preventing HIV/Aids.

This has also been confirmed by Buloye (1993) who states that the things women do to survive such as selling sex, may increase vulnerability to HIV infection.

Therefore, the planners and policy makers should come up with ways of empowering women economically, such as according women with loan facilities easily without too many conditions attached to them so that the women can embark on small business enterprises to enable them make a living.

TYPE OF RELATIONSHIPS BETWEEN MEN AND WOMEN

This study has established the fact that the kind of relationship between a man and woman also matters when it comes to women having control over sexual matters.

The results (table 11) in the study show that girlfriends are more unlikely to insist on condom use because of fear of desertion and hence in most cases fear that she will not have the much needed financial support and companionship.

This has also been confirmed by Eversley (1988) in his study who states that social - economic circumstances plus deep rooted and wide spread beliefs about passive nature of female sexuality, even in a casual relationship, combine in many societies to undermine womens control over their bodies. In this case it is the control not only of their bodies but even their destinies.

The researcher is of the opinion that the only answer for both married women and girlfriends whose partners resist using of condom is for themselves to use the new device - the female condom.

Prevention messages that stress abstinence, careful partner selection and male condom use may be unrealistic to these women.

This is, as stated by Gollub, (1993) once a woman is engaged in a sexual relationship with a man, she tends to have less power than

the man to control the encounter or terminate a partnership over the issue of unsafe sex.

The female condom will widen the options for women and the choice of him putting on the condom or her putting on the condom will only require toleration by the man. The female condom is said to have a number of advantages. The biggest advantage is that of not need an erect male organ before the condom can be worn and it can be inserted before intercourse without interrupting the sexual sequence.

5.1 IMPLICATION ON HEALTH SYSTEM

The findings of the study show that women have heard about HIV/Aids and most them do realise that they are at risk of contracting the disease. Yet these women are not in any position to do anything about it because the decision in most relationships depends on the men.

Changes in behaviour and the use of condoms is the only answer to the limiting of spread of HIV/Aids disease but this change cannot be achieved by simply telling people what to do. The change which is vital in this case should involve a fundamental look at the real power of individuals especially women to change their lives. this is so because womens problems are rooted in their economic and social surroundings which compromise their ability in decision making.

Health workers alone cannot manage to persuade change of behaviour. This will require concerted efforts by various groups and organisations to join as partners and organisations to join as

partners in preventing the spread of HIV/Aids, caring for those affected and hence minimize the social and economic repercussions related to Aids.

Therefore discussion has to be held with groups representing different parts of society, as well as with individuals from these groups like the church and the women who are responsible for teaching girls traditional ways.

HIV infection affects all sectors of society. Since it often strikes men and women in the prime of their lives, the effects are far reaching not only on health systems but other sectors as well. Those infected are often the people who are responsible for rearing and caring for the new generation. Because HIV is transmitted through behaviours which are intimate, taboo or even denied, there is social, cultural and even legal barriers to ensuring that people are properly informed about how to protect themselves. These barriers can only be overcome through concerted effort by everyone in Society.

5.2 SUMMARY.

The aim of the study was to find out factors that influence women's ability to insist on condom use by their sexual partners in prevention of the prevailing HIV/AIDS.

Observation and literature reviews have revealed that the Aids pandemic has reached alarming levels. From a few cases reported in the USA in the early 1980s the disease has spread rapidly throughout the world. This Aids scourge has affected men and women

equally but unlike men, one third of all the women infected are said to have done so though heterosexual intercourse.

Zambia has intensified Aids awareness campaigns since 1986 and almost all women know what HIV/Aids is and its mode of transmission. The women also know that the condom is the only effective protective measure against contracting HIV/Aids.

But the condom is still out of reach to most women due to a number of factors. These factors are: Socio-economic status of the women which weakens their decision making power because of relying on him for survival as the most common factor. Religious teachings also Jeopardises the women in making them feel that it is a sin to talk about the use of condom because God said people must multiply.

