Peer educators’ heteronormative perception of the female condom in a South African urban township

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ABSTRACT

Peer education in South Africa is highly valued as a liberal and accessible strategy for increasing young people’s access to sexual and reproductive health, in particular, HIV prevention. The female condom is recommended as one of the protective measures available for use by the transgender population, yet no research has been conducted to investigate its promotion. Six, one-on-one, face-to-face, in-depth interviews were conducted following an interview guide to assess attitudes of peer educators about perceptions, opinions and promotion. Two independent researchers coded the data using thematic and some elements of discourse analysis. This article presents an analysis of the views of young peer educators from Soweto about the female condom. The peer educators spoke with heteronormative assumption that systematically excluded any possibilities of diverse sexual relations and gender identities. Peer educators displayed negative attitudes towards the female condom. There is a lack of training of peer educators regarding the uses of the female condom, which is to the detriment of transgender young people for whom information about the femidom is vital. Assumptions of gender conformity are oblivious to diverse gender identities and exclude the needs of young Lesbian, Gay, Bisexual, Trangender and Intersexed (LGBTI) clients. Youth centres should train peer educators in diversity in gender identity, sexual orientations of transgender people, and in the uses of the female condom in the transgender community.

Keywords: female condoms; HIV; LGBTI; peer educators; Soweto; transgender
In and out of school Human Immuno Deficiency Virus (HIV) prevention interventions for young people in South Africa are mainly delivered through peer education (Campbell & MacPhail, 2002; Harden, Oakley, & Oliver, 2001). Peers are assumed to be credible sources of information for sharing key characteristics such as behaviour, experience, status and cultural background (Harden et al., 2001). Peer educators can be said to reinforce learning, reach out to young people who engage in risky behaviour, and promote healthy sexual beliefs in their communities (Harden et al., 2001). The study is based on the assumption that peer educators inform peers about various matters regarding gender identity, sexual practice, sexual orientation, HIV, and that their views are seen as important (Campbell & MacPhail, 2002; Harden et al., 2001).

The female condom is an effective tool in preventing HIV transmission (Hearst & Chen, 2004; Mungala, Kilonzo, Angala, Theobald, & Taegtmeyer, 2006; Padian, Buve, Balkus, Serwadda, & Cartes jr, 2008). Although dominant patriarchal ideologies in society are documented to shape the general (un)acceptability of female condoms, several studies that have been conducted reveal that people generally accept the female condom regardless of such ideologies (Kaler, 2001; Mantell et al., 2001; Mantell et al., 2006).

Transgender people reject their original gender assignment and actively seek to redo their sex and gender whether by surgical or chemical means (Prinsloo, 2011). Very few studies regarding the expression of sexuality and sexual behaviour of the transgender community have been published in South Africa (Prinsloo, 2011). Although South Africa, in particular, is highly affected by the HIV epidemic (Chapman et al., 2010; Piot & Rowle, 1992; Shisana et al., 2005; Shisana et al., 2010), there are no statistics regarding the extent of the epidemic within the local transgender community (Nduna, 2012). There are reports that point to the impact of AIDS on the transgender community; hence research on prevention is needed (Hamblin & Nduna, 2013; Morgan, Marias, & Wellbeloved, 2009). No studies have been conducted on the promotion and accessibility of the female condom with regard to transgender people in South Africa. This paper seeks to find out about the promotion and accessibility of the female condom with regards to transgender people in South Africa.

**METHOD**

**Procedure**

This study was conducted in the Soweto township of Johannesburg, South Africa. Six male and female peer educators were recruited from two sites using a non-probability purposive sample; a strategy that relies on snowball sampling. The participants were from the *Love Life* youth centre and *Youth Aids*. The *Love Life* centre is part of the
National Adolescent Friendly Clinic Initiative; a quality improvement programme designed to improve adolescent sexual health services at primary care level (Pettifor et al., 2005). The Love Life sample was drawn from a clinic in Dobsonville. Youth Aids is based at Dube and is an independent non-governmental organisation servicing the whole of Soweto.

**Data collection**

To ensure that the participants had some kind of appropriate experience, peer educators with at least six months experience were recruited. The participants’ age ranged from 18 to 25 years. They were handed an information sheet and their contact details noted to arrange meeting times. The data were collected through the use of semi-structured one-on-one interviews with each peer educator. The peer volunteers were interviewed in English, using conversational style interviews and digital audio recorders. Individual interviews eliminated any influence from the other participants regarding their responses. Interviews are a great instrument for obtaining in-depth information allowing for the subject to explore the topic and provide new information which can be integrated into the study (Fossey, Harvey, McDermott, & Davidson, 2002). An interview guide was drawn from the literature review and consultation between the authors in order to ensure that all the topics in the research questions were addressed and sufficiently explored. The interviews took place by permission in a quiet room at the clinic. Each of the interviews lasted for about 30 minutes.

