

Men's attitudes to condoms and female controlled means of protection against HIV and STDs in south-western Uganda

ROBERT POOL, GRAHAM HART, GILLIAN GREEN,
SUSAN HARRISON, STELLA NYANZI and JIMMY WHITWORTH

There is widespread demand for the development of female controlled methods of protection against sexually transmitted diseases (STDs) and HIV. The success of such methods will not only depend on their acceptability to women but also to their male partners. This paper reports on men's attitudes to female controlled methods in south west Uganda. Data was gathered in individual interviews with 50 men and 7 focus group discussions with 42 men. Male attitudes to the male condom, the female condom and female controlled methods of protection generally were characterized by ambiguity and anxiety. They liked the male condom because it protects against infection and unwanted pregnancy, but were worried by rumours that it was unreliable. The central theme in the discussions was men's anxiety about retaining control over their female partners. The men wanted women to be protected (and therefore safe as potential partners) but they also wanted to remain in control, at least to some extent, of the means of protection. Once suitable female controlled methods have been identified, it will be necessary to use education and social marketing in such a way that men can be reassured of the positive benefits of these products *to them*, as well as to women.

Introduction

While the male condom offers a safe, cheap and effective means of both preventing conception and the sexual transmission of bacterial and viral infections, including HIV, it is often viewed with mixed feelings in countries with a high prevalence of HIV infection, particularly in sub-Saharan Africa (Walker *et al.* 1993). In many parts of the world condoms are frequently used in casual partnerships, but infrequently in regular relationships and their use is largely determined by men (Worth 1989: 302, Cohen, cited in Carovano 1991: 137, Pickering *et al.* 1993, Mehryar 1995, Mgalla and Pool 1997).

Women may be more likely to practise safer sex using methods that are under their own control (Stein 1990, 1993), and there is widespread demand for and scientific research into the development of safe and effective female

Robert Pool, Susan Harrison, Stella Nyanzi and Jimmy Whitworth are all with the MRC Programme on AIDS in Uganda, as head of social science, IEC consultant, social science research associate and director respectively. *Graham Hart* is Deputy Director of the MRC Social and Public Health Sciences Research Unit, Glasgow and *Gillian Green* is a lecturer at the University of Essex. Correspondence to Dr Robert Pool, MRC Programme on AIDS in Uganda, Uganda Virus Research Institute, P.O. Box 49, Entebbe, Uganda; e-mail: mrc@starcom.co.ug

controlled methods of protection against STDs and HIV. The development of such methods has high priority but their success will depend on their cultural acceptability.

Currently the only form of HIV prevention which could be classified as being under women's control is the female condom. Studies of the female condom show that it is attractive to women (Bounds *et al.* 1992, Farr *et al.* 1994, Ray *et al.* 1995, Dithan *et al.* 1996, Ankrah and Attika 1997, Kalckmann *et al.* 1998, Niang *et al.* 1996), but women may discontinue use because of their partner's opposition (Ford and Mathie 1993).

We have carried out a study to assess the acceptability of the female condom and existing formulations of vaginal microbicidal products in south western Uganda (Pool *et al.* 2000).¹ Although the study focused mainly on women (see Hart *et al.* 1999), we thought it vital to investigate the attitudes of men as well, given that male resistance to the products, even if they were acceptable to women, would make their use difficult (see Ford and Mathie 1993). This paper is the first to report on men's attitudes to these products (see also Blanchard *et al.* 1998). The attitudes of women are reported in a separate paper (Hart *et al.* 1999).

Context, sample and methods

The study was carried out in Masaka District in south west Uganda by the Medical Research Council Programme on AIDS in Uganda, which has been collecting community-based data since 1988. The prevalence of HIV among the general adult population in Uganda is estimated at between 4% in some rural areas and about 25% in some urban centres. The prevalence in Masaka District is about 10%.