Culture is another factor that stops the women from negotiating condom use instilling in women a sense of guilt and a feeling of being inferior to the men. Hence failing to even utter a word concerning sexual matters because the man owns them since he paid lobola (bride price).

Education has also been proven to be a factor as educated womens position is strengthened because they can read extensively on the Aids subject and argue positively. Though they may also be disadvantaged because the men may feel that the woman is becoming big headed due to her educational attainment.

Other less common factors verified are the kind of relationship between the two partners especially where the woman is just a girlfriend, hence fears that the men will stop coming and lastly lack of satisfaction when the condom is used.

Suggestions put forward include a more bold stance by the church to encourage the use of condoms and change of moral behaviour, integration of prevention messages into practices of health medical care professionals, policy makers came out in full force finding ways of empowering women economically to reduce their dependence on the man. People concerned with gender issues should get into where the girls are taught to discourage messages that jeopardise the future position of the girl in her sexual relationships.

CONCLUSION

The study was done to establish factors that influence womens ability to insist on condom use by their sexual partners.

The researcher found out that condoms are still out of reach for women due to a number of factors. These include economic dependence on man, religion which stresses on natural family planning, cultural norms which discourage women from having any say over sexual matters and surprisingly enough lack of sexual satisfaction when the condom has been used.

The researcher feels that as primary providers of care at household level women need to gain extensive support and knowledge on how to deal with the Aids situation. In their roles as sexual partners women need to be assertive on self protection against sure death. Changes in behaviour and barrier methods of contraception are at present the only ways of slowing the sexual transmission of the human immuodeficiency virus. Since the male condom is out of reach for most women the female condom use should be encouraged as it

represents a new and potentially important addition to the existing choices.

RECOMMENDATION

All the recommendations put forward are for the attention of the church leaders, the Ministry of Health, non governmental organisations and all those involved in the fight against womens's oppression and against the spread of HIV/Aids.

1. In the light of the increasing number of HIV/Aids in Zambia, prevention messages oriented towards women should be integrated into the practices of health and medical care professionals. This can be done through including HIV/Aids counselling training in the curriculum and training of almost every health personnel as an Aids counsellor. This will enable them to give prevention messages effectively.
2. Health education messages on condom use should lay emphasis on the proper use of the condom so that people can still have sexual satisfaction and not merely the mentioning of condom use. This will increase the number of people using the condom because they will still have sexual satisfaction they need in a sexual relationship while the risk of contracting HIV/Aids will be reduced.
3. The planners and policy makers also need to come out in full force to find ways of empowering women economically such as according women with loan facilities easily without too many conditions attached to them so that many women can embark on small scale business enterprises to enable them make a living.

4. Women's lobby groups and non-governmental organisations concerned with gender issues should embark on campaigns to discourage customs that oppress women's position. They could do this by training agents in each community who will in turn get into where girls are being taught 'the way of married life'. Such situations are when a girl is confined when she comes of age or when a girl is confined just before she gets into marriage. Here these agents can discourage these messages which jeopardise the girl's future position or relationship with the man.
5. The Church should take on a more bold stance of encouraging people to use condoms instead of merely telling them to stick to one partner and use natural methods of family planning. However, if this cannot be done the church should offer alternatives such as suggestions of other non-penetrative methods which can offer safer sexual practices.

Appendix (i)

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Appendix II

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FOCUS GROUP DISCUSSION GUIDE FOR THE MARKETEERS

To supplement the main study findings the following questions will be discussed by Focus Group Discussion.

INSTRUCTIONS FOR RESEARCHER AND ASSISTANT

- Greetings to the group
 - Self introduction and purpose of the discussion explained to the group stressing the importance of each persons active participation. Ensure confidentiality of information.
 - Request permission to take notes.
-

1. What do you know about Aids?
2. How is it transmitted/contracted?
3. How can it be prevented?
4. What is a condom?
5. When is a condom used?
6. Suppose you suspect that your partner has other sexual partners, would you insist on him using a condom?
7. What can make you fail to negotiate condom use?
8. What can empower you to negotiate condom use?