**Data analysis**

This study was exploratory in nature and we followed inductive methods of analysis. The data obtained from each participant were analysed by means of thematic content analysis, as described by Braun and Clarke (2006). All transcripts were read and re-read by both researchers. The two authors analysed and independently coded the data as well as identified emerging themes that answered the research objectives, which the researchers later compared. The authors discussed the data to determine areas of agreement and disagreement. Areas of disagreements were resolved by referencing existing literature concerning that notion and by checking the validity of the theme with other data from the same or other transcripts.

**Reflexivity**

Reflexivity is an important aspect of qualitative research. It involves the process of the researcher examining how intersubjective elements can interfere and even transform the research completely (Finlay, 2002). As black women, and the first author originally stemming from Soweto, there was an awareness that we most probably would identify with the participants on one or more occasions. Both authors have firsthand experience of the norms in the society and thus it was easier
to understand the participants’ views and perceptions regarding certain issues, such as the women’s socio economic status, the main advantage being that there was knowledge of which questions to ask that would provide the most information. Both authors have experience as peer educators in different organisations and were aware of the training typically provided for peer educators. This understanding also added to the advantage of knowing which questions to ask and how. The subjective and active roles in the research helped in obtaining in-depth quality data and subsequent conclusions; these roles were offset by independent coding during data analysis.

ETHICAL CONSIDERATIONS

The participants were informed that participation in this study was voluntary and that if they felt uncomfortable during the study, they had the right to withdraw. Before the interviews took place the participants were required to sign a consent form. The completion of the form was required to obtain their agreement to take part in the study, and to ensure that they understood what the study was about and consent for the interview to be tape recorded. Information collected during the research was treated with confidentiality. All participants remain anonymous to the readers as no real names are used in the transcripts and in this manuscript; pseudonyms are used when using direct quotations. The researcher was not concerned about the participants’ sexual activities but rather their personal views regarding the female condom. This study received ethics approval from the University of the Witwatersrand.

FINDINGS

This section presents the perceptions of the peer educators as drawn from the data. This study uncovered that peer educators generally held negative attitudes towards the female condom. Participants spoke in ways that suggested that they considered sex to be only for heterosexuals. These two themes are critical because these perceptions may influence whether the femidom will be promoted for people considered not being involved in heteronormative sex. The third theme shows that the two dominant perceptions presented here are partly explainable by the evident lack of adequate training of peer educators and lastly that the femidom is generally not marketed nor marketable in this community. Each theme is explored in more detail below.

Negative attitude towards the female condom

All of the participants interviewed communicated a consistent negative attitude towards the female condom. This was evident through the demeaning and dismissive language that some used when referring to the female condom, such as *this thing*. For instance, one participant said that this *Centre one does not give us training . . . but me this thing, this thing, you are asking me something else* (Participant 3, Centre
Another participant did not show signs of having a negative attitude that was exclusive to the female condom per se, but was against condom use in general. His attitude was against both the male and female condom. For example, when asked how effective did he think the male and the female condoms were, he replied by saying *These things have the same function; they do the same job* (Participant 1, Centre 1, 20 years; male). Peer educators’ attitudes may inform this study whether they promote a particular intervention, and if one describes the female condom like this, it communicates a demeaning attitude and lack of regard. All the peer educators interviewed said that they had never used the female condom, and that their negative attitude was mostly influenced by hearsay. This implies that there is a strong and dominant discourse against the use of a female condom in this community. When probed further about why they seemed to dislike the femidom it became evident that the negative perceptions of some participants’ dislike of the female condom was that they claimed it was uncomfortable and that it took long to prepare for use. This is what one participant said:

*What I know about female condoms is that you must put it on 30 minutes before having sex and they are from what I have heard, jerr it’s hard to put it on, you have to always keep poking yourself and stuff like that.* (participant 2, center 1, 21 years; female)

This negative attitude is worrying when considering that the femidom should be promoted as it is a good option for sexual pleasure and safety. This is the case when considering that transgender youth need to be given information about the female condom from a peer educator who is not judgmental of it. The negative attitudes presented here are not factual and are judgmental, while they dismiss the possibility that the peer educators will promote the female condom. The interest of the authors in this paper lies in the possibility that peer educators based at youth centres are to be relevant to transgender youth.