Masaka District has a largely rural population who are dependent on subsistence agriculture. (Male) condoms are widely distributed, both freely through various non-governmental organisations (NGOs) and sold through social marketing. Actual use of condoms is not known with any degree of certainty. Contraceptive pills are widely available as are, to a very limited extent, contraceptive foaming tablets.

Fifty men were interviewed (29 from a truck-stop town and 21 from a rural village) about their attitudes to the male condom and to female controlled methods of protection generally. Subsequently 7 focus group discussions (FGDs) were held with a further 42 men (23 from the truck-stop and 19 from the rural village). The sampling of FGD and pilot interview participants was by convenience. The nature and aims of the study were explained before participants were asked to participate. None of those asked to participate refused. During the focus group discussions various products were demonstrated: the female condom (*Femidom*, Chartex International, London), foaming tablets (*Neo Sampooon*, Eisai Co. Ltd, Tokyo), sponge (*Protectaid*, Axcan Ltée Ltd, Laval, Canada), foam (*Delfen*, Ortho Pharmaceutical Corp., Raritan, NJ), gel (*Rameses*, Schmid Laboratories, Sarasota, FL, USA) and film (*VCF*, Apothecus Pharmaceutical Corp., Oyster Bay, NY). The men were asked to discuss the advantages and disadvantages of each product and compare them to the male condom.

The median age of the men was 35 (range 20–60). Most were Christians (37% Catholic, 40% Protestant); 23% were Moslem. Most had at least some primary education (69%); 17% had some secondary education and 14% had no formal education. Slightly more than half were peasant farmers and slightly more than a quarter were fishermen. Other occupations included shop keepers, small traders, manual labourers and craftsmen.

The presentation below closely follows the sequence in which the various topics were discussed in the FGDs. They started by discussing the advantages and disadvantages of the male condom. They were then asked what they thought about the fact that the male condom was controlled by men and what they thought of the idea of female controlled methods of protection. The female condom was demonstrated and passed round and the men were asked what they thought of it and how it compared to the male condom. Finally the microbicial products were demonstrated and discussed in the same way as the female condom. Following the sequence of the topics as they were discussed enables the various ideas and attitudes to be seen in the context of the topic being discussed, thus reflecting the natural flow of the FGDs.

Results

The male condom

Male condoms were thought to have major advantages as well as disadvantages. The most important advantage was that they protect against HIV and STDs:

The condom helps because you can meet a girl and you like her yet she is infected. However you want to have sex with her. So you do what you want and this condom helps you not to get infected as well. (Male, FGD discussion)

The men also said they liked condoms because they protect against unwanted pregnancy. Many of the men said that they were tired of having children and wanted to use or had already used condoms for family planning. Some men said that condoms enabled them to have sex with schoolgirls without the risk of making them pregnant (sexual intercourse under the age of 18 is referred to as defilement and is a capital offence in Uganda):

The advantage is that you can be with a school girl and you have sex with her but she can't get pregnant. (Male, FGD discussion)

In spite of the odd complaint that condoms were difficult to use, the men generally found them practical and easy to use:

If you want to have sex with a woman outside marriage, you can easily go with some condoms in the pocket. (Male FGD discussion)

Another thing is that putting on a condom takes a short time. So any time you want to have sex with your partner, you can easily do so. (Male, FGD discussion)

Some men saw it as an advantage that they could use them secretly, even if their partner did not want them to:

The advantage is that if you want to have sex with a woman, and that woman does not like the condom, you can put it on secretly. (Male, FGD discussion)

The male condom was also seen to have major disadvantages. There is a widespread belief in south west Uganda that condoms are porous and let HIV through. This is either a result of natural deterioration of the condom:

They can get spoiled if not kept in the right place or if they have expired. It is likely not to work as protection against STDs and for family planning. (Male, FGD discussion)

Some condoms get destroyed because of poor storage. (Male, FGD discussion)

or deliberate manipulation:

Katongole: We are told that tiny pores are put on these condoms during manufacture.