**THE QUESTIONNAIRE TO ELICIT INFORMATION FROM
SEXUALLY ACTIVE WOMEN IN THE AGE RANGE
15 - 45 YEARS**

INSTRUCTIONS FOR COMPLETION OF THIS QUESTIONNAIRE

- A. You are kindly requested to complete all FOUR sections of this form.
- B. Please do not write your name or address anywhere on this form.
- C. To answer the questions asked, please choose only one answer by placing a cross (X) in the appropriate box and where necessary, write in the blank spaces provided.
- D. Please note that all information provided will be treated in the strictest confidence and utilised only for the purpose of the study.

FOR OFFICIAL
USE ONLY

SECTION A: DEMOGRAPHIC DATA

- | | | | |
|--|-----|-----|--|
| <p>1. How old are you?</p> | | | |
| a) Below 20 years | --- | | |
| b) 21 - 25 years | --- | | |
| c) 26 - 30 years | --- | --- | |
| d) 31 years and above | --- | --- | |
| 2. What is your marital status? | --- | | |
| a) Single | --- | | |
| b) Married | --- | | |
| c) Widowed | --- | | |
| d) Divorced | --- | --- | |
| e) Separated | --- | --- | |
| 3. If not married, do you have a sexual partner? | --- | | |
| a) Yes | --- | --- | |
| b) No | --- | --- | |

4. How many children do you have? _____

- a) None _____
- b) 1 - 2 _____
- c) 3 - 5 _____
- d) 6 and above _____

5. What is your tribe? _____

- a) Nyanja _____
- b) Bemba _____
- c) Lozi _____
- d) Tonga _____
- e) Other (Please specify)..... _____

6. What Grade did you attain at school? _____

- a) Never went to school _____
- b) Primary _____
- c) Secondary _____
- d) College _____
- e) University _____
- f) Other (Please specify)..... _____

7. What is your Religion? _____

- a) Roman Catholic _____
- b) Protestant _____
- c) Pentecostal _____
- d) Other (Please specify)..... _____

8. Does your religion allow use of condoms? _____

- a) Yes _____
- b) No _____

9. If the answer to Question 8 is "No", please give reasons for your answer:

.....
.....
.....
.....

SECTION B: ASSESSING LEVEL OF DEPENDANCE ON THE MAN

10. How do you earn your living?
- a) Employed in the government sector
 - b) Employed in the private sector
 - c) Self employed
 - d) Full time housewife
 - e) Other (Please specify).....
11. How much money do you earn in a month?
- a) K10,000 - K20,000
 - b) K21,000 - K30,000
 - c) K31,000 - K40,000
 - d) K41,000 and above
 - e) Not paid because I am a full time housewife
 - f) Other (Please specify).....
12. Is this amount of money enough to sustain you throughout the month?
- a) Yes
 - b) No
13. If it can not sustain you, how do you meet the shortfall?
- a) Spouse provides
 - b) Boyfriend provides
 - c) Other (Please specify).....

SECTION C: KNOWLEDGE OF HIV/AIDS

14. Have you ever heard of HIV/AIDS?
- a) Yes
 - b) No

15. If you have heard about HIV/AIDS, what was your source of information?

- a) Friends
- b) Health Workers
- c) Newspapers
- d) Television
- e) Other (Please specify).....

16. What did your source of information say about AIDS?

- a) It is a deadly disease which has no cure
- b) It is a disease which can be transmitted through sexual intercourse with an infected partner or blood transfusion
- c) Both (a) and (b) were mentioned
- d) It is a disease inherited from parents
- e) Other (Please specify).....

17. How can one protect herself/himself from contracting HIV/AIDS disease?

- a) By using condoms
- b) 'One man, one woman' for life
- c) Abstaining totally from sexual intercourse
- d) Washing after sex
- e) Taking drugs
- f) Other (Specify).....

SECTION D: KNOWLEDGE OF THE CONDOM

18. Have you heard of condoms?

- a) Yes
- b) No

19. If you have, what was your source of information?

- a) Friends
- b) Health workers
- c) Newspapers
- d) Television
- e) Other (Please specify).....

