University of KwaZulu-Natal (Howard College)

TITLE:

Perceptions on Condom Use:

A comparative study of African Migrants and South Africans in Durban's inner city (KZN; South Africa).

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Declaration

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Date: August 2019

DEDICATION

This dissertation is dedicated to the Almighty God, who he is the Author of my soul.

The dissertation is also dedicated to my parents Mr & Mrs Bakankengesha whose teachings underpinned my notion of life and empowered me to press on despite all odds.

Finally, this study is dedicated to my three glorious sons; Dieu merci BALEKELAYI, Moses BALEKELAYI and Joshua BALEKELAYI whose unconditional love towards me enabled me to see beyond the pains and afflictions of the day.

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ABSTRACT

This study aims to examine perceptions on the use of condoms among both South Africans and African migrants living in Durban's inner city. To explore and analyze the role of culture in making the choice or no choice on condoms use among African migrants and host communities living in Durban's inner city. South Africa has the biggest and highest-profile of HIV infection in the world, with an estimated seven million people living with HIV in 2015. The use of condoms has been identified as a significant and effective prevention tool against HIV infection. Its promotion amongst sexually active populations is endorsed by the World Health Organization. Both African migrants and South Africans emerged as one of the most vulnerable groups to HIV infection. It is worth noting that migrants moving from the country of origin to the hosting country; hold onto, values and beliefs from the country of origin; while the economic, social, and political situation is completely different from the hosting country.

This leads us to believe that the perceptions of African migrants may be influenced by their culture and the decision they make to use condoms. To this end, it is important to understand how culture shapes and reshapes one's understanding and perceptions of choices made; in this case the use of condoms in the face of HIV/AIDS prevention. It is possible to know their views because South Africans and African migrants are living together but with different cultures.

The knowledge of South Africans (men and women) in terms of condoms (male and female) use is high. South Africans are ahead in terms of condoms use. They revealed that media, schools, hospitals, and friends are some of the avenues (places) where information was gained to enhance knowledge of condom use. In South Africa, the studies that analyze the association between migrants and condom use did so within the ambit of HIV prevention practices. Lurie and Colleague conducted a cross-sectional study to investigate the association between migration and HIV infection among migrant and non-migrant men and their partners. They found that migration is an independent risk factor for HIV infection among men as they tend to have multiple partners and do not use condoms. Zuma and others found similar results among migrant urban women in Carletonville, South Africa.

The researcher adopted a qualitative Research and descriptive research design with in-depth semi-structures interviews. Purposive sampling methods were used to select participations who met the inclusion criteria and the interview was for 40 min. Data collected was thematic.

The theories of Planned Behavior and Reasoned Action were used to design this study and data collection. The chosen methodology of using in-depth interviews proved to be effective in this regard. The study is a qualitative research that utilizes purposive sampling and snow balling as its methodology to investigate and obtain findings as to the attitudes and perceptions on the use of condoms among males and females (African migrants and South Africans) living in Durban's inner city. It will employ in-depth open-ended questions developed for interviews in English and French. There will be twenty participant cohorts who were interviewed, 5 males and 5females from the migrant community and 5 males and 5 females aged 19 to 41 years from the South African community living in the inner city of Durban. The research findings will indicate the different views of African migrants and South Africans regarding their perceptions towards the use of condoms.

Key words; Perceptions, South Africans, migrants, Durban's inner city, condom use, HIV, AIDS, male and female condoms.

CONTENTS

ABBREVIATIONS

ART-Antiretroviral Remedy

Aids - Acquired Immune Deficiency Syndrome

CSWs-Commercial sex workers

CDC- Disease Control and Prevention

FSWs-female sex workers

HIV - Human Immune- Deficiency Virus Aids

HSRC-South African Human Sciences Research Council

IOM- The International Organization for Migration

IBBSS- Biological and Behavioral Surveillance Survey

KZN- KwaZulu-Natal

MIM- Men who have intercourse with men

RSS- Refugee Social Services

SSA- The Sub-Saharan Africa

SA- South Africa

STIs- Sexually Transmitted Infections

TPB- Theory of Planned Behavior

TRA- Theory of Reasoned Action

UNFPA- The United Nations Population Fund

UNAIDS - Unite Nation of Acquired Immune Deficiency Syndrome

UKZN -University of KwaZulu-Natal

UN-United Nations

WHO- The World Health Organization.

USA-The United States of America.

PERCEPTIONS ON CONDOM USE: A COMPARATIVE STUDY OF AFRICAN MIGRANTS AND SOUTH AFRICANS IN DURBAN'S INNER CITY (KZN, SOUTH AFRICA)

Chapter 1: GENERAL INTRODUCTION

This Chapter presents the research background, problem statement, aims and objectives of the study, the significance of the study and definition of key concepts.

Apart from sexual abstinence and stable, mutually faithful relationship with an uninfected partner, condom use is the best way to protect sex from HIV/AIDS (Mashego, 2004 & F. Baumeister et al 2001).

South Africa has the biggest and most high profile of the HIV epidemic in the world, with an estimated 7.7 million people dwelling with HIV in 2018. One-third of all new infections in the vicinity in 2018 were in one country: South Africa. (UNAIDS, 2018). In an equal year, there have been 240,000 new infections whilst 71,000 South Africans died from AIDS-related illnesses.

I agree that South Africa has the biggest and most excessive profile of the HIV epidemic in the world and the range of people residing with HIV is getting make bigger day via the day. Because the country has the largest ART programme in the world, which has undergone even more expansion in recent years with the implementation of 'test and treat' guidelines.

South Africa has responded to its HIV epidemic with a fast expansion condom use program. Male condoms are broadly available and female condoms software is one of the biggest and most hooked up in the world (Beksinska et al, 2012).

Between 2007 and 2010, the distribution of male condoms increased by 60%, from 308.5 million to 495 million a year. However, in terms of individuality, this represents only a small increase (from 12.7 in 2007 to 14.5 in 2010). In the same period, the number of female condoms distributed increased from 3.6 million to 5 million. However, it is widely acknowledged that

female condoms are not as readily available as they should be (South African National and Department of Health, 2012).

Condom distribution objectives for 2016 is set at 1 billion male condoms and 25 million female condoms, with 2015 distribution degrees at 723 million male condoms and 20.7million female condoms (South African National AIDS Council,2015).

Using condoms is one of the most effective ways of preventing STIs and HIV (Holmes KK et al. 2004). Although South African men and women of all a long time are typically very aware of HIV, and almost all men (95%) and female (93%) have heard of AIDS, their expertise about how to stop HIV transmission is insufficient (South Africa Department of Health; 2007). A wide variety of surveys have included questions on whether humans understand that the use of condoms in general, or extra specifically, the use of a condom every time they have intercourse and limiting the variety of sexual partners, can prevent transmission. Since 2002, three comprehensive HIV surveys have been carried out employing the South African Human Sciences Research Council (HSRC). Across the three surveys - performed in 2002, 2005 and 2008, condom use at final sex in early life (14–24 years) extended from 57.1% to 87.4% as stated by men, and 46.1% to 73.1% reported through women. (Shisana O, 2009). Amongst men in the 25–49 age group, rates greater than doubled from 26.7% to 56.4%. Women aged 25 to 45 years who had pronounced decrease rate than men in 2002 and 2005 had made increased gains, with 58.1 percent the use of a condom at remaining intercourse in 2008 in contrast to 19.7% in 2002. Education plays a principal role in condom uptake, specifically in women, with only 16% of ladies barring training using a condom at closing intercourse in contrast to 63% of those with greater training (South Africa Department of Health; 2007). Condom use is additionally decreased in rural areas in contrast to city settings.

In addition, the give the way of Apartheid in South Africa introduced new possibilities and motives for migration throughout borders within the region. The number of human beings crossing South Africa's borders in each direction has multiplied considerably given that 1990 (Rogerson, 2004).

Some African Migrants in South Africa have known how about HIV/AIDS and the route of transmission. They know how to protect themselves against HIV/AIDS, however, it appears this

protection discontinues rapidly after a quick trust between them and their partners. It may be because foreigners want monetary safety on their arrival, so they do not have any other preference than to let it go (William, 2008).

Both men and females have negative perceptions towards condom use due to character economic, spiritual and social dependence. Women are in a weaker position to negotiate the use of condoms. This is similarly exacerbated it the female are migrants (Zuma et al, 2003).

Migration has been identified as one of the considerable drives of world economic development. However, the technique has demonstrated to be complex and looks to come with challenges of its very own such as destructive fitness outcomes. This has cost migration in the bad light as it is now seen as a vehicle of spreading diseases especially in the context of HIV and AIDS (Brummer, 2002).

The are many reasons which impact the use or non-use of condoms among African migrants (Congolese, Ghanaians, Burundians & Rwandans), it would possibly be their social, economic or political situations. Value and beliefs African migrants keep from their country of origin because worthless as the economic, social and political situation are different in the host country. Guruge et al, (2010) argue that migration to a new country creates a principal life change that can without delay or indirectly affect perceptions and understanding of the African migrants each negatively and positively. This means that migration includes a greater risk of what Richter (2007) called "Migration crisis", which is a result of culture shock.

Migrants moving from the country of origin to South Africa create mixed perceptions and what Richter (2007) called the "migration crisis." This entails different understandings and perceptions of the use of condoms because of their different cultures, beliefs, and backgrounds from both migrants and South Africans.

1.1 Problem Statement.

In public health, condom use is regarded as a preventive measure promoting safe sex. Rates & Shefer, 2000 show that it was only until the local and international emergence of HIV/AIDS, that condoms were regarded as a preventative measure to use against sexually transmitted infections. It seems that, despite the recent upsurge of sexual education, there continues to be widespread

resistance, lack of understanding or misconceptions regarding condoms as a preventative measure to use against sexually transmitted infections.

Several studies have focused on South Africans and Africans migrants' vulnerability to HIV infection. To date, no study has been carried out to examine perceptions on the use of condoms among South Africans and Africans migrants living in Durban's inner city. Linda et al (2016) focused on determinants of condom use among migrant farmworkers in two South African provinces. Balisiye (2004) looked at perceptions of condom use among male and female students at the University of Zululand. Timotope (2013) analyzed the perceptions of the female condom among students at the UKZN Howard College campus.

At a South African policy level, the authorities were committed to introducing new, high pleasant and well-packaged condoms in early 2014 after studies showed that public self-belief in the desire of condoms was low. The new technology government condoms are yet to be introduced.

Studies of condom use at the University of KwaZulu-Natal (UKZN) have found that student's perceptions of condom use were based on inconvenience, negative feelings during sex and partner's resentment of condom use (Madu & Peltzer, 2003). This suggests that students have a different perception from their counterparts from other African countries. Nicholas (1998) found that South Africans complained about the number of condoms required for sexual rounds, distrust by partners and some cases of vaginal injury. Some also believe that condoms were not meant for those who truly love and trust each other but for casual partners (Abdool et al, 1994). While students of UKZN have shown that they are willing to use condoms as they are free, they comment that the dispensers are often empty. Students feel that since there is no guarantee of protection, there is no need for condom use (Mulwo, 2008; Kunda 2008). This finding corresponds with the perceptions of students in Kenya and Ghana who felt condoms are unreliable (Sindiga & Luhando, 1993; Bosompra, 2001). The mixed perceptions of University students in various contexts suggest that there are both positive and negative influences on the rate of condom use and consistent use and these perceptions need to be explored.

Some studies in South Africa have revealed that women were more interested in the diaphragm and gel method than the female condom solely because they can be used covertly without the

knowledge of their male partners (Terris-Presholt et al., 2006; Buck et al., 2005). However, Jemmott & Brown (2003) argue that, while some women prefer female condoms as this puts them in charge and takes almost the same time to use as the male condom, the cost of the female condom deters up rates. Marseille & Kahn (2008) note that the female condom is not promoted via the mass media, but only through partnership with the National Department of Health for distribution. A lack of exposure to female condoms can result in low demand and uptake among women. And some women said, "When you use a female condom there is a noise during sex that turns my partner off and is disturbing, so we both prefer the male condom and female condom was unpleasant for uncircumcised men". (Mukumbang, 2017).

Studies in South Africa have shown that HIV infection rates are relatively high among migrant communities and condom usage is relatively low (Welz et al 2007. IOM 2008). The Integrated Biological and Behavioral Surveillance Survey (IBBSS) discovered that HIV infection rates were high on commercial farms with a prevalence of 39.5% which was twice the national prevalence of 18, 1% in South Africa. Another finding in the IBBSS was that the HIV prevalence among migrant farmworkers was double, or even more than double, the prevalence rates in their countries of origin. According to the UNAIDS AIDS Epidemic Update Report (2009), HIV prevalence in Mozambique at that time of the survey was 13% and yet the results from the survey showed a 41.5% prevalence rate (IBBSS report 2010). HIV prevalence was significantly higher among female employees with almost half of the women (46.7%) testing positive compared to just under a third (30.9%) of the male workforce (IOM SA 2010). Although 98% of participants reported being sexually active, just over 50% of participants reported having used a condom the last time they had sex.

A study conducted in South African observed that HIV infection amongst rural women used to be not associated with their migrant sexual partners in the rural area (Lurie et al, 2003). Based on their data, the authors argued that the direction of transmission of HIV was not only from male migrants to women in rural areas however could additionally be from ladies in rural areas to return migrants (Lurie et al, 2003).

In South Africa, and worldwide, different studies on condom use have focused more on sex workers, drug users, and men who have intercourse with men (MIM) and their vulnerability. In

migration literature, there are few studies of gender variation in sexual behaviors, though it is known that the levels of women's migration are increasing.

This study, therefore, seeks to analyze the different views on perceptions among both South Africans and African migrants living in the inner city of Durban towards condoms use.

