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CONDOM USE IN HAITI

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SUMMARY

Increases in condom distribution in Haiti have occurred over the last decade: The proportion of men aged 15-59 who were new acceptors rose from 0.1 percent in 1973 to 4.7 percent in 1982. The Division of Family Hygiene and Nutrition (DHFN) has distributed condoms through its national family planning program and through a joint program with the Haitian Armed Forces. In addition, since 1978, an experimental DHFN program in several rural areas has distributed contraceptives through nonmedical community workers; this program has been very effective in increasing use of condoms as well as other contraceptive methods. However, problems in monitoring contraceptive distribution and estimating current use levels remain in the Haitian program as a whole.

A study of male attitudes and practices concerning contraceptive use that was conducted in one of the experimental areas in October and November 1983, using in-depth interviews and focus-group research, revealed that the availability of contraceptives appears to play a major role in determining which method is used. Respondents are generally satisfied with the condom and confident in it as a contraceptive and as a method of avoiding venereal disease; however, many women associate the condom with illicit sex and are concerned about rumors that the method has harmful side effects. The study also showed that most respondents preferred transparent to colored condoms, although they were willing to accept whatever was available.

Further efforts should be aimed at studying how to maintain adequate supply channels, improving the image of the condom as a safe and reputable method, and conducting research on male attitudes and behavior concerning sexuality and contraceptive use.

INTRODUCTION

A recent evaluation of the Haitian national family planning program, which is run by the Division of Family Hygiene and Nutrition (DHFN), noted that "the predominance of male acceptance and of condoms among methods used (cumulatively, male acceptors outnumber female acceptors by 52 percent since the beginning of the program)" is a characteristic rarely found in programs in developing countries. However, the impact of condom distribution is very difficult to assess, since "the patterns of use of the condom are practically unknown" (Jewell et al., 1983, p. 21).

This paper provides an overview of condom use in Haiti, drawing on family planning service statistics for the 1973-1983 period and on fertility and contraceptive prevalence surveys. It then considers male attitudes toward contraception, especially condom use, based on in-depth interviews and focus-group research conducted in October-November 1983 in rural areas around the town of Leogane, which have been the sites of a successful door-to-door contraceptive distribution project since 1979 (Bordes et al., 1981, 1982a, 1982b, 1983, forthcoming). It concludes with a consideration of future program and research needs.

CONDOM DISTRIBUTION IN THE NATIONAL FAMILY PLANNING PROGRAM

Table 1 provides data on the number of male condom acceptors, the percentage of the target population they represent, and the number of condoms distributed between 1973 and 1983. Major increases in the number of acceptors occurred in 1979, when a program with the Haitian Armed Forces got under way, and in 1982, when the DHFN's community program recruited a great number of new acceptors. The declines in acceptors in 1980 and 1981 corresponded to a reduction in DHFN program activities related to an abrupt withdrawal of UNFPA financial support and the disruption in field activities that followed. The sharp decline in new acceptors in 1983 appears to be due primarily to the decline in community-based activities that accompanied the integration of the DHFN into the Department of Public Health and Population .

 Table 1. Male Condom Acceptors, Their Percentage of the Target Population of Men Aged 15-59, and Number of Condoms Distributed, Haiti, 1973-1983.

Year	No. of New Acceptors	% of Target Population	No. of Condoms Distributed (in 000s)
1973	712	0.1	U
1974	767	0.1	U
1975	9,729	0.8	U
1976	26,981	2.2	917
1977	38,282	3.0	2,285
1978	43,322	3.4	5,805
1979	71,587	5.5	7,612
1980	59,067	4.4	9,618
1981	51,977	3.8	8,667
1982	65,092	4.7	11,691
1983	55,202	U	8,385

Note: U= unavailable.

Sources: Jewell et al., 1983; and Direction d'Hygiene Familiale et de Nutrition, 1984.

 The Armed Forces program also suffered setbacks in 1983, when key staff members in charge of the program were transferred or retired. This is true particularly in regard to the DHFN's ability to trace the substantial quantities of condoms turned over to that program for distribution. For example, in 1982, the Army program reported distributing eight million condoms, or 68 percent of those distributed by the DHFN that year. If we examine the service statistics for the

Army program in 1982, we find a concentration of condoms in the Port-de-Paix district. Over one-third of the Army's condoms, 2.7 million, were reported to be distributed in this district, which has a total population of about 220,000 and around 50,000 men between the ages of 15 and 59. Port-au-Prince, with a total population of around 700,000 and about 175,000 men aged 15-59, received only 800,000 condoms from the Army. Thus, men in Port-de-Paix received, per capita, 50 condoms, and those in Port-au-Prince, five condoms. No satisfactory explanation of this curious and unexpected difference was provided when attempts were made to trace condoms distributed in October 1983 (Jewell et al., 1983).

SURVEY DATA ON KNOWLEDGE AND CURRENT USE OF CONDOMS

Data from the 1977 Haiti Fertility Survey (HFS) indicate that 53 percent of women ever in union in Haiti had heard of the condom, either before or after probing by the interviewer. Only one percent of those exposed to the risk of pregnancy (i.e., in union, not pregnant and fecund) said they were protected by condoms in 1977. This percentage represents about 7,000 women, roughly equal to the 7,254 women who relied on condoms according to DHFN service statistics for the same year (J. Allman and Celestin, 1982, p. 207).