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

20. Have you ever seen a condom?

- a) Yes
- b) No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

21. Have you ever used a condom?

- a) Yes
- b) No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

22. In your opinion, would you say that using condoms during sexual intercourse can reduce the risk of catching HIV/AIDS?

- a) Yes
- b) No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

23. Would women, like you, be in a position to influence partners to use condoms during sexual intercourse?

- a) Yes
- b) No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

24. If you would not be able to influence condom use, what are the reasons for your answer?

- a) My religion does not allow this practice
- b) It is against my culture to discuss sexual matters of this nature
- c) My partner would object to this practice
- d) Other (Please specify).....

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**SEMI-STRUCTURED INTERVIEW SCHEDULE FOR
SEXUALLY ACTIVE WOMEN IN THE AGE RANGE
15 - 45 YEARS**

DATE OF INTERVIEW: DAY OF (MONTH) (YEAR) 19.....

INSTRUCTIONS TO THE INTERVIEWER

1. Introduce yourself to the respondent.
 2. Explain the purpose of the interview.
 3. Encourage the respondent to feel free in the discussion.
 4. Please ensure that all questions are answered and indicate correct answers by ticking in the box or filling in the space provided.
-

FOR OFFICIAL
USE ONLY

SECTION A: DEMOGRAPHIC DATA

- | | | |
|---|---|--------------------------|
| <p>1. How old are you?</p> <p>a) Below 20 years</p> <p>b) 21 - 25 years</p> <p>c) 26 - 30 years</p> <p>d) 31 years and above</p> | <div style="border: 1px solid black; height: 100px; margin: 0 auto;"></div> | <input type="checkbox"/> |
| <p>2. What is your marital status?</p> <p>a) Single</p> <p>b) Married</p> <p>c) Widowed</p> <p>d) Divorced</p> <p>e) Separated</p> | <div style="border: 1px solid black; height: 100px; margin: 0 auto;"></div> | <input type="checkbox"/> |
| <p>3. If not married, do you have a sexual partner?</p> <p>a) Yes</p> <p>b) No</p> | <div style="border: 1px solid black; height: 50px; margin: 0 auto;"></div> | <input type="checkbox"/> |

4. How many children do you have?

- a) None
- b) 1 - 2
- c) 3 - 5
- d) 6 and above

5. What is your tribe?

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- b) Bemba
- c) Lozi
- d) Tonga
- e) Other (Please specify).....

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- e) University
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- c) Pentecostal
- d) Other (Please specify).....

8. Does your religion allow use of condoms?

- a) Yes
- b) No

9. If the answer to Question 8 is "No", please give reasons for your answer:

.....

.....

.....

.....

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ON THE MAN**

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- b) Employed in the private sector
- c) Self employed
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- c) K31,000 - K40,000
- d) K41,000 and above
- e) Not paid because I am a full time housewife
- f) Other (Please specify).....
12. **Is this amount of money enough to sustain you throughout the month?**
- a) Yes
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13. **If it can not sustain you, how do you meet the shortfall?**
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- c) Newspapers
- d) Television
- e) Other (Please specify).....

20. Have you ever seen a condom?

- a) Yes.
- b) No

21. Have you ever used a condom?

- a) Yes
- b) No

22. In your opinion, would you say that using condoms during sexual intercourse can reduce the risk of catching HIV/AIDS?

- a) Yes
- b) No

23. Would women, like you, be in a position to influence partners to use condoms during sexual intercourse?

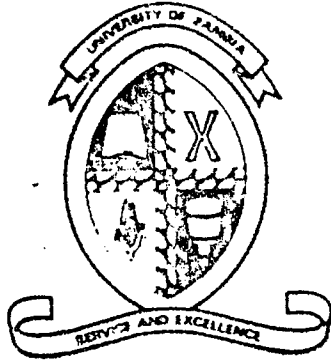
- a) Yes
- b) No

24. If you would not be able to influence condom use, what are the reasons for your answer?

- a) My religion does not allow this practice
- b) It is against my culture to discuss sexual matters of this nature
- c) My partner would object to this practice
- d) Other (Please specify).....

