A Review of Indian Perceptions on Condom Use

Pratibha Wankhede¹ and Mayur Wanjari¹*

¹Department of Community Health Nursing, Smt. Radhikabai Meghe Memorial College of Nursing, Datta Meghe Institute of Medical Sciences, Sawangi (M), Wardha, Maharashtra, India.

Authors’ contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

In the late 1960s, India’s National Family Planning Programme introduced condoms as one of the family planning methods. Since its inception, the condom has been promoted as a method of family planning through social marketing. With the rising prevalence and incidence of sexually transmitted infections (STIs), such as HIV/AIDS, the condom has been promoted as a dual method of protection against both unintended pregnancies and sexually transmitted infections. Despite different initiatives at various levels, overall condom use among Indian couples remains low. In this paper, we examine the research on condom perception among Indian couples. The report specifically evaluates research and strategies designed to enhance condom usage among couples; predictors of condom use; reasons for not using a condom; and perception versus the experience of condom failure. Non-acceptance by partners, perceived ineffectiveness, reduced comfort, lack of sexual satisfaction, husband’s alcohol usage, depression, and anxiety, and not being accessible at the time were among the reported condom-related issues. The importance of the media in promoting condom use was mentioned as a significant strategy to raise awareness and use. Acceptance of male condoms would be aided in a variety of ways.

*Corresponding author: E-mail: WANJARI605@GMAIL.COM;
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1. INTRODUCTION

HIV/AIDS is one of the most prevalent public health issues confronting the world today. [1, 2] Globally, 33 million people are living with HIV/AIDS, with a prevalence rate of around 1%. [1,3] Every day, 6800 HIV-infected people are born and 5700 people die due to a lack of access to HIV prevention and treatment services.

Africa has the greatest HIV burden. According to 2007 data, 2.5 million people were infected and 2.1 million died in Sub-Saharan Africa. However, HIV infections are on the rise in Asian countries. [4] HIV is mostly transmitted in Asian countries by commercial sex workers, both men and women, who use injectable medications, and by HIV-positive women who pass the disease on to their children. [5]

In India, HIV is a public health problem, and the epidemic is concentrated among the most vulnerable people who are at high risk of contracting the virus. [6] HIV infected around 1.8-2.9 million people in India in 2007. [7] While HIV is distributed geographically in India, persons are more likely to get infected in industrial regions. [7,8]. Due to religious and customary impediments to having sex before marriage, commercial sex has seen a surge in demand. [9] Furthermore, using a condom to protect against HIV contamination is not prevalent, increasing the risk of HIV infection in the general population. [8,9,10]

In India, condoms have been accessible for decades. It was accessible for 25 paise by a few wealthier populations while the population growth rate was highest among the lower-income groups. International agencies stepped forward to help satisfy the need and suggested condom "social marketing". The Indian Institute of Management (IIM) team recommended to the government that condoms be imported and sold at a price of 5 paise per condom, making them affordable to the typical Indian [11]. In 1968, 400 million condoms were imported under the brand name 'Nirodh'. A distribution system was devised, with one-fourth of the supply going to health clinics for free, and the remaining three-quarters going to social and commercial marketing [12].

1.1 Why are Condoms Unpopular in India?

Most of India's population is unaware of the importance of birth control. Despite various government-run initiatives and programs, contraception use has dropped across the South Asian country. The government is concerned about the situation because the country's population of 1.32 billion people is expected to surpass China's 1.37 billion in the next six years, and might reach 1.7 billion by 2050.

While Europe has a condom usage rate of 30%, India has a rate of less than 6%, while ranking third in the world in terms of HIV incidences.

According to government figures, the usage of condoms has decreased by 52% in the last eight years, while vasectomies have decreased by 73% in the same period. According to India Spend, the country's first data journalism venture, the use of oral birth control pills has also declined during this period [4].

2. SOCIAL STIGMA AND PRIVACY ISSUES

According to experts, the fall in contraceptive use is due to societal stigma and a lack of privacy at condom-selling establishments. In addition, sexual health and intercourse difficulties are rarely publicly discussed in rural regions, and pre-marital sex is frowned upon by elders even though young people engage in it frequently [5].

According to a study published in the Indian Journal of Medical Research, many Indian males expressed sexual dissatisfaction despite using condoms during intercourse. Other explanations for the aversion claimed by men include alcoholism, sadness, and anxiety [5].

Recently, the government launched an online condom distribution program. So far, approximately one million condoms have been ordered in response to the program. According to experts, the large number of people obtaining condoms online demonstrates that most Indians are embarrassed to purchase contraception from a store [6].
3. FEMALE CONTRACEPTIVES

According to the most recent National Family Health Survey, despite increased awareness of birth-control methods and enhanced family planning services, women's usage of modern family planning methods has decreased by 6% in recent years.

Female sterilization, on the other hand, is the favoured technique of family planning among Indian couples. According to the report, couples are not motivated to use condoms if either husband or wife has been sterilized [5].