**Heteronormative Assumption**

Based on the transcripts that we examined, some of the assumptions seemed inherent in the discourse that ensued in the interviews. The focus fell on the assumptions about sex and it was found that some of the peer educators who were interviewed spontaneously answered the question about their view of the femidom with the assumption that everyone who engaged in sexual intercourse was heterosexual. The men–women binary was evident in statements such as

*What I know about the female condom, they prevent specifically women from getting infection like STIs, HIV, Gonorrhea, et cetera.* (Participant 1, Centre 1, male; 20 years)

*This thing is for girls and boys are not interested in girl things* (Participant 3, Centre 1, male; 19 years)
Participant 2, when asked if he knew a female condom and what it is for, said that it is something for women and men do not like women things. The perception, based on the interviews, that female condoms were made for women is loaded with an alignment of sex and gender identities with no room for the ‘other’. This perception seemed to be held by both males and females alike. In their discourse, a condom referred to a male condom with an assumption that it was acceptable to all. The femidom was singled out as an intervention for use by women. This again, we believe may be restricting in terms of promoting and prescribing a female condom for gender non-conforming youth. As youth advocates in sexual and reproductive health and rights, peer educators should be encouraged to accept the female condom as a credible source of protection for both men and women. A femidom is not only used in vaginal sexual intercourse; hence it is imperative to extend the scope of understanding of the peer educators with this fact. If that could be achieved, there is hope that peer educators will offer a relevant service to transgender youth, as they will be more informative. If the assumptions of heteronormativity and that the femidom is for women prevail, youth peer educators and their services will not be relevant to all youth groups and they will be oblivious to, and systematically exclusionary of, the needs of transgender youth.

**Training of peer educators**

We sought to explore the reasons for the findings that participants held negative attitudes and heteronormative assumptions that are unsupportive of the need to promote the femidom for all youth. The data indicates that there are knowledge gaps present between and within the centres. This knowledge gap could be attributed to lack of proper training. Peer educators from Centre 1 said that they received no training from their organisation with regard to condoms and condom usage. This leaves a question in terms of the relevance, the quality, and the comprehensiveness of the sexuality education that they disseminate within the community. It would appear that more education is necessary in this respect as one of the participants confessed that:

*I have never had training for female condoms, I have never been given training for female condoms, but we do have pamphlets from Soul City, and then they tell us, and then we gain information from those books, so that’s why, we train ourselves (Participant 1, Centre 1, 20 years; male)*

Peer educators from Centre 2 said that they received training in the different contraceptives available for both men and women; however, they only have one training session for one week before they start with the implementation of their services. This training also seemed to leave out a discussion of alternative sexual practices and the importance of promoting female condoms.
Advertisement and promotion of female condoms

In terms of responses to need for HIV prevention condoms are widely promoted, marketed, and distributed. This seems to be true for the male condom; however, data from the interviews suggested that participants themselves felt that there was not enough, if any, promotion of the female condom and its uses. Thamsanqa (participant 2, Centre 1), argued that the reason for the low demand of female condoms could be attributed to the fact that female condoms are not advertised very much, and that they are not available on the market or in convenience shops. Not only does Thamsanqa blame this on the government, but James from Centre 2 also felt strongly about this. He said:

*our government is stereotyped, they believe in men more than they believe in women, although they usually say that females play a vital role in our country and stuff but they don’t take that into consideration, they should have male’s condoms and female condoms be equal, as much as they like to raise the point that males should be equal to females, so I think our government is stereotyped in a way they believe in men more than they believe in women* (Participant 5, Centre 2, male; 19)

The difference here was that Thamsanqa regarded this as a bigger structural problem of the gender politics where *maybe it’s because a man is always put first maybe they are the ones who have a lot of affairs I am not sure though* (Participant 3, Centre 1, male; 19).