1.2 Aims and Objectives of the study

The broader objectives of this study are to examine perceptions of the use of condoms among African Migrants and host communities residing in Durban's inner city. Specific targets of this study are as follows:

To investigate factors influencing or hindering condom use among African migrants (Congolese, Ghanaians, Rwandans, Burundians) living in the inner city of Durban in comparison to South Africans living in the inner city of Durban.

To explore and examine the role of culture in making the choice or no choice of condom use among African migrants and host communities living in the inner city of Durban.

Identify available measures and government assistance to African and South African migrants living in Durban's inner-city regarding condom use.

To make recommendations on how both migrants and South Africans can be assisted in dealing with HIV/AIDS particularly the use of condoms as a way of preventing the spread of HIV/AIDS. The relevance of this study contributes to HIV prevention in Durban, South Africa. The use of condoms provides significant protection against HIV and is one of the most effective ways of preventing it.

1.3 Research Questions

The following questions are designed to describe and investigate our area of concern; that is attitudes and perceptions on the use of condoms amongst African migrants in comparison to South Africans living in Durban's inner city.

To unpack the central research question, the research will specifically investigate the following key questions:

Central Research Question

What are the perceptions of African migrants' vis-à-vis South Africans living in Durban's inner city regarding the use of condoms?

Key Questions

What are the factors influencing or hindering condoms use among African migrants and South Africans living in Durban's inner-city?

What is the role of culture in making the choice or no choice of condom use among African migrants and host communities living in the inner city of Durban?

What measures and what assistance does the government offer to African migrants and South Africans living in Durban's inner city regarding the use of condoms?

What suggestions can be made to bring recommendations on perceptions towards the use of condoms among both African migrants and host communities?

1.4 Justification

As enshrined in Section 27 of the Constitution of the Republic of South Africa (1996) everyone has the right to access health care services, including sexual and reproductive health care. The study has direct implications for public health policymaking and project implementation in African Migrants communities (Congolese, Ghanaians, Burundians & Rwandans), and South African communities living in the inner city of Durban.

Although young people (South Africans and African migrants) have grown up during the age of AIDS, many feel they are not at risk of the disease. Yet, even if your partner is young and healthy-looking, he or she may be infected with HIV. Therefore, it follows that the appropriate time to start to learn about safe sex is when a person begins to understand an explore their own sexuality. Again, misconceptions about the use of condoms in sexually active individuals tend to lead to unprotected sex. These misconceptions need to be addressed. Thus, perceptions on condom use should be known and improved upon where necessary, hence the present study is

entitled: “Perceptions on the use of condoms in a sample of South Africans and African migrants living in Durban’s inner-city, KZN, SA ".Reasons for the differences in condom use between sexual partners (South Africans and African migrants) are needed most, to come up with educational programs, prevention, and intervention strategies, to stop further transmission of HIV/AIDS and other sexually transmitted diseases in the inner city of Durban and these may help to reduce further transmission of HIV/AIDS.

1.5 Definition of Concepts

Migrant:

Migration is usually defined as the movement of people from one place to another temporarily, seasonally or permanently, for a host of voluntary or involuntary reasons. This definition includes refugees and internally displaced persons (UNAIDS 2001). Per the United Nations, a migrant is an individual who has resided in a foreign country above a year regardless of the motives, voluntary or involuntary, and regardless of the regular or irregular nature of the means used to migrate. Concurrent with the above definition, is the idea that due to shorter periods for travellers or tourists and businesspersons they will not be recognized as migrants. There are different kinds of migrants, which includes: economic migrant, irregular migrant and skilled migrant amongst others. The study focus is on young people who were born in their home countries and moved to South Africa to either join family or to pursue their own development.

Condom use:

In this study condom use refers to having used a condom during the last sexual intercourse. This definition does not imply consistency just because just one used a condom during the last sexual intercourse does not mean they have always used them. For this study, condom use by South Africans and African migrants refers mainly to the ability to negotiate condom use whether male or female condoms.

Perception:

Perception is closely related to attitudes. Perception is the process by which organisms interpret and organize sensations to produce a meaningful experience of the world (Lindsay & Norman, 1977). In other words, a person is confronted with a situation or stimuli. The person interprets

the stimuli into something meaningful to him or her based on prior experiences. However, what an individual interprets or perceives may be substantially different from reality.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

The purpose of a literature review is to find out what is already known. A thorough and extensive literature review using the following keywords: HIV and AIDS, South Africans and African migrants, perceptions, condom use, and Durban was undertaken. Local and international books and journals have been consulted. The literature review assists researchers to select the appropriate research design and methodology, as well as the data collection and instruments. It additionally helps them to compare preceding findings to current findings. This chapter, therefore, focuses on perceptions towards condom use among South Africans and African Migrants living in Durban's inner city. This chapter reviews existing scholarly materials among South Africans and African Migrants' perceptions towards condom use.

Condom use has been identified as a significant and effective prevention tool against HIV infection. Its promotion among sexually active populations is endorsed by the World Health Organization (World Health Organization, 2005). HIV prevention programs among female sex workers (FSWs) have achieved major progress both in increasing condom use in sex work and in reducing associated HIV infections. In 27 of 87 countries included in the UNAIDS global report on HIV/AIDS for 2010, data indicate that 90% or more of FSWs report condom use with their last client (UNAIDS, 2010). Despite this progress, consistent condom use among African FSWs remains low in most settings, with the proportion reporting 100% condom use reported at 26.8% in Kenya and 18.9% in Uganda (Morris CN, Morris SR et al., 2009). The prevalence of HIV and other sexually transmitted infections (STIs) among African FSWs remains high in most settings, with an HIV prevalence of 33–37% reported among Ugandan FSWs (Vandepitte J, Bukenya J, et al, 2013). Studies show that truckers engage in sex with multiple sexual partners along the transport routes that they ply, usually without using condoms (Morris CN, Ferguson AG.2006) As a result, HIV prevalence among truckers is equally high, ranging from 10% in Nigeria (Azuonwu et al, 2011), 26% in Kenya and 56% among truckers in Southern Africa (Ramjee G, Gouws E, 2002).

Both youth migrants and South Africans have emerged as one of the vulnerable groups to HIV infection. Evidence of this is documented in national antenatal and youth surveys in South Africa

(Department of Health, 2005; Pettifor et al, 2004a, 2004b; Pettifor et al 2005; Shisana et al., 2005). Various studies reveal that the use of condoms is relatively low amongst the university of Limpopo students (Nel, 2003; Nqojane, 2009). Research indicates that almost half of the individuals who profess to have multiple sexual partners don't use condoms even though they are knowledgeable about STI's (Nqojane, 2009). In the United States of America (USA) student perceptions of being at risk to HIV infection vary by ethnicity with approximately twenty per cent (20%) of African Americans and Whites and forty per cent (40%) of Hispanics reporting to thinking they are at risk (Green, Halrperin , et al, 2006).

Lalou et al (2007) carried out a survey in 2000 in the Senegal River Valley comparing the impact of different types of migration on HIV/AIDS knowledge, perceptions of risk and condom use in both origin and destination areas. They argued that the various types of mobility and different social contexts that characterize migration and non-migration are what tend to determine the risk and sexual behavior. From the study, it was established that migrants were more likely to use condoms in the host countries where they engage in risky sexual behavior than in their home communities. Thus, the types and drive for migration are important factors in understanding the dynamics in health outcomes that come with migration.

2.2 Migration, South Africans and HIV/AIDS in South Africa.

According to the UNAIDS Epidemic Update Report (2011), HIV infections have significantly decreased and stabilized in most parts of the world including sub-Saharan Africa (SSA). SSA's number of new HIV infections has been reported to have dropped by more than 26%, from the height of the epidemic in 1997. It is also confirmed that one-third of this drop has been contributed by South Africa (UNAIDS, 2011). Changes in sexual behavior particularly among young people have been cited as one of the major reasons for the decrease in HIV infection. The report further asserts that young adults have reduced their numbers of sexual partners, increased condom use and are waiting longer before becoming sexually active. Without changes in behavior, studies estimate that there would have been an additional 35,000 new infections annually (UNAIDS Epidemic Update Report, 2011).

It should not be overlooked that despite the purported change in sexual behavior worldwide there are key populations that have not changed their sexual behavior due to circumstances that

surround them. United Nations has identified commercial sex workers (CSWs), men having intercourse with men (MIM), drug users and migrants as constituting the key populations that are vulnerable and more susceptible to contracting the virus due to their risky sexual behavior such as non-condom use. In South Africa and worldwide various studies have concentrated more on sex workers, drug users and MIM and their vulnerability (Parry et al, 2009; Lane et al, 2009; Gita et al, 2002). This study is one of the few that places focus on migrants and South Africans as one of the key populations to be targeted for HIV prevention particularly through condom use in Durban (South Africa).

According to the perceptions of condom use from neighboring countries of South Africa, Zimbabweans perceived ease of use and affordability of the product and prior use of the male condom was associated with men's and women's ever-use. Consistent use with marital partners was negatively associated with reporting multiple partners in the past year and positively associated with using the device for pregnancy prevention and previously using the male condom. In 2015, eSwatini had the second-highest level of availability of male condoms in the region, with 51 condoms available per man per year. In 2017, eSwatini's condom and lubricant promotion programme were increased further, with an anticipated distribution of 17 million condoms, up from 11 million distributed in 2015. The 2017 distribution programme focused on improving young people and key population's access to condoms via a youth brand-condom and a national campaign ('free or not').

In South Africa, the studies that analyzed the association between migrants and condom use did so within the ambit of HIV prevention practices. Lurie et al (2003) conducted a cross-sectional study to investigate the association between migration and HIV infection among migrant and South African men and their partners. They found that migration is an independent risk factor for HIV infection among men as they tend to have multiple partners and do not use condoms. Zuma et al (2003) found similar results among migrant urban women in Carletonville, South Africa.

Literature worldwide has proven that migrants are typically uncovered to damaging socio-economic conditions that impact their sexual behavior negatively (Grez, 2011). How migration influences risky sexual behavior remains complex and dynamic. Among studies carried out on the linkages between migration and condom use as a proximal practice in HIV prevention, there

seem to be two schools of thought. One being migration encourages risky sexual behavior (Salabbaria-Pena et al, 2001). Being away from home and family usually leads to breaking away from traditional care and supervision. According to Yang (2004), if people are not responsible adequate, they may additionally engage in socially deviant behaviors such as promiscuity and unsafe sex. This school of thought can be linked to the migration theories of Lee (1966) and Shaw (1975) which assert that migration is selective of people with high risk-taking tendencies. They argue that migrants' greater tendency toward risk-taking in their migration choice additionally applies to different aspects of their lives such as unstable sexual behavior. Thus, this school of thought argues that generally migrants are risk-takers and are probably to be involved in high-risk sexual behavior. The fact that more than half of both men and women in this study report engaging in unsafe sex serves to confirm this contention.

The other school of thought asserts that migrants find themselves in vulnerable species that make it difficult for them to use condoms (IOM, 2008). Migration has been reported to increase an individual's vulnerability when they are in situations where negotiating safe sex is difficult. Literature shows that the problem of risky sexual behavior and abuse is typical of many migrant communities, particularly on commercial farms (Siziya et al, 1999). A study carried out in Zambia at Chiawa farm found that women are sometimes tempted or coerced into sex in exchange for employment, favorable tasks or extra wages. It appears in such compromised circumstances, condoms are rarely used (Bond & Dover, 1997). Comparing the two schools of thought the former presents migrants as risk-takers who are likely to be involved in high-risk sexual behavior while the latter presents migrants as victims who find themselves in adverse conditions compromising their power and will to use condoms. What these positions have in common is that migrants are at high risk of contracting the epidemic disease; thus, prevention interventions should target them.

The rate of STIs infections in South Africa is also high and the stigma associated with getting treatment from a clinic means that many do not seek help (UNFPA, 2003). Leaving sexually transmitted diseases untreated is dangerous and can add to the risk of getting, or passing on HIV, to sexual partners. According to Jeevan do (2003) the issue has become an important public health problem, and, because of this, many Aids-related educational programs in the country have been targeted at different ethnic groups amongst university students. According to

UNAIDS (2008), people will only alter their behaviors or attitudes when they have a vested reason to make that change. Because of this, any intervention program for students must motivate them to change their sexual behaviors and embrace positive change (Nqojane, 2009). Many studies indicate that successful interventions use a peer educator approach. The advantage of involving South African youth in HIV and Aids intervention programs is that they communicate in the idiom of the day which ensures that they get the correct message across to their peers (UNAIDS, 2008). Results of a large UNAIDS (2010) survey indicated that between 2005 and 2008 the number of South African teenagers with HIV and Aids had nearly halved. Between 2002 and 2008 prevalence among South Africans over twenty (20) years old has increased whereas the figures for those less than 20 years old had dropped. Condom use is highest amongst South African youth and lowest among those over fifty (50) years of age. More than eighty percent (80%) of men and seventy percent (70%) of women under the age of twenty-five (25) years reported to using condoms whereas just over fifty percent (50%) of males and females aged twenty-five to forty-nine (25-49) years old reported using condoms. More than ninety percent (90%) of young adults (35 years of age) and more than eighty percent (80%) of older adults (35 years of age) had detailed knowledge of HIV and Aids. During the period, the survey took place more than half (55%) of all South Africans infected with HIV resided in KwaZulu-Natal and Gauteng. Between 2005 and 2008, the total number of people infected with HIV and Aids increased in all South Africa's provinces except KwaZulu-Natal (KZN) and Gauteng. Nevertheless, more people living with HIV and Aids in those regions than anywhere else in the country. This is probably because Gauteng is the most populated province per square kilometer in the country and KZN is the most populated province in the country. KZN still had the highest infection rate at fifteen-point five percent (15.5%) in the country. Condom use increased twofold in all provinces between 2002 and 2008. The two provinces where condoms were least used in 2002 were also the provinces where condoms were least used in 2008, which were the Northern Cape and the Western Cape (Egnetia M, 2012).