3.1 Reasons for Using Condoms

One of the reasons for choosing condoms over other modern spacing family planning methods is the fear of negative side effects from other modern spacing methods. Problems with side effects or health concerns were the most common reasons for stopping oral tablets and intrauterine devices (IUDs) within the first year of use. Urban condom users (45.4 percent) said they got their condoms from pharmacies or drugstores, while 35.7 percent of women said they didn't know where their husbands got their condoms. Active social marketing campaigns and condom commercial advertising may be factors contributing to the condom's popularity [13].

3.2 Reasons for not Using a Condom

Condom use was related to the most severe impediments, such as a lack of privacy in stores and social stigma. Not being accepted by a sexual partner, perceived ineffectiveness, reduced comfort, loss of sexual satisfaction with condoms, husband's alcohol usage, depression, anxiety, and not being accessible at that time are all stated concerns associated with not using condoms. Furthermore, in India, female sterilization is the most common form of family planning. Couples in whom either the husband or wife has been sterilized may not be motivated to use condoms. They believe that requesting the use of a condom signifies adultery or the presence of several partners [13].

4. CONCLUSION

Perception is influenced by awareness, knowledge, and a favourable attitude toward condoms. Several efforts have been made to raise awareness and distribute accurate condom knowledge. The marketing of condom usage for preventing unwanted pregnancies is somewhat mitigated by the advocacy of condom use for HIV/AIDS prevention. This causes some uncertainty in the minds of married couples. Female sex workers (FSW) and men-to-men sex have received more attention. The female sex workers were also the focus of the female condoms.[14] This produced a negative perception that female condoms were only for FSWs. To improve the perception of condoms (male and female), it is necessary to develop a positive picture in which the use of a condom (male or female) can prevent undesired pregnancies and sexually transmitted diseases in the sexually active population. Furthermore, a sizable minority of males do not know how to properly use condoms and are thus in danger of condom failure. As a result, there is a need to educate males on the proper use of a condom. A variety of techniques would aid in the acceptance of male condoms in India.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. UNAIDS/WHO. AIDS epidemic update: Geneva; 2007. Available:http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf.
2. Mawar N, Sahays, Pandit A, Mahajan U. The third phase of HIV pandemic: Social consequences of HIV/AIDS stigma and discrimination and future needs. Indian J. Med. Res. 2005; 122: 471-484.
3. Epidemiological fact sheet on HIV and AIDS. World Health Organization, Geneva; 2008. Available:http://www.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_INDEX.pdf.
4. Global HIV prevalence has leveled off. World Health Organization, Geneva; 2009. Available:http://www.who.int/mediacentre/news/releases/2007/pr61/en/index.html.
5. Overview of AIDS and HIV in Asia. Accessed 12 March 2014. Available: http://www.avert.org/aids-asia.htm.

6. Moon K. Knowledge, perceptions, attitudes and practices of HIV/AIDS: A comparative study of behavior change in commercial sex workers and truck drivers in the dindigul and coimbatore districts of Tamil Nadu, India. C. Pap. Inter. Dev. 2002;6:2-5.

7. HIV Sentinel Surveillance and HIV Estimation in India 2007: A technical brief. Available: http://www.nacoonline.org/upload/Publication/M&E%20Surveillance,%20Research/HIV%20Sentinel%20Surveillance%20and%20HIV%20Estimation%202007_A%20Technical%20Brie f.pdf.

8. HIV/AIDS South Asia- understanding and responding. The World Bank; 2008. Available: http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/0, contentMDK:21019386~pagePK:146736~piPK:146830~theSitePK:223547,00.html.

9. Gray LA, Devdas RP, Vijaylakshmi O, Kamalanathank G. Knowledge, attitudes, and beliefs about HIV/AIDS among Hindu students from a government women’s college of South India. Intern. J. Adv. Counseling, 1999; 21: 207–219.

10. Subramanian T, Gupte MD, Paranjape RS, Brahman GN, Ramakrishnan L. HIV, sexually transmitted infections and sexual behaviour of male clients of female sex workers in Andhra Pradesh, Tamil Nadu and Maharashtra, India: Results of a cross-sectional survey. AIDS, 2008; 5: S69-S79.

11. Chandy KT, Balakrishman TR, Kantawalla JM, Mohan K, Sen NP, Gupta SS, Srivastva S. Proposals for family planning promotion: A marketing plan. Studies in Family Planning. 1965 Mar 1;1(6):7-12.

12. Hindustan Latex Limited (HLL). Milestone. [accessed on May 12, 2012]. Available: http://www.lifecarehll.com/page/render/reference/_Milestones.

13. Donta B, Begum S, Naik DD. Acceptability of male condom: An Indian scenario. The Indian journal of medical research. 2014 Nov;140(Suppl 1): S152.

14. National AIDS Control Programme. Response to the HIV epidemic in India. [accessed on May 12, 2012]. Available: http://www.naco.gov.in/upload/IE C%20Division/NACO%20monographs%20for%20Vienna/Final%20NACO%20Monograph%201.pdf.

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