DISCUSSION

No research has been conducted on the topic of female condoms relating to its promotion, accessibility, acceptability, and use by transgender youth in South Africa. In this article, the researchers explored whether the conversation about the female condom will show any consideration for its relevance for the transgender youth and if the peer educators would make any reference to this. Sadly, there was no reference whatsoever to either the LGBTI youth community in general or the transgender youth in particular. This systemic omission is of concern but understandable within the broader design of health services in South Africa, which shows a very poor regard for transgender people, thus rendering them invisible (Hamblin & Nduna, 2013; Jobson, Theron, Kaggwa, & Kim, 2012; Nkoana & Nduna, 2012). Youth peer educators are an extension of the health system and the negative regard for the female condoms displayed here epitomises the general disregard for sexual expression and the HIV health needs of transgender people in Africa (Jobson et al., 2012). Negative attitudes such as displayed by participants in this study are detrimental to the prevention of HIV as they could counter the effect of the interventions (Shen, Hong, Cai, Jin, & Shin, 2008). Peer educators who have internalised negative attitudes towards the female condom may unconsciously disseminate their negative attitude to the community; this renders their service irrelevant to the transgender youth community. Therefore,
as much as peer educators have the right to not like a particular prevention method, they need to be aware of their dislikes and that this should not influence how they promote the prevention methods. AIDS is not just a serious disease; it has underlying implications such as social, cultural, political, and economic issues (Campbell & MacPhail, 2002). The transgender community is less understood due to lack of knowledge (Hamblin & Nduna, 2013; Jobson et al., 2012; Nduna, 2012; Nkoana & Nduna, 2012; Van der Merwe & Padi, 2012). The transgender community is often the target of sexual abuse and is marginalised from accessing health care facilities (Hamblin & Nduna, 2013; Nkoana & Nduna, 2012; Van der Merwe & Padi, 2012). Thus, peer educators need to be trained regarding gender perceptions that they and their community might hold. It should be acknowledged that peer educators, who are young people themselves, are part of a society and thus will have internalised hegemonic perceptions of society. In a similar study conducted by Mantell et al (2001), their findings reveal that the family planning practitioners confessed that they did not have much knowledge with regards to the female condom. If there is a sense that peer educators are not knowledgeable, it affects the trust and levels of confidence that people in the community have in peer educators (James, 2002). Peer educators assumed that the female condom was something to be used by women and something for women only. They did not mention how the female condom can be used by Men who have Sex with Men (MSM), Women who have Sex with other Women (WSW), or transgender people. Peer educators need to be trained in the use of the female condom during anal sex, and for how it can be used by WSW, and the transgender community. The marketing of the female condom is not aimed at all the different communities such as women, WSW, MSM and transgender people. Social marketing of condoms is mainly focused on the male condom.

The negative findings mentioned above could be remedied through an improved training system emphasising the sharing of correct information and exploration of personal values vis-à-vis professional roles (Mantell et al., 2001; Mantell et al., 2006). As mentioned previously, the training of peer educators is inadequate, covering only the basic general knowledge of how HIV is transmitted. It is vital that peer educators have accurate details about prevention methods so that their knowledge could be passed on to their peers (James, 2002). One training session for peer educators is not sufficient. They should receive continuous training throughout the year covering the basics and include topics such as the clarification of professional values, the role of gender expectations, and the roles in relationships, and so forth (Visser, 2007). In order to change social behaviour, institutions and mass media will need to play a part in the promotion of condoms, particularly the promotion of a female condom (Agha & Van Rossem, 2002). Currently, the social marketing of condoms is predominantly focused on the male condom while the female condom is being sidelined (World Health Organization, 2010). According to Hearst (2004), the promotion of condoms to vulnerable groups is very important; thus the female condom should be promoted to transgender people, being a vulnerable and high risk group.
**STRENGTHS AND LIMITATIONS OF THE STUDY**

The research interviews were conducted in the language of the participants in order to minimise misrepresentation and communication breakdown. The interpretation of the findings was performed by researchers who share similar characteristics as those of the participants, thus increasing the validity of the interpretation. However, the study findings cannot be generalised to social settings that are dissimilar to this. Perhaps misperceptions about the use of female condoms could be limited to the townships and not the suburbs; this is difficult to say as there is no other research study that has reported on this concept. Further qualitative research is needed to understand the choice that transgender people make with regards to the use and non-use of female and male condoms. Research is also needed to study how peer educators include or exclude the LGBTI community.

**CONCLUSION AND RECOMMENDATIONS**

The researchers interviewed young peer educators who are at the forefront of promoting a healthy lifestyle and found that peer educators need to be supported and trained regularly. Peer educators need to be trained for effective prevention methods that are inclusive of all the people and their sexual preferences and orientations. Peer educators need to be informed of how the female condom can be used not only by heterosexuals but also by LGBTI community. This helps to promote a positive attitude towards the female condom and does not exclude any community. Peer educator facilities need to partner with local non-governmental organisations in the training of peer educators with regards to themes such as gender identity and sexual orientation in the transgender community. Research needs to be conducted among transgender youth to explore their knowledge, accessibility, and acceptability of the female condom.

**BIOGRAPHICAL NOTES**

**Prudence Thandeka Mdletshe** is a MA Research Psychology student at the University of the Witwatersrand. Her interests are in young people and how they negotiate the construction of their identity. In particular focusing on factors such as sexuality, gender, poverty in the construction of identity. Prudence has been involved in a few research projects that have one thing in common, which is speaking for those who do not have a voice to speak for themselves. This she has done in collaboration with the other researchers at the university of the Witwatersrand. She has worked with Dr. Nduna on research which focused on the
attitude that young people have on the female condom, and in the same study she
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Mzikazi Nduna (PhD) is a Y-rated NRF Scientist and an
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