Condom usage is a key HIV prevention method for South Africans. In South Africa, different university-based interventions promote condom use to prevent HIV among South Africans. Studies have shown that South Africans' perceptions of condom use vary (Madu & Peltzer, 2003; Mulwo; et al., 2008). According to Mutinta (2010), South African tertiary institutions have a high rate of HIV infection. Empirical evidence indicates that generally South African male

students have multiple partners during their years at university. Many South African males also date a different female concurrently which puts them all at high risk for acquiring sexually transmitted infections (STI's). Various studies reveal that the use of condoms is relatively low amongst students (Nel, 2003; Nqojane, 2009). In South Africa, various studies indicate that Black students, particularly females, perceive themselves to be most at risk (Nel, 2003; Tebele, 2008; Nqojane, 2009). Additionally, some students join universities as adolescents making it difficult for them to resist intense peer pressure to have sexual liaisons to be part of the in-crowd. This is particularly true of South African males (Weston, 2006).

2.3 Barriers to condom use

There is a lot of ignorance and misinformation about the proper use of condoms (females and males), their side effects and related topics. A Liberian study of condom perceptions and attitudes found that there are obstacles to condom acceptance. Individuals need to understand the role of condoms in preventing AIDS and condom image needs to be improved. The perception of condoms must be promoted as a preventive measure against diseases like AIDS, not against pregnancy. Condom use is believed to be a way of escaping the health negative consequences of unsafe sex (Green, 1994). Young people's perceptions are linked to specific personal beliefs. Women may fear being labeled as "easy" or "slut" if they carry condoms (Moore, 1996).

Studies in South Africa have shown that motivations for condom use are complex (Brummer, 2002). Bond and Dover (1997) carried out a study to examine condom use concerning people's perceptions and attitudes around sex, masculinity, and femininity. They observed that most of the participants viewed sex as essentially a procreative act, emphasizing male potency and woman fertility and this often overrides anxieties about contracting STIs along with HIV. As such condom use is normally only negotiated inside some short-time relationships and then not consistently.

Even when condoms are available, there are still many social, cultural and practical factors that may stop humans from the usage them (Avert, 2012). Condoms are perceived to have a range of negative attributes in South Africa consisting of low sexual pleasure, promiscuity in each guy and women, being unsafe to use and being an indicator of lack of trust in a relationship (Burgoyne & Drummond, 2008). According to Mutinta (2010), South African tertiary

institutions have a high rate of HIV infection. Empirical evidence indicates that generally male students have multiple partners during their years at university. Many males also date a different female concurrently which puts them all at a high risk for acquiring sexually transmitted infections (STI's).

In Zimbabwe, one study located that condom use is associated with prostitution and consequently both guys and women are disinclined to use them in their marital relationship (Duffy, 2005). According to IBBSS, the majority of men consider that condoms are to be used in casual relationships but no longer in marital relationships.

Within migrant communities, condom use is a complex problem dictated by a variety of factors. It has to be noted that factors influencing condom use are different between migrant men and women. In many of the studies conducted, women's HIV rates are greater than the men's costs (Halli et al, 2007). Women are cited to be more vulnerable and susceptible economically, socially or politically than men (Duffy, 2005). In many countries, especially in Africa, increased vulnerability to HIV infection has been partly attributed to women's lack of power to negotiate safer intercourse (Harvey et al, 2003). Pettifor et al (2004) conducted a study on the association between sexual power, steady condom uses and consequently the risk to HIV contamination among 15 to 24-year-old women in South Africa. They discovered that women with low relationship manipulate were 2.10 times more likely to use condoms inconsistently. They additionally observed that women experiencing compelled intercourse have been 5.77 times more probably to use condoms inconsistently. (Welbourn, 2006).

Usually, women find themselves economically dependent on men (Duffy, 2005). This economic dependency then neutralizes their negotiating power in the relationship, including negotiating condom use (Feyisetan, 2007). Thus, the migration experience and the conditions which accompany the migration of laborers, especially women, such as poverty, poor housing and lack of stable social support systems, should also be the focus of policy.

A comparable comparative study on lady condom1 (FC1 is the first-generation female condom that was manufactured from polyurethane) and Female condom2 (was produced in 2009 from less highly-priced material known as artificial nitrile) were conducted (Smith et al 2006). The study published that despite complaints about the size and lubrication, women observed both

condoms suited as there is not a whole lot difference between the two (Hou et al., 2010). Despite the successful introduction of female condoms, there has been a disappointment in the level of uptake; this can be attributed to the lack of knowledge about the female condom and the failure to market it vigorously (Hoffiman, et al 2004; Sipple, 2007).

2.4 use of condoms among South Africans and African migrants

2.4.1 Use of condoms among South Africans

In 2013, over 6 million adults had been dwelling with HIV in South Africa (UNAID, 2013); numbers are growing following the scale-up of antiretroviral remedy (ART) (Zaidi et al 2013). In South Africa, KwaZulu-Natal has the best grownup HIV occurrence at an estimated 29% among adults aged 15–49 years old in a rural area in 2011(Shisana et al, 2014). Despite increases in knowledge of the risks of unprotected sex, adolescents often do not report the usage of condoms. A previous survey showed that only one-half of sexually lively adolescent participants suggested using condoms in the past 30 days (Taylor et al 2003). Singh JA et al (2006) confirmed that the availability and cost of condoms, as well as the distance required to travel to accumulate condoms, would possibly be prohibitive in South Africa, in particular for youth (Eaton et al 2003). Reviewed seventy-five research performed between 1990 and 2005 in South Africa endorse that 50% of formative years are sexually energetic by way of age 16, boys debut earlier than girls, and most young people use condoms inconsistently, if at all. While most South African early life knew the consequences of AIDS, there was a gap in knowledge about exactly how HIV is transmitted, and how it is associated with AIDS, as well as the misunderstanding of the effectiveness and practical use of condoms.

The results of a study that was aimed at investigating and understanding the risk behavior of high school learners about the HIV pandemic in KwaZulu-Natal, indicated that only one-third of South African male respondents reported being continually using condoms when having intercourse (Kalichman et al 2000). It was said that this type of poor sexual behavior amongst learners multiplied the risk of HIV transmission in the province. Smoking and drinking alcohol have been additionally mentioned to have extended behavior such as having multiple sexual partners and now not wearing condoms. It used to be observed that many male learners have been afraid of being stigmatized and that they did now not lift condoms due to the fact of their

peers' negative attitudes towards condoms. The study results published that some learners never used condoms and indicated that they felt embarrassed about discussing or using condoms. Participants additionally reported that they felt feeling awkward about having a condom or speak about intercourse in an accountable way amongst their peers. These results are supported by way of extra recent literature (Nqojane, 2009).

Reported condom use among HIV-positive women and men in South Africa is higher than in the general population (Shisana et al 2010). By 2005, in rural KwaZulu-Natal, HIV-positive women were already significantly more likely to report using a condom with a regular partner at last sex than HIV-negative women (McGrath, 2013). In South Africa, higher levels of condom use among HIV-positive women and men have been associated with being male, younger age, higher education, and urban residence (Kalichman & Simbayi, 2010). Condom use has also been linked to HIV-related factors including knowledge of being HIV-positive, longer duration since diagnosis, initiating ART, the disclosure of HIV status to a partner and knowing a partner is HIV-negative (Rosenberg et al 2014). HIV-positive adults' lack of condom use has been associated with having a casual partner, sex with a positive partner, alcohol use after or before sex, substance abuse in the past month or before sex, a history of forced sex (for women and men), and with coping strategies characterized by HIV denial and HIV-related stigma (Olley et al 2005).

Consistent with literature that has recognized higher socioeconomic reputation as a predictor of increased condom use in KwaZulu-Natal, employment used to be a robust predictor of condom use for men (Hallman, 2004). Education was an important confounder of the relationship between gender norms and condom use among men, suggesting that training is key to lowering gender inequity and stopping HIV in rural South Africa.

2.4.2 Use of condom among African migrants

Previous studies have shown that HIV prevalence rates are relatively high while condom use is low in-migrant communities in South Africa. The results showed that access to free condoms, financial stability and staying away from a spouse increased the odds of condom use among migrant farmworkers in Limpopo and Mpumalanga. Amongst men being financially stable and having access to free condoms significantly increased the odds of using condoms. Amongst

women being married reduced the odds of using condoms while access to free condoms and living away from spouse significantly increased condom use. Determinants of condom use vary between male and female migrants (Linda & Odimegwe, 2016). The use of condoms is one of the major strategies for combating sexually transmitted infections including HIV. In Africa, condom use has been massively debated over the past years, facing opposition from many perspectives (Bond & Dover, 1997). Whilst both men and women have negative attitudes towards condoms, because of their economic and social dependence on men, women are in a weaker position to negotiate condom use. This is further exacerbated if the women are migrants (Zuma et al, 2003). The socioeconomic factor or political has been identified as barriers to condom use, and these vary in influence between men and women (Lurie et al, 2003). Studies in South Africa have shown that HIV infection rates are relatively high among migrant communities and condom usage is relatively low (Welz et al 2007. IOM, 2008).

2.5 Conclusion

The use of condoms is one of the predominant techniques for combating sexually transmitted infections inclusive of HIV. In Africa condom use has been vastly debated over the past years, dealing with opposition from many perspectives. Whilst both men and women (African migrants and host communities) have special perceptions toward condom use, due to the fact of their economic, social and political dependence on men, women are in a weaker role to negotiate condom use. When partners talk to each other about condoms, at least one of the two probably has a wonderful perception, which enlarges the stress on the different associate r to agree to use a condom. Discussion of condom use with one's partner could reason both to perform relevant behaviors, like using a condom with each sexual encounter. Studies indicated several factors inhibiting condom use, together with having negative perceptions towards condom use, decrease levels of information about HIV prevention and lower self-efficacy, trust, and perceptions that condoms interfere with sexual pleasure. Low levels of power in the relationship and forced sex were found to be serious inhibiting factors to young women using condoms consistently. Factors facilitating condom use that have been reported are women’s participation in social clubs, positive attitudes towards condoms use, having a partner who thinks that condoms are very vital and being male.

CHAPTER THREE: THEORITICAL FRAMEWORK

This chapter offers the theoretical framework that guides and informs this study and analyzes perceptions among South Africans and African migrants (Congolese, Ghanaians, Rwandans & Burundians) living in Durban's inner city to discover the discourse on condom use. The population of this study is identified as South Africans and Africans migrants living in Durban's inner city.

The preliminary section examines the participation of research to explain for its significance in the overall outcome of development. This is influenced by dialogue and leads to the Theory of Planned Behavior and the Theory of Reasoned Action. The second section will utilize both the Theory of Planned Behavior and the Theory of Reasoned Action to explore the factors associated with attitude, subjective norms and perceived behavior (Ajezen, 2002).

This section in making use of the theory of reasoned action and deliberate behavior was carried out as open-ended elicitation interviews to verify modal salient belief and modal subjective norms in the target population (Ajzen & Fishbein, 1980; Fishbein & Middlestadt, 1989; Montano & Kasprzyk, 2002).

3.1 PARTICIPATION

Participation is a concept and practice involve relevant people in the entire development process through an autonomous communication process (Manyazo, 2008). Manyozo notes that the definition of participation is contested terrain. Participation requires an understanding of the reality of the World in terms of the present or existing situation. This allows for a proper interpretation of events that leads to an appropriate course of action. Freedom of expression promotes democracy (Chasi, 2011).

The respondents of this research promoted a two- way of communication that encouraged dialogue. It was, therefore, a continuous process of dialogue, listening and, action between research and participants to determine their perceptions regarding the use of a condom in the inner city of Durban. In this study the researcher selected the respondents who live in the inner city of Durban who were participated in the search.

For this study, the term "Participation" indicates the importance of interviewing with South Africans and African migrants to understand their perceptions regarding the use of male and female condoms and how these perceptions influence the uptake of condoms.

3.2 THEORIES

This study will utilize both the Theory of Planned Behaviour (TPB) and the Theory of Reasoned Action to analyze the perceptions on the use of condoms among African Migrants comparatively to South Africans living in Durban's inner-city (Ajzen, 2002). It is intended to guide the development of the research questions and data collection instruments. This model was designed to explain the individual's intentions towards the development of health behavior (Ajzen & Fischbein, 1980). The TPB model is comprised of: The Theory of Reasoned Action and the Theory of Planned Behaviour. Martin Fischbein developed the Theory of Reasoned Action (TRA). This concept takes into consideration an individual's attitudes towards behavior and their perception of how people significant to them think they should act. In a later version, Icek Ajzen extended the scope of the model and this includes the individual's perception of control over their health behavior. This joint model proposes that attitudes, subjective norms, and perceived behavioral control, together with demographic and environmental factors, predict an individual's behavioral intentions (Montaños & Kasprzyk, 2002).

In an attempt to narrow this debate, we look at two theories that have impacted on the concept of condom use intention. The Theory of Reasoned Action (Ajzen & Fishbein, 1980) and the Theory of Planned Behavior (Ajzen, 1985, 1991) are the psychological models of behavior that have been functional to condom use. According to Ajzen and Fishbein (1975; 1980) the Theory of Reasoned Action, affirms that the intention to perform a behavior is a key predictor to determine the occurrence of that behavior. Whereas the Theory of Planned Behavior (Ajzen, 1991) expands on the TRA and advocates that the performance of a behavior is subjective to the degree of personal control and individual has over the behaviour. Control in this sense is the incorporation of internal and external facets such as, skills, knowledge, willpower, resources, opportunity and having a plan. In essence, when an individual perceives little control over the behaviour due to the lack of one of the above-listed factors, then their intentions to perform becomes low, though they possess favorable attitudes and subjective norms toward it (Ajzen & Madden, 1986). Despite their diverse views, both theories agreed that Intention predicts actual behaviour.