Paulo: I hear that they contain some germs.

Facilitator: So, what are the disadvantages of using a condom?

Paulo: You can get the disease.

People in the study area often say that when you fill a condom with chillies you can feel the hotness through the condom, which proves they are porous. None of the FGD participants had actually tested this, but they said they believed it because it sounded plausible.

Men in the FGDs often complained that there is less sensation during intercourse when they use condoms.

Henry: What I know is that you don't enjoy sex as you would if you go direct (flesh to flesh).

All: Yes sir!

Henry: But because you want to avoid being infected with the virus or other STDs, you use them. But you don't enjoy it.

All: Yes sir! [all laugh]

Within regular relationships and marriage condom use is a very difficult topic. Suggesting it in a regular relationship is tantamount to saying you do not trust your partner or admittance that you yourself have been unfaithful. The men said that in regular relationships it was difficult to get their partners to accept condom use without them being insulted or suspicious. Even if a woman wanted to stop having children, she may still be reluctant to accept her husband using a condom:

As soon as they see you with a condom they know you are bad, that you are promiscuous. (Male, FGD discussion)

(The use of the term 'they know' rather than 'they think' here suggests that there may be grounds for women's suspicion.)

There is a widespread belief in Uganda that condoms can burst and get stuck in the vagina, or move up into the uterus killing the woman (see Walker *et al.* 1993, Hart *et al.* 1999).²

Some women fear that the condom can break and remain in their vagina. That is why they fear to use them. (Male, FGD discussion)

Men insisted that because of this women were scared of condoms and reluctant to use them. In fact, a frequently recurring theme was the idea that while men generally wanted to use condoms, however reluctantly, women were often opposed to them and that men then 'reluctantly' agree not to use one.

I might want to use the condom and my wife doesn't. Doesn't that force me to have sex without it? If the woman does not want it, doesn't the man have to go her way? I have to leave it and do without it. (Male, FGD discussion)

If I want to use a condom and my partner does not like it, don't I have to leave it also? (Male, FGD discussion)

In addition to the fear of the condom getting stuck, women are perceived as having three other reasons for not wanting their partner to use a condom: they feel that the condom interferes with their sexual enjoyment; they want to have more children; or they want to deliberately infect their partner:

Now I might have decided to put on a condom, but the woman does not enjoy it, so she will say: Mmm let me go to another man because he does not put on a condom. (Male, FGD discussion)

You might have ten children and think that they are enough and yet the woman wants to have more children. That is one of the reasons why they refuse to use these things. (Male, FGD discussion)

If she refuses [to let you put on a condom] then you understand that she is infected and also wants to infect you. (Male, FGD discussion)

So in the discussion of the male condom the men generally presented themselves as wanting to use them but being prevented by their partners.

Men's attitudes to female controlled methods

The men were initially positive about the possibility of female controlled means of protection. They thought that women would like them because they would feel safer and more in control than when they had to depend on their male partners being faithful or using condoms.

The men did not just talk about women distrusting 'men' or 'other men' abstractly, but often and explicitly referred to themselves as being untrustworthy, justifying widespread fears among women that men deliberately put holes in condoms (see Hart *et al.* 1999):

The woman can say that I must use a condom when I don't want to use it. So I put a hole in it. If she has one of her own and I have mine it would be better. (Male, FGD discussion)

If I meet a girl and I want to make love to her and my intention is to have a child with her, but she wants the condom, then I put it on just to please her. However I put a hole in it and I get what I wanted anyway. (Male, FGD discussion)

I like them [female controlled methods] because you might have put on a condom and yet you have torn it without her knowledge. But if she has her own [condom], even if you tear yours, she will be safe. (Male, FGD discussion)

Female controlled products were seen as good because they gave women the means to protect themselves from infection by their partners. But this control also had a more worrying side: if women no longer feel at risk then they may feel more free to 'love outside' as well:

If she doesn't trust you she can still protect herself, and if she gets an urge which she must satisfy immediately and there is no one around she can trust, then she can put on her own condom and still satisfy herself while remaining safe. (Male, FGD discussion)

Men frequently expressed anxiety that female controlled means of protection would make possible, or even encourage, women to have extra-marital affairs or casual sexual encounters:

If these products would be controlled by them [the women] I wouldn't like it, because if she gets used to it, she will go wherever she likes and in the end I will fail to keep her. (Male, FGD discussion)

That is giving her a way of going with other men. She says: my husband has gone this way [with other women], let me go that way [with other men]. (Male, FGD discussion)

The female condom

The most common specific criticism of the female condom was that it reduced eroticism. It looks too much like a plastic bag ('it's as though you're having sex with a plastic bag'), it is too large, the outer ring hides the female genitals and interferes with foreplay involving manipulation of the clitoris and elongated labia minora:³

Isaac: If the man doesn't beat the clitoris the woman won't get stimulated and produce much vaginal fluids, I don't get satisfied that what I have done has pleased her. Instead of playing with the clitoris, you will play with the polythene.⁴

Tamale: Women have much vaginal fluid, but if a woman is covered [by a female condom] and you are left to fight for yourself to make that thing wet, then you will find it difficult. When you use the male condom you have a chance to make that place wet.

Kyambadde: Because for us men, we have little lubricant, but women are strong in that.

This was related to a frequently expressed concern about satisfying female partners sexually:

With the male condom the woman has an orgasm. Can she with a female condom? (Male, FGD discussion)

In one discussion the men did express some anxiety that women who were HIV positive might put holes in the female condom in order to infect them, but finally concluded that women would not risk damaging the female condom for fear that the inner ring would come off and lodge itself in the uterus.

Generally, the men concluded that although the female condom was better than the male condom with regard to protection against HIV, STDs and unwanted pregnancy, the male condom was better for their own and their partner's enjoyment of sex. Moreover, some men claimed that the safety of the male condom could be increased by putting on two or three at the same time, something that could not be done with the female condom.

Vaginal microbicides

The men thought that the female condom and the other microbicial products (with the exception of the film, which resembled the 'plastic' of the condom) would be much safer than the male condom because they would not get stuck in the vagina: the female condom because of the large external ring, the products because they dissolve or are removed.

The men were unanimous that sex with the microbicidal products would be more enjoyable (for both themselves and their partners) than with either condom. There was much talk of feeling 'flesh to flesh' and condoms interfering with the 'Kigali style':

You kill two birds with one stone, more than two birds, six birds: you still enjoy the sex, the STDs are killed, you prevent pregnancy and there is nothing to worry about as there was with the condom, that you might get excited and then it bursts and remains in the vagina. (Male, FGD discussion)

They also liked the products (with the exception of the film) because they dissolved or were removed. In spite of being shown how the film dissolved in a glass of water, they were worried that because it looked like plastic it would remain intact and accumulate in the woman's body.

People in the study area do not generally value qualities such as tightness or dryness of the vagina during intercourse, as has been reported from other parts of sub-Saharan Africa (Runganga *et al.* 1992, Brown *et al.* 1993, Sandala *et al.* 1995, Dallabetta *et al.* 1995, Civic and Wilson 1996, Bond and Dover 1997):

Facilitator: We have seen that some of these products might make sex dry and some wet.
 Paul: We want wet sex. [all laugh]
 All: Yes sir!
 Paul: Bring us only those that make sex wetter.
 Joseph: Those which make sex dry will spoil things.

The men therefore liked the foam and the gel because they were wet. Wet products were seen as enhancing sexual enjoyment because of the increased lubrication. Some men were worried about the gel being too wet, however, as this would cause them to ejaculate prematurely before they had satisfied their partner.