.....

.....



SCHOOL OF MEDICINE UNIVERSITY OF ZAMBIA

P.O. BOX 50110, LUSAKA, ZAMBIA

Telephones:

252641 (Dean's Office)

211440 (University Teaching Hospital)

216767 (Pre-Clinical)

Telegrams: Unza. Lusaka.

DEPARTMENT OF POST BASIC NURSING

31st May, 1994.

The Permanent Secretary,
Mulungushi House,
Lusaka.

u.f.s. Head - Post Basic Nursing.

Dear Sir,

Re: RESEARCH STUDY.


I am a final year student at the School of Medicine, Post Basic Nursing Department, UNZA. I am required to submit a research study in the area of my interest as part of the course requirement.

My research topic is: A Study of Factors Influencing Women's Ability to Insist on their Sexual Partners to use Condoms in Prevention of HIV/AIDS in Lusaka Urban.

I would be very grateful if you could kindly grant me permission to administer questionnaire and conduct interviews in your ministry. This will enable me to collect data required for the study. Collection of data will be conducted from 2nd June to 30th June 1994.

Your favourable response will be greatly appreciated.

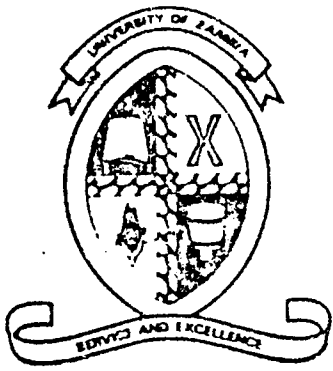
Yours faithfully,


ANNA A.B. CHIRWA.
STUDENT.

REPUBLIC OF ZAMBIA
MINISTRY OF ENVIRONMENT
AND NATURAL RESOURCES
1 - JUN 1994
THE PERMANENT SECRETARY
P.O. BOX 3011, LUSAKA

Permission granted
- 1 JUN 1994

Permission granted



SCHOOL OF MEDICINE UNIVERSITY OF ZAMBIA

P.O. BOX 50110, LUSAKA, ZAMBIA

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DEPARTMENT OF POST BASIC NURSING

31st May, 1994.

The Chairman,
Lubama Market,
Lusaka.

u.f.s. Head - Post Basic Nursing. *J. Chulu*

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Your favourable response will be greatly appreciated.

Yours faithfully,

Anna A.B. Chirwa
ANNA A.B. CHIRWA.
STUDENT.

Chirwa
1-5-94

SCHOOL OF MEDICINE UNIVERSITY OF ZAMBIA

P.O. BOX 50110, LUSAKA, ZAMBIA

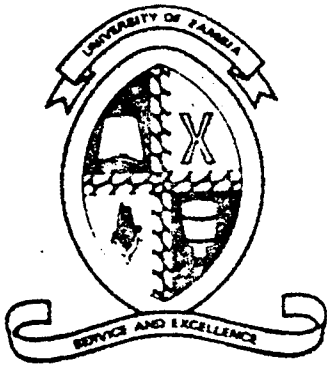
Telephones:

252641 (Dean's Office)

211440 (University Teaching Hospital)

216767 (Pre-Clinical)

Telegrams: Unza. Lusaka.



DEPARTMENT OF POST BASIC NURSING

31st May, 1994

The Director of Public Health,
Lusaka Urban District Council,
P.O. Box 30789,
Lusaka.

u.f.s Head - Post Basic Nursing.

Dear Sir,

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My research topic is: A Study of Factors Influencing Women's Ability to insist on their Sexual Partners to use Condoms in Prevention of HIV/AIDS in Lusaka Urban.

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Your favourable response will be greatly appreciated.

Yours faithfully,


ANNA A.B. CHIRWA.
STUDENT.

Permission granted
MAY 1994
CHIRWA
CHIRWA