This study seeks to understand the above in relation among African migrants and South Africans regarding their perceptions of the use of condoms.

3.2.1 Theory of Planned Behaviour

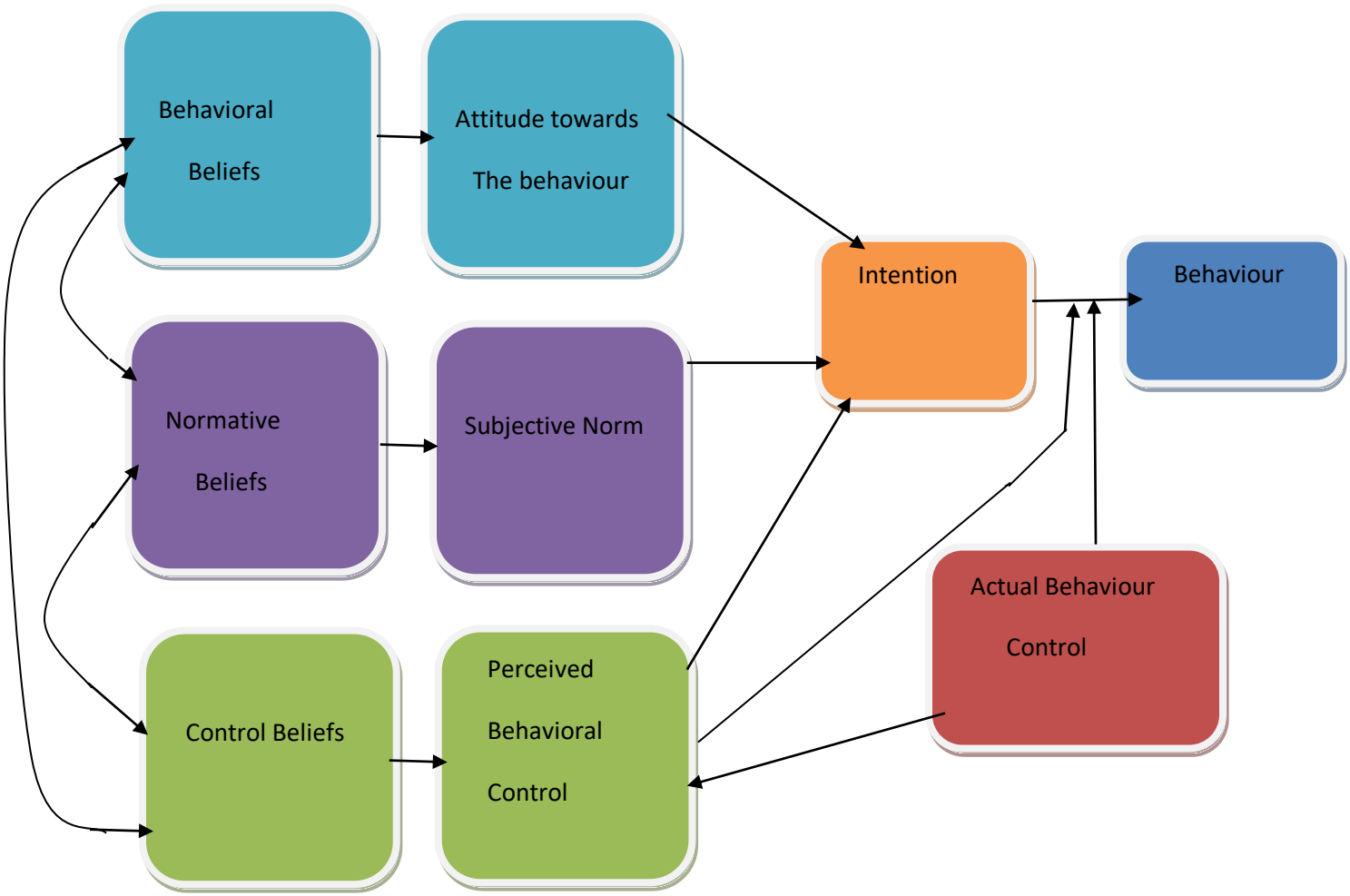
This theory (TPB) is a value anticipated theory where the individual, presumed to be a rational actor who weighs his or her choice toward performing the behavior based on the attitudes and perceived behavioral control he or she might have regarding the behavior as present in figure 1. The determinant of attitudes can be associated with the individual's beliefs about an outcome or attributes of executing the behavior (behavioral beliefs) based on their evaluations of those outcomes or attributes (outcome evaluations). An individual who trusts that appropriate or good outcomes are products from performing the behavior will have an optimistic attitude towards the behavior. For example, an individual who has a strong belief that condoms reduce sexual pleasure and considers penetrated sex without a condom as the ultimate outcome, will have negative attitudes towards condoms and thus less likely to use this method. Perceptions are indirectly measured by two scales: behavioral beliefs and outcome evaluation (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). The behavioral beliefs scale is a list of salient beliefs linked to the behavior. For example, continuing with the example of using condoms, salient beliefs might include "lack of sexual pleasure" and "effectively prevents STIs". An individual evaluates the happening likelihood of each belief. Outcome assessment refers to the importance of an individual ascribes to each behavioral belief. The individual indicates whether each behavioral belief is good or bad. Both behavioral beliefs and outcome evaluations are usually measured with a person's relative weight of intention to execute behavior (Ajzen & Fishbein, 1980). For example, an individual assesses how much her partner will approve of her using condoms and whether it is important to do what her partner wants her to do.

There are several limitations of the TPB, which include the following:

- It assumes the person has acquired the opportunities and resources to be successful in performing the desired behavior, regardless of the intention.
- It does not account for other variables that factor into behavioral intention and motivation, such as fear, threat, mood, or experience.

- While it does consider normative influences, it still does not take into account environmental or economic factors that may influence a person's intention to perform a behavior.
- It assumes that behavior is the result of a linear decision-making process, and does not consider that it can change over time.
- While the added construct of perceived behavioral control was an important addition to the theory, it doesn't say anything about actual control over behavior.
- The time frame between "intent" and "behavioral action" is not addressed by the theory.

Figure 1 an illustrator the theory of planned behavior: Adapted from (Icek Ajzen, 2006).



3.2.2 Theory of Reasoned Action

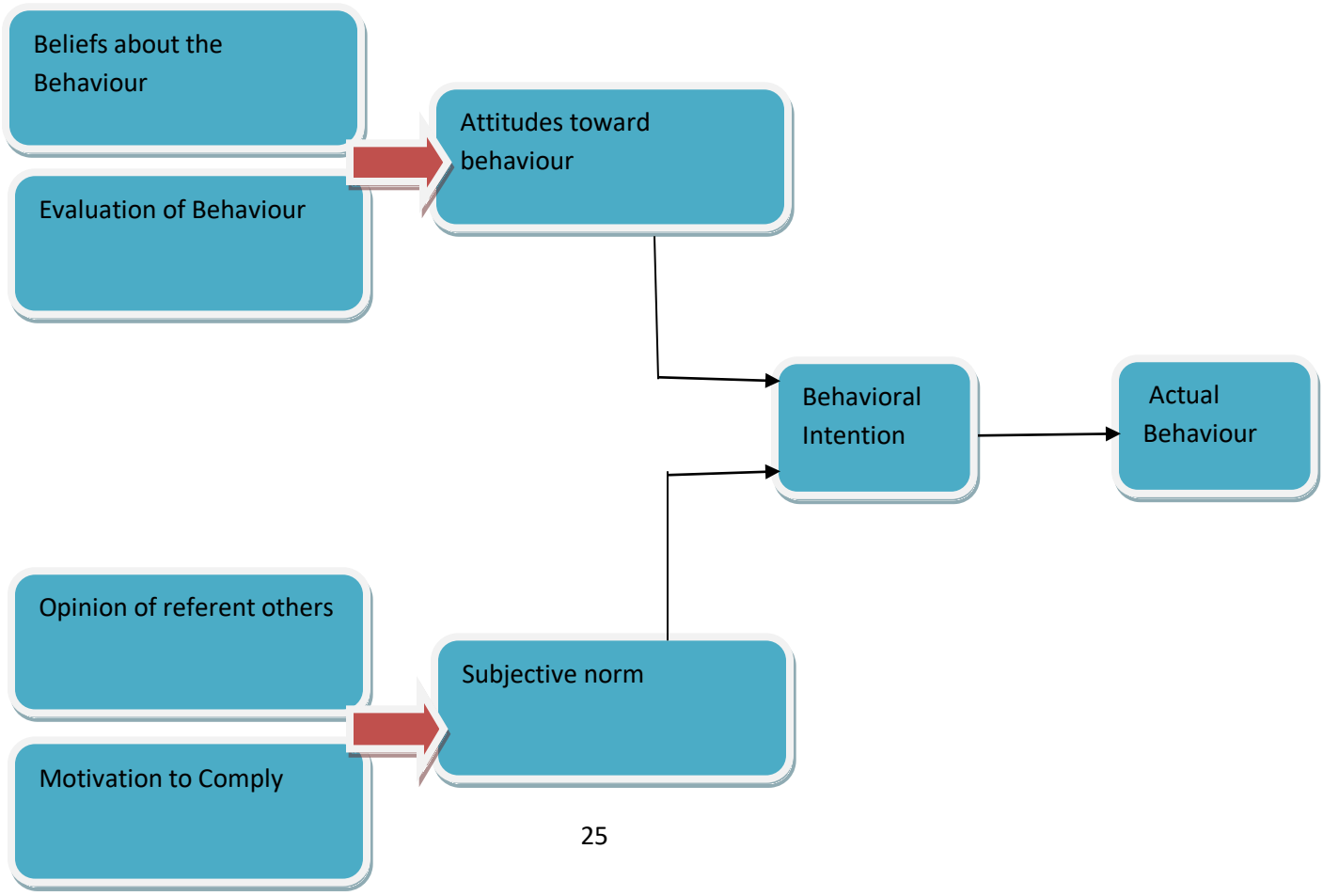
The theory of reasoned action (TRA) is derived from the social psychology background and was proposed by Ajzen and Fishbein (1975 & 1980). It consists of three general constructs: behavioral intention, attitude, and subjective norm. TRA suggests that a person's behavioral intention depends on the person's attitude about the behavior and subjective norms. The Theory of Reasoned Action illustrates a person's attitude towards the behavior. Consisting of a belief that behavior is an indication of a certain outcome and an assessment of the result of that behavior. The intention to or actual participation in behavior will depend on the favourable outcome of the individual. Accordingly, the theory of reasoned action is an affirmation of people's intentions to perform a behavior that is anticipated from their attitude towards the behavior (see figure 2). It further identifies the positive or negative evaluation of their performing the behavior such as in my opinion condom use is safe or unsafe. Equally, it reflects on the subjective norm. That is their belief about the opinion of those relevant to them, as indicated in figure 2, also contained within one's attitude toward a behavior is their perception of the subjective norm. Subjective norm is understood as a mixture of opinions from relevant individuals or groups along with goals to comply with these expectations. Seemingly, the perception of an individual towards the people who are important to him or her and what they think about his or her ability to perform the behavior in question (Fishbein & Ajzen, 1975). Therefore, following figure 2, behavioural intention measures a person's relative weight of intention to execute behaviour.

Fishbein & Ajzen (1975) argue, however, that attitudes and norms are not subjected equally in envisioning behavior. "Indeed, depending on the individual and the situation, these factors might be very different effects on behavioral intention; thus, a weight is associated with each of these factors in the predictive formula of the theory. For example, you might be the kind of person who cares little for what others think. Based on, the subjective norms would carry little weight in predicting your behavior" (Miller, 2005).

In this study, the subjective norm is considered as a type of peer pressure. It is important to note, however, that whether an individual partakes or intends to partake in any behavior is powerfully

influenced by the people who surround them. These people may consist of family, friends or a peer group and church. A belief that HIV can be washed off by showering may in some instances advocate for irresponsible behavior towards condom use and can influence one's attitude toward unprotected sexual behaviors. However, people may also be prone or not to participate in behaviour-based upon their need to conform to others. In contrast, bylaws or rules barring certain behavior may influence one's attitude toward partaking in that behavior. Strict bylaws of document identification in the antenatal clinics in the Western Cape province along with a desire to comply with the rules can lead migrants to believe that they will be punished should they not adhere to or participate in that behavior. They may also develop a positive perception toward acquiring authentic documentation and a strong intention not to act otherwise. Eventually, one's attitude toward behavior can lead to an intention to either act or not to act concerning the specific case.

Figure 2: An Illustration of the theory of Reasoned Action: Adapted from (Fishbeinr & Aizen, 1975).



CHAPTER FOUR: RESEARCH METHODOLOGY

4.1 Introduction

This study analyses perceptions on the use of condoms among South Africans and African migrants residing in Durban's inner to explore the discourse on the use of condoms among South Africans and African migrants. The methodology chapter here describes the steps taken to achieve the study objectives. These steps include the type of research design chosen, where the study took place, the perceptions of the respondents regarding the use of a condom, how they were selected and the sample size. The chapter discusses the research instrument, a technique used to select participants, the method used to analyses data, the questions used in the interview, and how the questions were formulated and validated, and lastly ethical considerations.

4.2 Research Design

A research design is defined by De Vos (2005) as a detailed plan of how a research study is going to be conducted. According to Babbie and Mouton (2007), the research design is a plan of action used by a researcher to carry out a study. This adopted a qualitative exploratory design to analyze the different views on perceptions among both South Africans and African migrants living in the inner city of Durban towards condoms use.