The foaming tablets were also valued for their lubricating properties, though some men did not like the smell or the fact that they were effervescent.

They were ambivalent about the sponge. On the one hand they liked the sponge because the woman could leave it in all night and it did not have to be replaced for each episode of intercourse. On the other hand there was some anxiety about it getting stuck. The men were also worried that it would give their partners more freedom and opportunity to indulge in casual extra-marital sex. Women could insert it in the morning before going out and feel safe the whole day. In one group the men were particularly concerned about the slits in the sponge that enable the woman to grasp it for removal. They were worried that 'the virus' would come down through the slits and infect them.

One of the major problems with the microbicides, apart from the fact that they gave the women more freedom to have affairs, was that the man could never be sure that his partner was actually using the product. She might lie about using the product because she is HIV positive and wants to infect him, or she might want to have more children in spite of the fact that he wants to stop. For this reason the men though it was good to still carry their own condoms just in case.

Secrecy

Whereas for the women one of the most important advantages of the micro-bicidal products was the fact that they could use them secretly without their partners knowing (see Hart *et al.* 1999), the men were unanimously opposed to the idea of their partners not informing them. 'Protection is a matter for both of us', they said. They thought that if the products were not used openly and by mutual agreement then this would not be good for the relationship:

We would like our partners to use these products openly, not secretly, because we are struggling together to eliminate AIDS. If they use those products secretly it means that they think that men want to keep AIDS in existence. And secrecy can cause some misunderstandings between partners, especially if you find out. (Male, FGD discussion)

There was also a practical side to this cooperation:

My wife and I trust each other. On the days when we have sex I can even remind her not to forget to insert the product. (Male, FGD discussion)

Men were worried that secrecy could entail risk. If a woman could use the products without the men knowing, then they could also pretend to use them when they were not:

I want to see that she is inserting it myself. (Male, FGD discussion)

For me, as I am not married, I would like to keep the product at my home. If I get a woman to have sex with then I can give her the product, and if she refuses to use it then I leave her. (Male, FGD discussion)

If she refuses you understand that she is infected and she also wants to infect you. (Male, FGD discussion)

I want to see exactly that she has inserted the product because she can tell lies. (Male, FGD discussion)

For a woman out of marriage, I would like to know and to see that she is inserting the products. (Male, FGD discussion)

Some men were concerned that secrecy would enable women to trick them into having more children than they actually wanted:

Supposing a man is having nine children and feeling that those are enough for him. If his partner wants more children she will tell lies that she has inserted the product intending to have a child. (Male, FGD discussion)

And some men were concerned that they might be trying in vain to have more children, not knowing that their partner was using contraceptive products secretly. If the matter was discussed then at least they could try and persuade their partner to agree to have more children later, they said:

I might still want to have another baby. I want to be able to come to an agreement with her that after some time we will have more children. (Male, FGD discussion)

It would be good for us to know, so that when you want to produce, you tell her not to insert the product and she gives you a child. (Male, FGD discussion)

Many of the men felt that by using the products secretly women would free themselves from men's control:

We should tell them whether to insert or not, because it is for us to decide. (Male, FGD discussion)

Fertility

Although some men admitted that if they wanted to make a woman pregnant and she insisted on using a condom they would secretly put holes in it, in the context of discussions of the family planning aspect of the various female controlled products the men were less extreme. Here acceptance depended on factors such as their age and position in the reproductive cycle:

- Facilitator: As you know, these products make pregnancy less likely, would this make it more or less attractive to women?
- Laston: It will make it more attractive because most women, and especially prostitutes, don't like pregnancy.
- Facilitator: Would this make it more or less attractive to men?
- Laston: For us who are older, it will make us more attractive [to women] because we need no more children.
- Pontiano: Yes, we only need sex.
- Facilitator: If they make pregnancy less likely, would this make them more or less attractive to women?
- Peter: It depends. Some women want to have more children. Others do not want.
- Isaac: Others have just got married.
- Tamale: I and my partner do not want to have more children.
- Facilitator: What about on the men's side?
- Peter: It is all the same. It will be more attractive to some.
- John: You can find a man who has no child. Every day of his life he prays to God for a baby. He will not want his wife to use the product.