Preliminary results from the 1983 contraceptive prevalence survey (CPS) found even higher knowledge of condoms among women ever in union: over ninety percent had heard of this method. However, current use in 1983 remained remarkably low, apparently even lower than in 1977 (see Table 2).

Table 2. Percentage of Women, by Knowledge, Ever-Use, and Current Use of Condoms, 1977 Haiti Fertility Survey (HFS) and Preliminary Results of the 1983 Contraceptive Prevalence Survey (CPS).

Survey	Knowledge ^a	Ever-Use ^a	Current Use ^b
HFS 1977	52.7	5.00	1.06
CPS 1983	90.8	4.32	0.50

a. Women aged 15-49 ever in union.

b. Women aged 15-49 currently in union.

Source: Preliminary analysis of 1983 CPS, Apr. 1984.

Service statistics from the DHFN provide very different estimates of condom use than does the CPS. While only 6,092 women were new condom acceptors in 1982 (1,755 who received supplies in public health facilities and 4,337 who obtained them from the community program), 10,267 men were counted as new acceptors of condoms and over 164,252 men were supposedly resupplied, primarily through the Haitian Armed Forces program. Over 10 million condoms were given out in 1982 and eight million in 1983. In 1983, 55,202 men were listed as new condom acceptors (DHFN Haiti, 1984, p. 229).

The discrepancy between the large quantities of condoms distributed in Haiti in recent years and the low prevalence of condom use according to the 1983 CPS deserves further study. One might argue that asking women about the condom, a male method, necessarily leads to underestimates of current use. However, the findings of the 1977 HFS correlate closely with DHFN service statistics on current condom use by women (J. Allman and Celestin, 1982). Given the dramatic

expansion of condom distribution since then, it is very surprising that the CPS did not find higher levels of use.

CONDOM USE IN THE HOUSEHOLD DISTRIBUTION PROJECT

The DHFN, with technical assistance from the Center for Population and Family Health of Columbia University, has carried out an experimental contraceptive distribution project in several areas of rural Haiti since 1978. The aims of this project were 1) to demonstrate the feasibility of distributing contraceptives--oral contraceptives (OCs), condoms, and foam--using specially trained community workers with low levels of education rather than physicians and other medical personnel; and 2) to identify the unmet demand for contraceptives in rural areas of Haiti. The initial project included three areas and was very successful in increasing contraceptive use, reducing pregnancy prevalence, and maintaining popular support for family planning even after the active door-to-door phase ended (Bordes et al., 1981, 1982a, 1982b, 1983a, 1983b).

Before the project began, it was not suspected that the condom would be a popular method. Therefore, insufficient attention was given to adequately measuring condom distribution and use. Since women were interviewed and received supplies, it was believed difficult to study how men reacted to the distribution of boxes of condoms. Conjugal union patterns in Haiti are complex (J. Allman, 1982, 1984), and condoms have a reputation of being used for casual relationships and to avoid venereal diseases. It was not clear

in the study areas whether condoms were being used to limit fertility and to what extent they contributed to the declines in pregnancy prevalence noted after the program began.

Large quantities of condoms (over one million in 1981 and 1982) were distributed in the Leogane area, the most successful of the three household distribution areas, after the door-to-door phase ended in December 1980. Consequently, the project staff realized that it was important to learn more about condom use in the area. A study was planned for 1983.

During the project, colored condoms (red, blue, green, and yellow) were distributed. Some family planning officials believed, on the basis of their field visits and talks with clients, that transparent condoms would be more acceptable. A shipment of transparent condoms was ordered by the U.S. Agency for International Development (USAID)/Port-au-Prince in 1982. It arrived in early 1983, when the Leogane program was running out of condoms, and the recently arrived transparent condoms were sent to Leogane. Somewhat to the surprise of the project staff, the transparent condoms appeared to be considerably more popular than the colored condoms. This was noted by several people who visited the project areas in summer 1983. It therefore seemed useful to investigate attitudes toward and use of condoms in Leogane and to focus on the question of condom color preference. Leogane was a natural setting in which to test this question, since the population had experience with both types of condoms.

A study was developed in September 1983 in consultation with USAID and the DHFN. The Center for Applied Linguistics and Social Sciences and the National Institute of Management, Administration, and International Studies, both branches of the University of Haiti, were able to provide a team to carry out the study. It consisted of a professor of marketing, a specialist in linguistics and group dynamics, and an experienced survey researcher. This team worked with Columbia University's resident advisor to develop, pretest, and carry out the study in October-December 1983.

Two pretest visits were conducted in Leogane in October, the interviews (both individual and group) were tape recorded and analyzed, and a formal protocol was established for the four field visits made in November. Over 100 people participated in the final phase of the study; interviews with 15 focus groups made up of 6-8 people (some all male, some all female, a few mixed) were conducted. All the interviews, which were conducted in Haitian Creole, were taped and analyzed, and the most interesting comments were transcribed and presented, with commentary, in the final report (Centre de Linguistique Applique, 1984).