4.3 Area in which the research is conducted

The location of this study was conducted in Durban central (Refugee Social Services, Home Affairs, barbershops and salon which are positioned in Durban central as well) for each community. Recruitment strategy and choice criteria for participants that the researcher has used was to approach the participants by way of greeting them and the researcher has chosen members regardless of their criteria. African migrants and South Africans living in Durban's inner city had been chosen for inclusion for the interview and non-South African and non-African migrants had been excluded from the interview. It employed in-depth open-ended questions developed for interviews in English and French. There were twenty participants, 5 males and 5 females from the migrant communities and 5 males and 5 ladies from the South African communities living in Durban's inner city. It employed in-depth open-ended questions developed from interviews in

English and French. There had been twenty participants, 5 men and 5females from the migrant community and 5 adult males and 5 women from the South African community living in the Durban's inner city.

4.4 Description of the population

The population under surveillance was two groups (South Africans and African migrants) all living in the inner city of Durban (Refugee Social Services, Point Road, Salons and barbershops), KwaZulu-Natal. The inner city of Durban is one that is designated previously disadvantaged and, at present, the demographic is mostly South Africans and African Black. The research targeted this population of South Africans and African migrants as their perceptions towards condom use are important in terms of HIV prevention.

4.5 The sample

The specific sampling technique used to select participants was purposeful sampling. Purposive sampling enables the researcher to squeeze a lot of information out of the data that he has collected. This allows the researcher to describe the major impact their findings have on the population. Data was collected from the population of South Africa and African migrants both living in the inner city of Durban. Francis et al. suggest that at least 20-25 people should be used for the elicitation study phase of the research studying the theory of planned behavior, and at least 80 for the main research. This study is the elicitation phase of the research and aligned to the requirements by recruiting 20 participants (South Africans and African migrants) for the interview, is comprised of 5 South African men, 5 South African women together with 5 African migrant men and 5 African migrant women. The participants ranged in age from 18-35 years and the sample was focused on migrants and South Africans who were at Refugee Social Services, Salons, and barbershops.

Neuman (2000: 207) argues that qualitative research methods as "any social science research that produces results that are not obtained by statistical procedures or other methods of quantification. Some of the data may be quantified, but the analysis is qualitative. It can refer to research about

people's lives, their stories, and behavior and it can also be used to examine organizations, relationships, and social movements". This means that the views of those who have first-hand experience are important. As a qualitative study, this study does not rely on numbers but aims to unpack the subjective understanding of the participants. It is for this reason the study selected 20 participants from both communities. The researcher does not rely on the number of the participants, he is interested in subjective views based on personal beliefs or feelings of both participants. The participants will be men and women, children are excluded from this project.

4.6 Instruments (Questionnaires)

Two protocols, one developed by Li, Lin, Gao, Stanton, Fang, Yin, and Yin (2004) and the other by Koopman (1990) were used to conduct the survey. The questionnaires are free to researchers conducting ethical, approved investigations. The protocols will be presented to participants as one questionnaire drawn from two languages (English and French). The questionnaire is made up of in-depth open-ended questions developed for interviews in English and French. Both questionnaires are theoretically underpinned by the Theory of Planned Behavior and the theory of reasoned action. Several qualitative questions are added to examine the perceptions of participating in surveys about the use of a condom. The questionnaire consisted of twenty (20) questions that elicited qualitative data.

4.7 Data collection

Data was collected by the researcher after the Ethics Committee of the University of KwaZulu-Natal (Howard College) approved the proposed research. Data were collected from 20 participants (5 South African men, 5 South African women, 5 African migrant men & 5 African migrant women) trough in-depth semi-structured interviews supported by recordings and field notes. Each interview lasted approximately 40 min. Participants were diverse in terms of age, gender, nationality, education, and occupation. The researcher visited the African migrants and South Africans at Refugee Social Services, Salons and barbershops (Durban's inner city) to obtain permission. The researcher introduced himself as a student from the University of KwaZulu-Natal, interested in researching on South Africans and African migrants. The

gatekeeper's letter of permission was presented to the authorities of all sites (Refugee Social Services, salons, and barbershops) and the informed consent document was issued to each participant before the interview. The issue of confidentiality was clearly explained to the respondents. The researcher gave the participants a briefing on the study's purpose, objectives, and possible benefits. Conversely, the researcher should check potential interviewees from two communities (South Africans and African migrants). These communities are purposefully selected because they portray the mixture of migrants of genders and the age of cohorts applicable to this study. The researcher and respondents both agreed on a convenient date and time for the interviews.

Data was collected through face to face in-depth interviews as a method for collecting information. According to Punch (2005) data collection involved gathering and measuring information on variables of interest, in an established manner that enabled one to answer the research questions and hence evaluate the outcomes. Participants feel free to tell their story without the discomfort that could be experienced in a larger group, especially when sensitive issues arise. Interviews were conducted in English and French to enhance communication between the participants and the researcher. Conversely, during these interviews, the researcher should be able to get detailed information and clarification by probing. In addition, the researcher establishes rapport and gain the cooperation of the participants using this method of data collection (Creswell, 2008). Through this method, the researcher records the context of the topic and provides a platform to guide the participants through the answers. Interviews were conducted in an environment comfortable for respondents to speak, taking into consideration the sensitive nature of the topic.

The above interview schedule focused on the main question. The questions are developed for use by the researcher to enable participants and to provide an in-depth analysis of the topic. These questions are also tailored to validate the bigger study, by determining its relevance and further determine respondents' participation. According to (De Vos 2005), semi-structured interviews enabled the researcher to gain a picture of the participant's perception of the topic. Brown and Dowlin (1998) pointed out that interviewers enable a researcher to explore issues that are difficult to understand in detail. The researcher personally engaged a tape recorder that was used

to collect data with the consent of the respondents. A full recording of the interviews between the researcher and the respondents was done and the tapes should later be transcribed for analysis (De Vos, 2005). The use of a tape recorder gives the researcher enough time to focus and concentrate on the interview. Pen and paper are employed for the writing of extra notes from the interviews. This enables the recording of non-verbal cues, such as a smile, laughter, and shrug, which could not be captured on a tape recorder. The interview process took 50 minutes.

4.8 Data analysis

According to Hsieh to Shannon (2005), qualitative data analysis is defined as: 'a research method for the subjective interpretation of the content of text data through the systematic process of coding and identifying themes and patterns. The data collected was thematic. The audio-recorded interviews were transcribed verbatim. The transcripts were first to read and descriptively openly coded by the lead researcher. The researcher picked the most interesting and brief interview and jotted down any ideas that come to mind After completion of many participants 'responses, a list was made of similar topics that emerged. The researcher identified topics then he made abbreviation codes, the most decretive wording for similar topics were identified and categories were formed. The analysis of data was collected by using a voice recorder and Pen and paper are employed for the writing of extra notes from the interviews Transcripts from the in-depth interview and fieldnotes were examined and interpreted. Data was further transcribed and analyzed the views of each participant. The analysis is focused on perceptions of African migrants and South Africans towards the use of condoms. Finally, preliminary analysis transcriptions were done by the researcher.

The study objectives were explained to each prospective participant and verbal consent obtained before enrollment. The questionnaire and interviews conducted in English and French versions.

4.9Data verification

According to Morse et al, (2002), data verification denotes the mechanisms used during the process of research to contribute towards ensuring both the reliability and validity of the study.,

The strategies of credibility, conformability, dependability, and transferability were implemented in this research. The researcher verified and checked the data; errors were identified and corrected to avoid the consequent subversion of the data. Furthermore, to ensure the reliability and validity of data, the researcher made sure that there are methodological consistency and sampling adequacy. This generates a dynamic relationship between sampling, data collection, and analysis. Punch (2005), argues that verification of data involves the process of checking, confirming and testing for accuracy. To enhance methodological coherence, the researcher certified similarity between the research question and the component of the method.

Secondly, the sample is suitably comprising of participants (African migrants and South Africans) who embodied the research criteria and guaranteed the efficient and effective saturation for replication. Furthermore, data were collected and analyzed concurrently to create a mutual interaction between what is known and what needs to be discovered for validity. Reliability and validity can be achieved through the careful use, interpretation and examination of literature (Carson, et al., 2001). These include the careful justification of the qualitative research methodologies employed (Carson et al., 2001). In a qualitative paradigm to ensure 'trustworthiness' indicated as; credibility, transferability, dependability, and conformability (Guba, 1981; Guba & Lincoln; 1981; 1989).

4.10 Ethical Considerations

> *Ethics are a set of moral principles that are widely accepted and offer rules and Behavioral expectations about the most correct conduct towards experimental subjects and respondents, employers, researchers… (De Vos, et al., 2002)*

De Vos, et al., (2002) identify harm to subjects, informed consent, and deception of subjects, confidentiality, and publication of research findings as key ethical considerations that the researcher will consider. In this study, the relationship between the researcher and participants (human subjects) was based on the principles of honesty, trust, and respect.

Ethical Clearance was obtained from the research office of the University of KwaZulu-Natal (Howard College). A covering letter explaining the rationale for the research and confidentiality issue is attached to the survey. Confidentiality is emphasized, and participants were given informed consent documents that it was a self-report questionnaire and that they could withdraw from the study at any time (by either not collecting the questionnaire or not handing it in). Respondents were not identified themselves in any way on the questionnaire which ensured their confidentiality

CHAPTER FIVE: RESULTS AND DISCUSSION OF FINDINGS

This chapter provides the findings and discussion from the study, the findings concerning the research objectives. To achieve these objectives, section one embarks on profiling the 20 participants (South Africans and African migrants) as shown in table 1. The study participants raised many issues with their perceptions regarding on use of a condom. The participants were described according to their demographic characteristics. The profile included their gender, age, level of education, place of residence, and country of origin.

Table 1 Profile of Respondents

Respondent	Ages	Gender	Level of Education	Place of Residence	Employment	Country of Origin
1	26	Female	Matric	Durban	Worker	South Africa
2	27	Female	Matric	Durban	Worker	South Africa
3	32	Female	Graduate	Durban	Worker	South Africa
4	25	Female	Matric	Durban	Worker	South Africa
5	24	Female	None	Durban	Self-employ	South Africa
6	38	Male	None	Durban	Self-employ	South Africa
7	28	Male	Matric	Durban	Worker	South Africa
8	41	Male	None	Durban	Worker	South Africa
9	31	Male	None	Durban	Worker	South Africa
10	33	Male	Matric	Durban	Worker	South Africa
11	27	Female	Matric	Durban	Worker	Africa Migrant
12	24	Female	None	Durban	Worker	Africa migrant
13	36	Female	Matric	Durban	Self-employ	Africa migrant
14	32	Female	Matric	Durban	Worker	Africa

						migrant
15	25	Female	None	Durban	Self-employ	Africa migrant
16	32	Male	Matric	Durban	Worker	Africa migrant
17	36	Male	Matric	Durban	Worker	Africa migrant
18	39	Male	None	Durban	Self-employ	Africa migrant
19	36	Male	Matric	Durban	Self-employ	Africa migrant
20	33	Male	None	Durban	Self-employ	Africa migrant

5.1 Socio-demographic profile of participants

As illustrated in Table1 above, 10 African migrants (males and females) and 10 South Africans (males and females) participated in this study. They comprised five African migrant females, five African migrant males, five South African females, and five South African males. The participants were nationals of South Africa and Africa nationals both living in Durban's inner city. The geographical location covered in the present area of study (Durban's inner city) has a very high rate of African migrants and the South African population.

The youngest participant is aged 19 and the oldest is aged 41 years and both of them were single. The interview was done in English and French versions for some African migrants. In terms of educational achievements, 3 South African males and one female were without matric and two African migrant males and two females were also without matric qualification. 4 South African females and two males had matric qualifications and 3 African Migrants males and 3 females had matric qualification. Although the majority of the participants are educated, they are mostly employed in the salons, shops, and barbershops. All participants responded for the use of condoms (male and female).

5.2. Framework for analysis

Table 2 below presents the strategy that was used in analyzing the qualitative data collected. The purposeful sampling employed in this study utilized conveniently limited samples of 20 participants (South African males and females and African migrant males and females). As a result, these findings cannot be generalized to the entire South Africans and African migrants living in Durban. For this reason, there is a need for further research on a larger scale and also less convenient samples such as South Africans and African migrants in KZN.

Study objectives were explained to each prospective participant and an informed consent 'letter signed before enrollment. Interviews were conducted in English and French and the interviews were recorded with participants' permission. All participants were black males and females. The gatekeeper letter' of the permission was signed by the owners of salons and barbershops.

THEMES	CATEGORIES	1. SUBCATEGORIES
African migrants' knowledge of male condom and perception to use male condom	Knowledge about HIV and AIDS.	2. Media, Refuge Social Services
	Usage of Condom.	Partners and Girlfriends
	Pleasure associated with condom use.	Stimulation of sex Condoms not comfortable Condoms are fun to use Regular use of condoms
African Migrants' knowledge of female condom and perception to use female condom.	Knowledge about HIV and AIDS.	Media, Refuge Social Services
	Usage of Condoms.	Partners and Girlfriends
	Pleasure associated with condom use.	Stimulation of sex. Condoms not comfortable. Condoms are fun to use. Regular use of condoms. Effectiveness of condom. Reliability of condom.
South Africans knowledge of male condoms and perceptions to use male condoms	Knowledge about HIV and AIDS.	Media, Partners and hospitals.
	Usage of Condoms.	Partners and Girlfriends.
	Pleasure associated with	Stimulation of sex.

	condom use.	Condoms not comfortable. Condoms are fun to use. Regular use of condoms. Effectiveness of condoms. Reliability of condoms.
South Africans knowledge of female condoms and perceptions to use female condoms.	Knowledge about HIV and AIDS.	Media, Partners and hospitals.
	Usage of Condoms.	Partners and Girlfriends
	Pleasure associated with condom use.	Stimulation of sex. Condoms not comfortable. Condoms are fun to use. Regular use of condoms. Effectiveness of condoms. Reliability of condoms.
The influence of acculturation on condom use	Change of idea	Free access of condoms.
	Risky sexual behavior	No cost
Motivation from government on the use of male and female condoms.	Purchase of condom	Lack of motivation. Free services.