Discussion: female versus male control

The success of female controlled means of protection against HIV and STDs will depend on their cultural acceptability. However, even if they were acceptable to the women in question, their use would be difficult in the face of male resistance. It is therefore vital to understand male attitudes to and reception of these products in the areas in which they will be used (see Ford and Mathie 1993, Bentley *et al.* 1998, Coggins *et al.* 1998). This study has been one of the first to address these issues (see also Blanchard *et al.* 1998).

After seeing the female condom demonstrated (but not having used it) the men concluded that it provided better protection than the male condom but that it would reduce sexual enjoyment. The women tended to agree with this (Hart *et al.* 1999). That the female condom has certain physical disadvantages has also emerged from numerous other acceptability studies. However, how these disadvantages are defined and experienced is often culturally contingent. The most commonly mentioned practical problem is discomfort, often caused by the inner ring, which has been reported by both men and women in our population in south west Uganda, in other parts of Uganda (Dithan *et al.* 1996) as well as in Zimbabwe (Ray *et al.* 1995), the US, Mexico and the Dominican Republic (Farr *et al.* 1994). However, studies in Kenya and Brazil report that the female condom did not interfere with sexual

enjoyment (Ankrah and Attika 1997, Kalckmann *et al.* 1998) and actually had a positive impact on relationships (Ankrah and Attika 1997).

The men in our study were concerned that because the female condom limited certain sexual techniques there might be insufficient lubrication to make sex enjoyable. Here again, the problem is culturally contingent: in a study in the UK lubrication was thought to be insufficient (Ford and Mathie 1993) whereas in Zimbabwe, where 'dry sex' is popular, the female condom was seen as having too much lubricant (Ray *et al.* 1995).

Somewhat paradoxically, one of the main reasons that the men thought that the female condom offered better protection was that it was controlled by women (i.e. they, the men, would have less opportunity to secretly not use it or damage it). Increased protection was also one of the major reasons for its acceptability in populations in Kenya and Brazil (Ankrah and Attika 1997).

The men were unanimous that sex with the microbicidal products would be more enjoyable (for both themselves and their partners) than with either condom. There was much talk of feeling 'flesh to flesh' and condoms interfering with the 'Kigali style'. This generally positive attitude toward the products is consistent with reports of their reception by both women and men in other countries, though the extent of acceptability depends on the particular product in question, and this does differ widely from one area to another (Chesney *et al.* 1998, Moon *et al.* 1998, Coggins *et al.* 1998, Blanchard *et al.* 1998). Differences depend largely on cultural preferences for wet/dry sex (Ramjee *et al.* 1998), whether or not there is a tradition of inserting things in vagina (Bentley *et al.* 1998) and concerns about the effect on fertility (Blanchard *et al.* 1998).

Male attitudes to the male condom, the female condom and female controlled methods of protection generally were characterized by ambiguity and anxiety.

The men talked a lot about the unreliability of the male condom: they claimed it was porous and let HIV through, it might be impregnated with HIV, it could burst and get stuck in the vagina, sometimes causing death. At the same time they described condoms as reliable contraceptives and protection against HIV: if a man wants to have sex with a school girl without making her pregnant, or he wants to have sex with a woman he suspects of being infected, he can use a condom and be safe.

On the one hand the men said that women do not want to use condoms, either because they do not enjoy sex with them or because they want more children, and they, the men, are then obliged to concede. On the other hand they also admitted that women do want to use them but that they, the men, put holes in them because they want more children. The latter confirms what the women themselves think (see Hart *et al.* 1999).