The main findings are as follows:

1. The availability of contraceptives in the area appears to play a major role in determining which method is used. Thus, after the program stopped distributing contraceptive foam, many women switched to OCs and many men, to condoms. When condoms were not available (as was the case in October and November 1983) people switched to methods that were.

Contraceptive use appears strongly implanted in the area, and efforts should be made to satisfy popular demand by making a range of methods easily available. The critical importance of regular supplies in ensuring high levels of condom use has been noted in several countries ("Update on Condoms," 1982).

2. Men and women generally expressed satisfaction with and confidence in the condom as a contraceptive method. Men said they used condoms in two situations: 1) when they were having sex on a casual, infrequent basis and did not want the responsibility of another child; and 2) when they were living with a woman on a regular basis and wanted to avoid pregnancy after already having three or more children. (The interviews conducted in Leogane in October and November were only with men using condoms with casual partners.)

3. Some men said they preferred using condoms even if their partner was using OCs, since a woman may miss a pill, either unintentionally or--in the case of a woman who wishes to become pregnant to cement a relationship--on purpose. This was similar to findings from Ghana, where men were also "strongly motivated to prevent pregnancy in extramarital or premarital relationships" (Lamptey et al., 1978, p. 222).

4. All the men believed that condoms are an effective way of avoiding sexually transmitted diseases. Protection against venereal disease was mentioned by men as an important reason for using condoms with occasional sex partners.

5. There was no mention of dissatisfaction with the condom due to breakage or diminished sexual pleasure. Popular

attitudes toward the condom in Haiti appear much more positive than those in other countries of Latin America, such as Mexico (Folch-Lyonet al., 1981) and Colombia (Bailey et al., 1973).

6. If the interviewers probed, most respondents--both men and women, current and past users--expressed a preference for transparent condoms (referred to in Haitian creole as "capot krem," "capot blan," "capot kle" or "men'm koule ak po"). The volunteer distributors tended to minimize color preference, but users expressed preference to the interviewers, noting that they would rather receive the transparent variety, which became available in the spring of this year, than the colored ones that have been distributed since 1979 by the Household Distribution Project.

7. In spite of a preference for transparent condoms, respondents were not especially unhappy with colored condoms. Many people said they would be willing to accept whatever was available, colored or transparent. Thus, condom color does not appear to be a major, salient issue among people in the area. Similar findings were reported in Bangladesh, where "the villages receiving colored condoms did not report a higher rate of use.... This finding was consistent with field worker impressions that colored condoms as such produced little reaction, positive or negative" (Huber et al., 1979, pp. 319-320).

8. There was some reticence among women concerning condom use. In addition to the association of the method with illicit sexual relations, most women had heard the rumor that the condom can come off during intercourse and enter the vagina,

causing complications that can be resolved only by surgery. Other research in Haiti has found concern among women that condom use can cause problems such as babies being born with condoms on their heads (J. Allman, 1983). Efforts should be made to allay fears and to improve the reputation of the condom.

DISCUSSION

The data from the national service statistics, the surveys and the focus-group study in Leogane suggest several program needs: First, it is important for the donors and program managers to look seriously at where the millions of condoms supplied each year in Haiti are actually going. The principle of decentralizing distribution and turning it over to other, nonmedical, institutions is a reasonable one, particularly in light of the reduced staff and the constraints in management capacity at the DHFN related to the process of integration and restructuring. However, if a more rigorous supervision of logistics is not established, supplies could go astray and be wasted, and running out of condoms in areas such as Leogane, where they are in great demand, will become more and more common.

Second, it seems very clear that Haitian men and women know about the condom, are generally positively disposed to it as a method of family planning, and use it when it is easily available. More research to ascertain general motivation in regard to condom use is not necessary. Attention could be better focused on studying how to maintain adequate channels of supply and on improving the image of the condom as a safe and

reputable method among women in stable unions.

Third, it is unfortunate that sales of condoms through vending machines in Port-au-Prince, sponsored by IPPF and the DHFN, was abruptly terminated. There was no assessment of the program's impact nor suggestions offered for future activities (Bordes, 1980). Commercial sales of condoms might be a useful channel of distribution, and possibilities for strengthening this program should be explored. Perhaps such a program might wish to take into account the apparent preference for transparent condoms in creating product differentiation.

Fourth, operations research could usefully be conducted on male attitudes and behavior concerning sexuality and contraceptive use in areas where the program staff is able to ensure adequate condom supplies, supervision of distribution, and follow-up of the population. For example, efforts in this direction are being developed in Cite Simone, an urban slum in Port-au-Prince with 100,000 inhabitants. The family planning program recently set up there found that adolescent fertility was a problem, unwanted pregnancies were very common, and contraceptive methods were not available to those wanting them. After greatly expanding family planning services for women in 1983 and 1984, the Cite Simone staff intend to give special attention to working with male groups, educating them for responsible parenthood and providing them with condoms. This program could be an excellent opportunity for an in-depth study of how men respond to an approach to family planning that attempts to understand their needs (Boulos, 1984).

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