5.3. African Migrants' knowledge of male or female condoms and perceptions to use male or female condoms.

The knowledge of African migrants (men and women) in terms of condoms (male and female) used in this research was ascribed to; the knowledge of HIV and AIDS and the use of condoms. The participants (African migrants) further revealed that media, hospitals, friends and Refugee Social Services were some of those avenues where information was gained to improve knowledge. The study found African migrants (males) are more willing to use male condoms. It also revealed that women do not feel empowered by female condoms, 90% of African migrant females I interviewed said, they had never heard of or seen female condoms before. This is due to inadequate information and insufficient promotion of female condoms in their communities.

5.3.1 Knowledge about male and female condoms.

To keep someone informed is to be empowered; the level of information around the problems of preventive health has currently been promoted as a measure to help reduce the increasing cases of sexual transmission in Africa particularly South Africa. Regarding the analysis, all the participants; had information about male condoms and when and how to use them. One participant claimed to have gained his knowledge about male condoms from Refugee Social Services, while the vast majority hailed the media, friends, and hospitals as their avenues of learning.

The media and hospitals are one of the places through which information can be transferred. Although; these networks may pervert the perception of some viewers, this research found that African migrant men were positively influenced by media and Refugee Social to use condoms. In the line with findings of this study to the study conducted among migrants by (Brummer, 2002), the findings confirmed a lack of information and resources as one component contributing to the migrants 'high risk' infection. Lurie and Colleague (2003) conducted a cross-sectional study to investigate the association between migration and HIV infection among migrant and non-migrant men and their partners. They found that migration is an independent risk factor for HIV infection among men as they tend to have multiple partners and do not use condoms. Zuma et al, (2003) found similar results amongst migrant urban women in Carletonville, South Africa.

5.3.2 Usage of Condoms.

The use of condoms is promoted as one of the key HIV prevention methods in African and particularly in Africa, to curb the rate of transmission. In this study, single participants indicated a high rate of condom usage while those who are married had little or no condom use experience. All single respondents confirmed the use of condoms. While on the respondent (married) talked about not using condoms with her partner (husband). Also, most single African migrants (male and female) talked about not using condoms with other partners but using them with their girlfriends or boyfriends. In this context, 'partner' is attributed to a long relationship, while

girlfriends or boyfriends refer to a one-night stand, temporary girlfriend (boyfriend) or multiple partners.

UNFPA, (2003), describes the female condom as a loose-fitting 17 centimeters long polyurethane sheath with a flexible ring at each end. Presently, it is the first existing technique available to women and girls for the dual performance and control of unwanted pregnancy and sexually transmitted infections. The female condom is inserted several minutes into the vagina before sexual intercourse. The inner ring of the loose-fitting polyurethane sheath sits inside the vagina track while the outer ring lies on the mouth of the vagina. The condom adapts to the female's internal temperature and settles in nicely. Failure to insert the condom several minutes before intercourse and the sheath will produce a noisy sound that will impede the process. Female condoms were introduced to supplement the male condom and help curb the challenges of inequalities faced by women which usually act as barriers for negotiating the use of male condoms.

According to WHO, UNFPA, and UNAIDS, (2004), "The male latex condom is the single most efficient, available technology to reduce the transmission of HIV and other sexually transmitted infections and offers dual protection for the prevention of unintended pregnancy" is placed on an erected penis before sexual intercourse. Both condoms are removed after ejaculation and discarded in a safe manner.

> *"Yes, that depends on my partner and me, he doesn't have to use condom every time he has Sex with him because We both know each other our status and we can use it just for Pregnancy's issue" (25 years old single female).*

> *"Yes, there is big motivation from South African's government on the use of male condom because of media, hospitals and HIV's counselor from Refuge Social Services talking it but not for the female condom and most the women they don't know how to use female a condom." (36 years old single male).*

> *"If I have intercourse with multiple partners without knowing their status that is when condoms can be used but if I have sex with my partner and we*

both know each other our status I think, we can't use condoms, we will use condoms if we decide upon maybe use it for pregnancy" (24 years old single male).

"I had sex using a condom and the pleasure was the same because before I came to this country; I was told about that there is too much HIV in this country and I have to use a condom every time I have sex with partner or girlfriend because I can't trust her". (22 years old single male).

The following 36 years of married old respondent who according to findings is ignorant of her husband's HIV status has this to say about condom use. Other reasons given for non-condom use were reduced erection of the male penis, an association with unfaithfulness, unavailability of condoms, a general dislike of condom use and overuse of alcohol resulting in impaired judgment.

"I can't have sex with my husband by using a condom I don't think also my husband will like to use a condom with me, so the use of a condom is out of our marriage. Since I married my husband, I have never touch condom or use female even when I was single and I have never seen female condom" (36 years old married female).

"No, I can't use a female condom and I have never seen it before I prefer to have 1partner and to be faithful with him, I don't have to use a condom every time I have sex with him. He can use male a condom if we decide but me, I can't use female a condom because it will be a mess during sex" (25 years old single female).

The majority of the participants expressed pleasure at the fact that condoms in South Africa were readily available unlike in their countries of origin:

"It is easy to get condom here South Africa than in my country because in Ghana you have to buy, it not for free" (24 years old single male).

"Here it is easy because everywhere you pass the train station, in the hospitals, in school, you will find a box. Everywhere you pass you can find it, but in Burundi, you have to buy" (36 years old married male).

I agree that though the participants are in the receiving country, HIV's counselors (Refugee Social Services) and the little voices echoing the media's positive teachings of HIV have enhanced their perception towards condom use.

> *"The idea of condom use, before I came here in South Africa, I had from me friends, it is all over the TV that South Africa is the country with the highest HIV so, I put that at the back of mine that I will not get into sex with a woman without a condom". (21 years old single male).*

However, one respondent said the idea of condom use is global with the sole purpose of protection.

> *"Even here or in Congo condom doesn't change it is there to protect people so it is the same to protect people from sicknesses (HIV/AIDS)" (33years married male).*

Whilst I agree that the above displays a high knowledge by of African migrants (male and female) on condoms use, it is important to note that the act of sex is a private issue and 1 can only refer to what is shared publicly. However, their acceptance of multiple partners is risky behavior. The CDC (2008) projected following the Youth Risk Behavior Survey in 2007 than 47, 8% of high school students in the U.S. have had sexual intercourse. Equally, the researcher in the current study found that African migrants (male) are willing to use male condoms with multiple girlfriends, not with one partner, with whom, they know each other's status. And I discovered that African migrants (male and female) portrayed riskier sexual behavior than those in the US.

Perceptions may be ascribed to a multifaceted mixture of things that inform an individual's behavior, such as; personality, beliefs, values, behaviors, and motivations (Fishbein & Ajzen, 1980). Conferring the findings of this study concerning African migrants 'perception towards condom use' the researcher established that intention to test for HIV; pleasure associated with condom use; purchase of condoms (male and female) and identity with condoms were consistent with their revelations. However, the above could not be separated from their subcategories stated in table 2.

5.4. South Africans knowledge of male or female condoms and perception of male or female condom use.

The knowledge of South African men and women in terms of condoms (male and female) use is high. The participants (South Africans) have high levels of knowledge in terms of condoms use. They revealed that media, schools, hospitals, friends are some of the avenues (places) where information was gained to enhance knowledge of condom use. The study found African migrants (males) are more willing to use male condoms. It also revealed that women know about female condoms, and 100% of African migrant females I interviewed; said, they know about female condoms but they prefer the men to use male condoms because with female condoms they won't be comfortable. But some of them said there is a lack of information and insufficient promotion of female condoms in their communities.

5.4.1 Knowledge about male and female condoms.

The South Africans (Participants) have high levels of knowledge in terms of minimizing their own risk as far as safe sex is concerned. Participants (South Africans) use condoms when engaging in sex and do limit their sexual partners. Study results indicated that participants knew that risky sexual behavior could result in HIV infection and that they consistently used male condoms.

I agree that all participants indicated that they know that using a male condom or female condom can prevent the spread of HIV/AIDS. Some women indicated that they are aware of female condoms but indicated that they would probably feel uncomfortable buying female condoms, the female condom is not promoted like the male condom. This indicates that knowledge is not a good predictor of positive health-related action.

In the line with the findings of this study and the study conducted on condoms among South African youth, P. Nwabisa (2013) found that the levels of knowledge about condoms ranged between 40% and 60%. About two-thirds of the youth reported having ever used a condom, with

20-26 years -old: more likely to have used condoms than youth aged between 15-19 years. Both men and women had used condoms for the first time at the age of 17. The finding rolled out that women had significantly more negative attitudes towards condom use than men; 60 % of women believe using condoms was embarrassing compared to 37 % of men. Women were more likely to "flesh-to-flesh" sex than men (30% vs 24). A majority of both men and women had higher self-efficacy of condom use.

The World Health Organization (2005) promotes condom use as part of an overall strategy to promote safer sexual behavior. Consistent with international standards, condom use was a priority area of prevention outlined in the South African HIV/AIDS Strategic Plan (Department of Health, 2000). The Plan proposed to expand condom distribution through non-traditional outlets; to improve access to condoms in high transmission risk areas (e.g. truck stops, borders, mines and brothels); and to increase acceptance of, attitudes towards, perceptions of, self-efficacy of and use of condoms as a form of contraception, among the youth. The main source of condoms in South Africa in the Department of Health's public sector condom programme.

5.4.2 Usage of Condoms.

Condom access is high in men with almost 90% of South Africans reporting that they have accessed condoms in Durban's inner city. This could be due to the newly initiated HIV prevention and care projects in Durban.

The study reveals that the use of condoms is relatively high among South Africans living in Durban's inner city. Results also indicated that a high proportion of South Africans reported that they were not yet sexually active and those that were sexually active reported consistent use of male condoms. Condom use among women is generally lower compared to their male counterparts.

I agree that the female population living in Durban's inner city was among those who have access to female condoms but made less use of them. In the male population, almost all of those who have access to male condoms do make use of them. The researcher is not oblivious to the

fact that it is usually male condoms that are easily accessible; however, this study is based on the views of both African migrants and South Africans living in Durban's inner city. It is clear from these findings that women have a low standing in negotiating female condom use in intimate relationships.

In the line with the findings of this study and with the study conducted on condoms use in Durban, South African by Smith et al. (2006), it is revealing that despite complaints about the size and lubrication, women found both condoms acceptable as there is not much difference between the two (Hou et al.,2010). Despite the successful introduction of female condoms, there has been a disappointment in the level of uptake; this can be attributed to the lack of knowledge about the female condom and the failure to market it vigorously (Hoffiman, et al, 2004; Sipple, et al, 2007). Furthermore, some women said, "When you use a female condom there is a noise during sex that turns my partner off and is disturbing, so we both prefer the male condom and female condom was unpleasant for uncircumcised men" (https://www.health-e.org.za/2016/09/28/female-condoms-complicated-issue-need-attention).

The use of condoms is promoted as one of the key HIV prevention methods in South Africa. According to Pettifor et al, (2004) and Shisana et al, (2005), two-thirds of youth have never used a condom; half had used condoms at most recent intercourse.33-42% used condoms regularly.

> *"Yes, I do find pleasure when I am using a condom for sex but some friends say when you using a condom it seems as if you are doing an artificial thing but the condom is the same whether you are using it or not. It is a problem of mind; the pleasure is the same. (34 years old single Male).*

> *"Yes, I use a condom regularly because there so many diseases out there until after you get married and you both know your health status (28 years old single male).*

> *"Yes, regular use when it is not my partner that is a new girlfriend or someone who is not my partner whom we have not tested together. But if it is my partner like a wife to be and we have tested I will not use it all the time" (26 years old single male).*

> *"Yes, I will use a condom but I will prefer my boyfriend to use a male condom*

because with a female condom I won't be comfortable during sex, its embarrassment" (27 years old single female).

The respondent below portrayed that the (male) condom is a male-dominated protective measure where the man dominates even in the bedroom.

"I would use a condom during intercourse but not regularly because I am a woman there being times I would want to have children if I get married or just have fun or my husband might reject it well just like I said before as a married couple I don't think it is wise to use condom. Unless I am infected then I will use it regularly for protection" (35 years old single female).

Very few respondents affirmed that condom use in South Africa is associated with many girlfriends and the high rate of HIV.

"People most of them using condoms go out with more ladies that taking advantage so they can be safe I think using a condom is a way to protect yourself from pregnancies, HIV and other diseases. Not having the idea of carrying more girls because of condom (41 years old single male).

The knowledge of condom use determines whether it is comfortable or uncomfortable sexual intercourse. This involves the ability to; determine its expiry date; the method of opening the package and how to insert the condoms (male or female). During the interviews most, participants claimed to understand male condoms more than female condoms this was maybe due to a lack of knowledge about female condoms.

"Yes, every time I am using a condom, I felt uncomfortable, I enjoy using it and I will continue using it until I get married to my wife. Before I get married, I will go for a test with my wife" (30 years old single male).

"Yes, in everything has its disadvantage or advantage side but in satisfaction for sex condom is disturbing especially female condom but we just use it (29 years old single male).