Many studies report that the use of such products increases control or empowerment (Ankrah and Attika 1997, Kalckmann *et al.* 1998, Niang *et al.* 1996, Saraswathi *et al.* 1998), though sometimes this was only reported by a small minority of women (Sapire 1995). Sometimes, as in our study, this was partly related to the use of products within the context of a study (Ankrah and Attika 1997).

The most important ambiguity in our study pertains to female control. When the men were discussing female control as an abstract possibility they

almost unanimously agreed that it was a good thing. However, in the context of discussing actual products they clearly became worried about this control when they realized it would give women more freedom and independence from men. On the one hand men wanted their women to be protected from HIV and STDs, but on the other hand the threat of infection was seen as ensuring that these women remained faithful. The men therefore liked the idea of a reliable means of birth control and protection against HIV and STDs which does not interfere with enjoyment, but they thought that they should be the ones to decide when they are to be used.

This is partly due to the fact that they are probably referring to different kinds of relationship, for which different kinds of protection are required. It has been reported from various parts of the world that while condoms are acceptable in casual relationships, they might not be in relationships that are defined as regular. If men have exclusive control over the means of protection then they can ensure that their wives or regular partners remain faithful because of fear of infection, while at the same time determining the number of children that are produced in that relationship.⁵ They can also safely have casual extra-marital affairs with women who have multiple partners and who might be infected, and have sex with under-age girls without the risk of pregnancy.

The reason for men admitting to putting holes in condoms can be seen in the same light. It was not, as the women claimed, that men do this in order to infect them (Hart *et al.* 1999) but that they want to maintain control over women's fertility and sexuality in the face of female pressure for birth control and protection against infection.⁶

Here also there is ambivalence, however. The men want to have fertility under their own control but many also admitted in the discussions that they do not want any more children and even suggested that their partner has a right to decide. These differences are partly due to the fact that the men were of different ages and therefore at different stages in the life cycle and possibly partly due to alternation between bravado during discussion in an all male context (putting holes in condoms) and reasonable discussion of the acceptability of family planning.

Men were worried about sexually satisfying their partners. They were concerned that the female condom would inhibit non-penetrative sexual techniques which both they and their partners find satisfying; they were worried about using a condom in case their partner did not like it and took this as an excuse to seek other male partners; and although they were enthusiastic about 'wet sex' they were worried that if some of the products were too wet they would get too excited and ejaculate prematurely thus leaving their partner unsatisfied and forcing her to seek satisfaction elsewhere. Inability to satisfy a partner sexually was seen as depriving the man of control.

The central theme in the discussions was men's anxiety about retaining control over their female partners. The men wanted women to be protected (and therefore safe as potential partners) but they wanted to remain in control, at least to some extent, of the means of protection.

Once suitable female controlled methods have been identified, it is going to be necessary to use education and social marketing in such a way that

men can be reassured of the positive benefits of these products *to them*, as well as to women. Given the cultural contingency of many attitudes and preferences and the cultural variations even within relatively small geographical areas, it will also be necessary to relate the presentation of products to different local situations. More generally, issues of male control over women's sexuality, sexual behaviour and reproductive choices must be part of a larger programme of female rights and empowerment, and there is an urgent need for more frequent and more open discussion about sexual matters and increased trust. Giving women greater control in these areas will allow this to occur on a more even footing.