However, females are still subjected to male domination. This is evident in the above respondent where the husband can reject the use of a condom on a gender basis. Kashima, Gallois, and

McCamish (1993) suggest that condom use is less an individual than a joint behavior as it entails the collaboration of a sexual partner. Bearing in mind that individuals are uniquely different, it will also reflect on their intentions concerning condom use. In this study, perception attained from one partner may not project their joint behavior.

The majority of the respondents (African migrants and South Africans) did not answer the question: Can you Use Condoms for Oral Sex? An explanation for this may be because the respondents may not have seen this question as important in his or her or alternatively, the respondents may have been uncomfortable with the question.

> *"Yes, I have to use a condom to protect myself against HIV/AIDS, but unfortunately, I have never used a condom for oral sex, so I can't answer to that question" (30 years old single male).*

> *"No, I'm afraid to answer to that question because I have never to use a condom before for oral sex"(27 years old single female).*

5.5 The influence of acculturation on condoms use among both South African and African migrants

The findings revealed that of the most common source of information about condoms (male or female) among South Africans and African migrants, culture does not influence their choice or no choice on the use of condoms (male or female). Both South Africans and African migrants revealed the most common factor regarding female condoms, was that; it will make a lot of mess during sex. Therefore, the only condom to be used during sex must be only one type and that is male. Female and male condoms cannot be used together during sex.

100% of participants (African migrants and South Africans) reported that it is easy or very easy to find condoms in Durban's inner city, especially male condoms. The South African government is playing a big role in the use of condoms. But there are differences in perception towards condom use among South Africans and African migrants in terms of satisfaction. A significant difference can be observed in the proportion of African migrants' women who are unlikely to use condoms with their partners; they prefer to be faithful to their partners because with condoms it will make sex less pleasurable.

Acculturation is the process of cultural and psychological adjustment following an interaction with a different culture (Berry, 2003; Sam & Berry, 2006). Under acculturation and condom use the respondents raised the issue of change of idea Based on the findings of this study, participants' years of stay in South Africa varied from one year to nine years. The younger generation (1-5years) exhibit more acculturated behavior than the older generation (5-10 years).

In line with the findings of this study and the study conducted on condoms Madlala (2008) found that misconceptions or false beliefs are high about the risk of HIV and Aids infections. This may be due to strong cultural beliefs and practices. For instance, there are misconceptions about why one should use condoms amongst traditional African women. For example, there is a belief that condoms can remain in the woman's vagina and suffocate the woman as it moves through the body to the throat. This occurs because of a lack of biological experience or knowledge about condoms. There is another strong belief amongst many Africans that semen has important vitamins which play an important role in the development of the unborn baby in the womb (Mashego, 2004). It was also found in this research study that responses to behavior transformation, such as the use of condoms and monogamy, were very negative (Meel, 2003). One-third of the study participants indicated that they believed that they were HIV-positive although they had not been tested.

The researcher found that all the participants (African migrants and South Africans) attested to a change of idea towards condom use.

5.5.1 Change of idea

All the participants (African migrants and South Africans) shared their insights on the idea of condom use as compared to their home countries. Most of the respondents declared that the notion of condoms in South Africa is community-friendly compared to their countries of origin.

> *"Condom use in my home country it is like for something unmarried peoples in me country which is Congo consider it since it is related to sexual act as been very immoral what will the people say so it has to be treated with privacy so even the means of getting the condoms it is not easy to go into a shop and request for a condom because you will be shy*

not knowing how will the community look at you or the people who sell to you how will they look at you" (35 years old married female. African Migrant).

"when I came here, I discovered that they distribute condoms every hospital and I was so happy. If you compare my country of Origin and South Africa the idea here is so opened (23 years old single male. African Migrant).

"I don't think culture has an effect on female or male condom use but I think people have just decided to base their assumptions on the notion of patriarchy that Women or men cannot be in charge of such issues". ((41 years old single male. South African).

Notwithstanding some of the above participants indicated that though the information about condoms is available in South Africa, the indigents have yet to utilize it.

"I will say people don't really care about condom usage here from what I have experienced, learned from other people(foreigners) and seen here in South Africa, foreigners neglect condom usage a lot even though they have the o opportunities to use them and having them for free" (32 years old single female. South African).

"The idea of condom in my country is not opened and here I can say in South Africa is very dangerous because here you use more condom and you can talk about condoms use even in public" (26years single male. African Migrant).

The Culture was not left out as the 35years old participant declared that the lifestyle of both South Africans and acculturated migrants will determine their condom use behavior.

"We have found different things here in South Africa where you find where you will be living with a girl without knowing her parents, she doesn't know your parents or where she came from because this will determine how you use a condom (35 years old married male. African Migrant).

"Yes, I wish to use a condom but I am not happy the way the condom is promoting here in South Africa, in my country, you talk the condoms in front of the elder's persons" (25 years old single male. African migrant).

The participants also indicated that despite having to buy condoms in their countries compared to South Africa where it is freely distributed, other problems were highlighted. Few participants shared the psychological barriers they encountered when purchasing a condom.

> *"It is easy to access condoms here than back home. Back home if you go to buy condom from a shop, you'll buy it in secret and it is an elderly person selling them the way he will look at you even if he will sell it because he needs to do business but here is normal. In Burundi condoms are not distributed freely we do buy them" (35 years old married male African migrant).*

Although most participants laughed at the idea that culture can influence the choice or no choice on the use of condoms (male or female), they expressed the same desire that culture should not interfere in their health issues or prevent them from protecting their health. The respondents believed in culture but when it comes to the use of condoms (male or female), the culture doesn't play a role in their healthy lives.

> *"I will not bound on culture because this is a health issue and I have to protect myself from HIV/AIDS by using a condom to save my life." (28 years old single male South African).*

> *"What culture will bring in my life regarding the use of a condom, if I don't save sex by using a condom, I will die and leave the culture "(22 years old single male South African).*

> *"My father is a foreigner and my mother is Xhosa. My brother's wife is Zulu. I have learned extensively about these cultures and I have never been told that any of these cultures have an effect on who decided the use of either a male or female condom. Female condoms are for the safety of the health of both parties so why will anyone believe that culture has an effect on the use of female condoms use by women? (24 years old single female. African migrant).*

5.6. Motivation of government on the use of male and female condoms.

The researcher found that the South African government played a big role in the use of condoms among both South Africans and African migrants living in Durban's inner city. The research data also found that the lack of proper documentation also contributed to their inability to use

condoms. Some of the African migrants revealed that language is one of the barriers regarding condom use. Landau & Singh (2009) argued that one of the effects of migrations is the problematic access to healthcare services; to the extent that health facilities, goods, and services are available, accessible, acceptable, of proper value and appropriate to all segments of the population, including migrants (IOM, 2013).

Whilst the government has made condoms available there are challenges in the uptake of condom use and in getting youth to use them effectively. HIV infection rates inform us that youth, in particular, young women, have an overwhelming unmet need for protection. A 2005 national study on youth men's sexual practices showed a gender difference in condom use, with figures for young men using condoms exceeding those of young women which seemed to be consistent with the higher levels of HIV in women. Although two-thirds of youth had used condoms, men were significantly more likely to report doing so than their female counterparts (72.5% vs 61.6%) (Shisana et al, 2005). The National youth surveys showed similar gender differences in condom use, with men reporting more condom use than women (57% vs 44) (Petitifor et al, 2004).

The research found also the clinic or hospital can also influence negative attitudes Vis a Vis to African migrants towards condom use in terms of language. Below are the respondents' views.

> *"I noticed that in the clinics or hospitals where they offer services care, you cannot get access without legal documents because in the clinics you cannot receive preventive health care if you do not have legal documents" (36years old married Male. African migrant).*

> *"Yes, but the thing is when you reach to hospital or clinic the message about the use of condoms is preached in isiZulu which it is not fair for us foreigner because our isiZulu language is poor" (33 years old Single Male. African migrant).*

> *"Yes, South Africa is promoting the use of condoms among both South Africa and African migrants living in Durban's inner city but I am not happy then the messages are preached. The advertising of condoms uses in the South was Africa encourages people to have more sex and to be affecting with HIV, HIV is killing people but the advertising from South Africa shows that HIV is not killing which is not true". (36 years old*

married Female. African migrant).

> *"Yes, I know about condoms (male and female) but male condom is more advertise from the news and TV. I don't like the way they advertise condom because the government exposes the young ages (less than 18 years) to do sex and these young they sometimes lose control and do sex without condoms" (32 years old single male. African Migrant).*

> *"We have more information regarding the use of male condom then female condemned. When people are well informed, then an increase in use will be recorded". (39 years old single male. African Migrant).*

> *"We are made to believe that female condom is produced to empower us but yet we are lost. We do not have enough information about it not even on how to use it. We need enough information about female condoms. (27 years old single Female. African migrant).*

Most participants were happy with the free services rendered in terms of cost, while very few respondents preferred to get private services because of time constraints. All South Africans (male and female) living in Durban's inner city who took part in this research affirmed free access to condom use. The findings indicated that the government (South Africa) motivates all people to use condoms for sexual intercourse. Access of free condoms can be down to clinics, hospitals, Refugee Social Services.

> *"Condoms are reliable and available to every clinic, let me say like here in South Africa most condoms are for (male and female) free. The rate of HIV is too much the reason why the government puts the condoms available for everyone". (24 years old single male. South African).*

> *"It's for free access. It is reliable because it reduces sexual transmitted diseases and death rate". (27 years old single female. South African).*

> *"How can I know the types of female condoms when it is not even well promoted, I have never seen an advert or even a billboard promoting female condoms and then you ask which I know? Not a real question I must say". (28*

years old single male. South African).

> *"The basic information we need about female condoms is lacking. We have poor information about female condom then man condoms." (25 years old single female. South African).*

Taking into account social pressure and the use of condoms if is something good or bad the community, idleness is another factor that influenced unfaithfulness as explained by the following respondent.

> *"I suggest that it is possible for a Young man to stay faithful with one partner but partner but it depends on the community he is, friends and the activities he is involved in. In the communities you see young girls around who are always dressing in short skirts, it not easy it is tempting, but if you are busy also working you come back you are tired you will not be seeing all those things" (28 years old single female. South African).*

In line with the findings of this study and the study conducted on condoms Musariri (2012) found show that access to free condoms, having sex while drunk, financial stability and living arrangements with spouse are the factors associated with condom use among migrant farm workers in Limpopo and Mpumalanga. Among migrant men financial stability was significant while among women, marital status, having sex while drunk and living arrangements with spouse are the significant factors associated with condom use. Unexpectedly, socioeconomic factors such as transactional sex, forced sex and demographic factors such as age, proved to be insignificantly associated with condom use.

Whereas the theory of planned behavior (Ajzen, 1991) advocates that the performance of behavior is subjective to the degree of personal control and individual has over their behavior; in essence, when an individual perceives little control over the behavior due to the lack of internal and external facets such as, skills, knowledge, and willpower, then their intentions to perform becomes low, though they possess favorable attitudes and subjective norms toward it (Ajzen & Madden, 1986).

Participants were asked to indicate what can men and women do to reduce the risk of HIV infection. They were also asked how they perceive condoms (male or female) as something good or bad in their communities. All participants (men and women) affirmed the use of condoms will reduce the risk of HIV infection and they could find condoms at the local clinic. But most of the female respondents felt uncomfortable with the female condom; due to lack of more knowledge of female condoms.

I agree with the Theory of Reasoned Action, which illustrates a person's attitude toward behavior. The intention to or actual participation in a particular behavior will depend on the favorable outcome of the individual. In this case whether or not the intention of the culture can influence the choice or no choice of participants on the use of condoms, all participants said they don't rely on culture when it comes to the use of condoms and the culture cannot stop them getting treatment or preventing diseases.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

1.1. CONCLUSION

The purpose of this study was to examine perceptions of the use of condoms among African migrants and host communities living in Durban's inner city. Specific objectives of this study are as follows: To investigate factors influencing or hindering condom use among African migrants living in the inner city of Durban in comparison to South Africans living in the inner city of Durban. To explore and examine the role of culture in making the choice or no choice of condom use among African migrants and host communities living in the inner city of Durban. Identify available measures and government assistance to African and South African migrants living in Durban's inner-city regarding condom use.

To make recommendations on how both migrants and South Africans can be assisted in dealing with HIV/AIDS particularly the use of condoms as a way of preventing the spread of HIV/AIDS. The relevance of this study contributes to HIV prevention in Durban, South Africa. The use of condoms provides significant protection against HIV and is one of the most effective ways of preventing it.

The theories of Planned Behavior and Reasoned Action were used to design this study and data collection. The chosen methodology of using in-depth interviews proved to be effective in this regard. The study was qualitative research that utilizes purposive sampling as its methodology to investigate and obtain findings as to the perceptions on the use of condoms among males and females (African migrants and South Africans) living in Durban's inner city. It was employed in-depth open-ended questions developed for interviews in English and French versions. There were twenty participants' who were interviewed, 5 males and 5 females from the migrant community and 5 males and 5 females aged from between 19 to 41 years from the South African community living in the inner city of Durban. The research findings were to indicate the different views of African migrants and South Africans regarding their perceptions towards the use of condoms.

The researcher adopted a qualitative Research and descriptive research design with in-depth semi-structures interviews. Purposive sampling methods were used to select participations who met the inclusion criteria and the interview was for 40 min. Data collected was thematic.

This chapter presents the conclusion drawn from each objective of the study and the proposed recommendations were applicable. Further recommendations for future research will be accorded to address present gaps.

In terms of both South Africans and African migrants' perceptions toward condom use, in general, they demonstrated a positive outcome to the regular use of male condoms. But the divergence was in terms of female condoms. All African migrant females and some South African females, revealed that they never used female condoms but according to what they have heard from friends, they prefer their partners (boyfriends) to use male condoms. Several studies have established that condom use levels differ between men and women (Zuma et al, 2003) The research revealed that the perceptions toward female condoms were negative, even the men I interviewed reported that they never had sex with any woman who uses female condoms. This is mainly because the production of female condoms is reported to be more expensive than male condom production (PATH and UNFPA, 2006). In addition to the advertising of condoms, the female condom is promoting less than the male condom. This could possibly explain why men use condoms more than women do.