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Notes

1. See Elias and Coggins (1996) for a comprehensive review of the development of vaginal microbicides
2. This belief has also been noted in other African countries (Carael *et al.* 1988, Mehryar 1995).
3. Among the Baganda the elongation of the labia minora is an important and widespread cultural practice. The process of elongation forms part of the instruction that adolescent girls receive from their paternal aunt (*ssenga*) in preparation for marriage. The labia are pulled regularly over the course of several weeks to several months and various herbs are applied. The end result should ideally be labia that are at least 2.5 inches long. The labia are seen as doors to the vagina and long labia are believed to keep the vagina warm. They are also said to facilitate delivery and reduce the pain of menstruation. They also increase sexual enjoyment by increasing vaginal lubrication, and pulling and fondling them is an important part of sexual foreplay.
4. This refers to the practice of interrupting intercourse, removing the penis, and manipulating the external female genitalia with the penis, before resuming intercourse, referred to as the 'Kigali style' because it reputedly comes from Rwanda.
5. Men's claims that they wanted to limit the number of children but that their female partners were reluctant to use condoms because they wanted more children is contradicted both by the women themselves during focus group discussions (Hart *et al.* 1999) and by data from the Uganda Demographic and Health Survey (1995: 85–90). However, Blanc *et al.* (1996:51) do not report large differences in the mean ideal number of children between men and women in Masaka district.
6. Although ideas about the importance of mixing body fluids was mentioned occasionally in this context, they did not appear to be as important among our mainly Baganda participants as has been reported in some other parts of sub-Saharan Africa (e.g. Taylor 1990, 1992, Bond and Dover 1997).

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Résumé

Il existe une demande importante pour le développement de méthodes de protection contre les maladies sexuellement transmissibles (MST) et le VIH qui soient contrôlées par les femmes. Pour que ces méthodes aient du succès, il faudra non seulement que les femmes les acceptent, mais que leurs partenaires masculins les acceptent également. Cet article examine les attitudes des hommes envers les méthodes de protection contrôlées par les femmes en Ouganda du sud-ouest. Nous avons rassemblé ces données lors d'entretiens individuels avec 50 hommes et lors de discussions collectives avec 42 hommes répartis en 7 groupes cibles. Les attitudes de ces hommes envers le préservatif masculin, le préservatif féminin et les autres méthodes de protection contrôlées par les femmes étaient caractérisées par l'ambiguïté et l'angoisse. Ils préféreraient le préservatif masculin parce qu'il protège des maladies et des grossesses non désirées, mais ils étaient inquiets du fait de rumeurs prétendant que ces préservatifs sont peu fiables. Le thème central des discussions était la peur de ces hommes de perdre le contrôle sur leurs partenaires féminines. Ces hommes voulaient que les femmes soient protégées (et par conséquent sans danger en tant que partenaires potentielles), mais ils voulaient également que les moyens de protection restent, au moins dans une certaine mesure, sous leur contrôle. Lorsque des méthodes appropriées de protection contrôlées par les femmes auront été identifiées, il sera nécessaire d'utiliser des campagnes d'éducation et de marketing social afin de convaincre les hommes que ces méthodes auront des avantages *pour eux* aussi bien que pour les femmes.

Resumen

Cada vez se pide más que se utilicen métodos femeninos de protección contra enfermedades de transmisión sexual y el VIH. El éxito de estos méto-

dos depende de que sean aceptados por la población femenina pero también por sus compañeros. En este documento se analiza la actitud de los hombres del suroeste de Uganda frente a los métodos de control femeninos. Los datos se han sacado de las entrevistas individuales realizadas con 50 hombres y las discusiones con 7 grupos formados por 42 hombres. En general, los hombres presentan una actitud de ambigüedad y ansiedad a la hora de utilizar condones, masculinos y femeninos, y métodos de control femeninos de protección. Los entrevistados preferían condones masculinos como protección contra infecciones y embarazos no deseados pero se preocupaban porque habían oído que no eran seguros. El asunto más discutido fue que los hombres se preocupan mucho por controlar a sus compañeras. Querían que las mujeres estuvieran protegidas (y por lo tanto que fueran seguras como compañeras potenciales) pero también querían controlar la situación, por lo menos hasta cierto punto en lo que se refiere a métodos de protección. Una vez que se identifiquen los métodos adecuados de control entre la población femenina, será indispensable fomentar campañas educativas y sociales a fin de que los hombres sepan que estos métodos no sólo son beneficios para las mujeres sino también para ellos mismos.

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