The study revealed that the availability and accessibility of female condoms have been identified as one of the key challenges to their uptake and use. The female participants reported that female condoms are not easily accessible. South Africa supports male and female condoms and it played a key role in the promotion of male and female condoms. But it found that the uptake of female condoms in South Africa declined over the years as a result of low demand.

If participants agree that female condoms are well promoted by the South Africa government, why have so few used female condoms? This suggests that the promotion of female condoms does not lead to uptake. It corresponds with the findings of Chirwa's (2011) study that examined the acceptability of the female condom among female health workers in Botswana; the study found that the promotion of the female condom in Botswana did not lead to its uptake and use;

neither did it have a positive effect on its acceptability among health workers. This suggests that the promotion of females is not enough to sufficiently increase their uptake and use.

The findings revealed that the majority of the respondents heard about the male condom at clinics, Refugee Social Services, hospitals, media, TV, whereas information regarding the female condom was heard from friends. The media and billboards played an insignificant role in providing information and awareness of the female condom. Marseille & Kahn (2008) concluded that besides the role of different organizations in promoting the female condom; there is inadequate communication about female condoms, especially via the mass media.

These positive perceptions toward condom use (male condom) could be attributed to the level of information they have acquired regarding HIV and preventive health and their ability to act upon this knowledge.

The idea that condom use was not "flesh to flesh" was prominent amongst the single males and female participants who view it as a pleasure barrier and some men expressed their concern that women too may experience less sexual pleasure when they use condoms. As one participant (man) reported: 'A woman will never feel pleasure with plastic". The research found, although some participants did not find the use of condoms to be pleasurable or stimulating, they were all bent on using it for safety reasons.

The key findings of this research revealed that there are varied perceptions of male and female condoms, with regards to their uptake and use. Participants living in Durban's inner city were asked to share their views on the use of condoms in South Africa. Participants were very expressive and passionate in discussing the use of the male condom; they felt that female condoms in South Africa are not impressive and added that the government is doing more concerning to male condoms and not paying sufficient attention to female condoms.

1.2 RECOMMENDATIONS

This research presents the qualitative data, regarding perceptions on condoms use among both South Africans and African migrants. The findings of this research cannot be generalized to the entire South Africans and African migrants living in Durban. For the reason, there is a need for

further research on a large scale and also less convenient samples such as South Africans and African migrants in KZN. It will be further useful for researchers to conduct quantitative research on perceptions on condoms use: a comparative study of African migrants and South Africans in Durban's inner city (KZN; South Africa), to strengthen the evidence.

The South Africa government has to do more concerning male condoms and also pay sufficient attention to female condoms like male condoms. The South African government and other stakeholders should support an increase in communication and promotion of female condoms through the media and billboards. Stakeholders should also actively support interventions to increase the uptake and use of female condoms.

I agree that condoms are the best way to protect oneself against sexually transmitted infections, but I do not agree with the way the Government is promoting condoms to the youth. It seems like the Government promoting sex instead of condoms. The Government should tell the truth to the youth that HIV is killing. Someone who is HIV negative and someone who is HIV positive is two different persons. Youth should be faithful with one partner and the Government should encourage people to get married and to be faithful in their marriage as; this can reduce the rate of HIV.

Concerning programmatic recommendations, based on the results from the female participants, education on HIV is more likely to motivate condom use among women than only making available free condoms. Thus, more education on HIV prevention and particularly sensitizing women on the use of female condoms should be considered a priority in Durban's inner city.

I agree that South Africa is well on its way to reaching the 90% HIV diagnosis target, most provinces face challenges in reaching the remaining two 90% targets. But in the meantime, more my interventions are required to encourage both South Africans and African migrants to use condoms consistently. There is a need for a change in attitudes and to improve knowledge. Condom availability must be sustained. There must be a focus on elevating ideas of personal HIV risk and the notion of 'trust'. Interventions that address HIV and gender equity must be provided to both South Africans and African migrants.

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Request for Permission to Conduct Research

Date…

Dear owner/manager

Good morning

My name is BALEKELAYI.B, I am completing a Master's degree in social sciences at the University of KwaZulu-Natal, Howard College. The research I wish to conduct for my Master 's Dissertation; involves Perceptions on condoms use: a comparative study of African migrants and South Africans in Durban's inner city (KZN; South Africa).

The broader objectives of this study are to examine perceptions of the use of condoms among African migrants and host communities living in Durban's inner city.

I hereby request your consent to the collection of data for my research in your work premises

I have provided you a copy of the questionnaire, which includes a copy of the consent to participate in a research interview for the collection of data to be used in the research process, as well as a copy of the letter of approval that I received from the UKZN humanities and social sciences Research Ethics Committee. (Approval number: HSS/0904/018M)

All answers and results from the questionnaires are kept strictly confidential and the results will be reported in a research paper available to all participants on completion. I am asking you also the permission to record the interview in English or French with my S5 phone it's only for research purposes.

If you require any further information, please do not hesitate to contact me on 0767579578 or louis_bale@yahoo.com. Thank you for your time and consideration in this matter.

If possible, please confirm by signing below
Signature…….

Yours sincerely,

Mr. Balekelayi Bakankengesha (215079065)
Student's maters
School of Social Sciences

University of KwaZulu-Natal

Research Office – Research Ethics Offices

P/Bag X54001

Durban, 4000

Tel. No. 031 260 3587

Email: ximbap@ukzn.ac.za

Email: HssrecHumanities@ukzn.ac.za

Consent for participation in research interview

TITLE OF PROJECT: PERCEPTIONS ON CONDOM USE: A COMPARATIVE STUDY OF AFRICAN MIGRANTS AND SOUTH AFRICANS IN DURBAN'S INNER CITY (KZN; SOUTH AFRICA).

In-depth one on one Interview Schedule

Personal Information

Date…

Gender (male/Female……..

Country of origin……..

Date of Birth/ Age……

Place of residence……

Education completed……..

Employment…….

Good morning Gentleman /Miss

Thank for your agreeing to have this interview.

I am BALEKELAYI B. I am completing a Master's degree in social sciences at the University of KwaZulu-Natal, Howard College. The aim of this study is to analyze the views of South Africans and African migrants 'perceptions toward condom use. Please experience to discuss openly, if you experience uncomfortable speaking about something or would alternatively no longer answer a question, please inform me. You do no longer have to answer questions if you do not want to. Do you mind if I record this interview? It's only for research purposes. That way I don't have to write down lots of notes while we talk. I will be the only one to listen to the recording. Please speak clearly so that I can hear what was said on the tape. I will be the only one to pay attention to the recording. The interview will take up to an hour and a half…. If you are tired or need to give up and do something else, please tell me and we can take a break. Everything said in this interview will be handled as private as possible by means of the researcher. When I report on the findings, I will make sure that all people remain anonymous.

This study has been ethically reviewed and approved by the UKZN humanities and Social Sciences Research Ethics Committee (Approval number: HSS/0904/018M) If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at (0797579578).

Audio-record my interview / focus group discussion YES / NO

Signature……

Questionnaire (in English language)

1. How do you fell about taking part in a discussion like the use of condoms? Do you feel comfortable?

2. What can men and women do to minimize the risk of HIV infection? Explain.

3. Do you think that the culture can have an effect on your desire or no choice on the use of a male and female condom? Explain.

4. If you use a female condom, will there be a lot of mess? Explain.

5. Does the usage of a male or female condom make sex much less pleasurable? Explain.

6. is it important to use condoms each and every time you favor to have sex with your partner? Explain.

7. Do you think that there is a lack of motivation from the government on the use of male and female condoms between South Africans and African migrants In Durban's inner city? Explain.

8. What are the disadvantages or risks and Advantages of using male Condoms? Explain.

9. What are the negative aspects and Advantages of using girl Condoms? Explain.

10. Is It Ever Safe for Partners to Stop Using Condoms? Explain.

11. What does it feel like for guys when they don't put on a condom? Explain.

12. Do male and female condoms supply the equal protection against HIV? Explain.

13. What does it feel like for women when guys don't wear a condom? Explain.

14. Do intercourse partners who both have HIV need to use condoms? Explain.

15. Do you perceive condoms male and woman like something good or bad in your community? Explain.

16. Is it so much better to have sex without a female and male condom? Explain.

17. Can you Use Condoms for Oral Sex? Explain.

18. Do you consider the use of condoms is stigmatized in your community? Explain.

19. Can a female condom and a male condom be used together? Explain.

20. Any further comments?

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY.

IS THERE ANYTHING YOU WOULD LIKE TO ADD OR ANY QUESTION YOU WOULD LIKE TO ASK?

Université du KwaZulu-Natal

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Consentement à participer à un entretien de recherche

Titre du projet : PERCEPTIONS SUR L'UTILISATION DES PRESERVATIFS : ÉTUDE COMPARATIVE DES MIGRANTS AFRICAN ET DES SUD AFRICAINS DANS LE CENTRE-VILLE DE DURBAN (KZN ; AFRIQUE DU SUD).

INTERVIEW DE RECHERCHE CALENDRIER

Date ……

Sexe (masculin / féminin ....

Pays d'origine ....

Date de naissance / Âge .....

Lieu de résidence……

Education terminé ....

Emploi .....

Bonjour monsieur / mademoiselle

Merci de votre accord pour avoir accepté cette interview,

Je réponds au nom BALEKELAYI B. Je suis en train de terminer une maîtrise en sciences sociales à l'Université du KwaZulu-Natal, au Howard Collège. Le but de cette étude est d'analyser les opinions des Sud-Africains et des migrants africains sur l'utilisation du préservatif. S'il vous plaît veuillez parler ouvertement, si vous avez des difficultés à parler de quelque chose ou si vous ne souhaitez plus répondre à une question, veuillez m'en informer. Vous n'avez plus besoin de répondre aux questions si vous ne le souhaitez pas. Est-ce que ça vous dérange si j'enregistre cette interview ? C'est uniquement pour de raison de recherche scientifique. De cette façon, je n'ai pas à écrire beaucoup de notes pendant que nous parlons. Je serai le seul à écouter l'enregistrement. Veuillez parler clairement afin que je puisse entendre ce qui a été dit sur la bande. Je serai le seul à faire attention à l'enregistrement. L'entretien durera une heure et demie… Si vous êtes fatigué ou avez besoin d'abandonner et de faire autre chose, dites-le-moi et nous pourrons faire une pause. Tout ce qui sera dit dans cet entretien sera traité de manière aussi privée que possible par l'intermédiaire du chercheur. Lorsque je rendrai compte des résultats, je veillerai à ce que toutes les personnes restent anonymes.

Le comité d'éthique de la recherche en sciences humaines et sociales de l'Université du KwaZulu-Natal, au Howard Collège a approuvé et approuvé éthiquement cette étude (numéro d'approbation : HSS / 0904 / 018M). Si j'ai d'autres questions / préoccupations relatives à l'étude, je peux contacter le chercheur. Au (0797579578).

Enregistrement audio de mon entretien / groupe de discussion OUI / NON

Signature……

Questionnaire (in French language)

1. Comment sentez-vous de prendre part à une discussion telle que l'utilisation de préservatifs? Vous sentez-vous à l'aise ?

2.Que peuvent faire les hommes et les femmes pour minimiser les risques d'infection par le VIH? Explique.

3. Pensez-vous que la culture peut avoir un effet sur votre désir sexuel ou que vous ne choisissez pas l'utilisation d'un préservatif masculin ou féminin ? Explique.

4.Si vous utilisez un préservatif féminin, y aurait-il beaucoup de dégâts ? Explique

5. L'utilisation d'un préservatif masculin ou féminin rend-elle le sexe moins agréable ? Explique.

6. Est-il important d'utiliser des préservatifs chaque fois que vous préférez avoir des relations sexuelles avec votre partenaire ? Explique.

7. Pensez-vous que le gouvernement manque de motivation en terme utiliser des préservatifs masculins et féminins entre les Sud-Africains et les migrants africains dans le centre-ville de Durban ? Explique.

8. Quels sont les inconvénients or les risques et les avantages de l'utilisation du préservatif masculin ? Explique

9. Quels sont les inconvénients et les avantages de l'utilisation du préservatif féminin ? Explique

10. Est-il toujours sécuritaire pour les partenaires de cesser d'utiliser des préservatifs ? Explique

11. What does it feel like for guys when they don't put on a condom ? Explain

12. Les préservatifs masculins et féminins offrent-ils une même protection égale contre le VIH ? Explique.

13. Qu'est-ce que ça fait pour les femmes quand les hommes ne portent pas de préservatif ? Explique.

14. Les partenaires sexuels séropositifs doivent-ils utiliser des préservatifs entre eux même? Explique.

15. Pouvez-vous percevoir les préservatifs masculins et féminins comme quelque chose de bon ou de mauvais dans votre communauté ? Explique.

16. Est-ce tellement mieux d'avoir des relations sexuelles sans préservatif féminin et masculin ? Explique.

17. Pouvez-vous utiliser des préservatifs pour le sexe oral ? Explique.

18. Considérez-vous que l'utilisation de préservatifs soit stigmatisée dans votre communauté ? Explique.

19. Un préservatif féminin et un préservatif masculin peuvent-ils être utilisés ensemble ? Explique.

20. Autres commentaires

MERCI BEAUCOUP DE PARTICIPER À CETTE ÉTUDE.

VOULEZ-VOUS AJOUTER UNE QUESTION QUE VOUS VOULEZ POSER?