

Condom use within marital and cohabiting women and its implication for HIV infection in Mahikeng, South Africa

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Abstract

Three decades down the siege of HIV epidemics, the use of condom has remained low with evidence of rising HIV infection among women in steady relationships. The study examined the factors that influence condom use in marital or cohabiting unions. A cross sectional survey using a mixed method design was conducted among married and cohabiting women of reproductive age in Mahikeng, South Africa in 2012. The first strand was the quantitative data collected from 568 respondents with a structured questionnaire and the second was individual in-depth interviews with 33 women using semi structured interview guide. Quantitative data were analyzed using descriptive and logistic regression analyses. Qualitative information was analyzed using the content analysis. The data show that only 16% are currently using condoms. The result further reveal statistically significant association between condom use and occupation, number of living children, spousal communication, respondents perceived risk of contracting STI, knowledge of partners HIV status, ever suggested condom use to partner, procreation and misconception about HIV transmission by supernatural means. Strategy to promote condom use in marital or cohabiting relationships should focus on empowering women with income earning skills and bridging sexual communication gap between couples.

Introduction

Condom use has emerged as one of the most efficient strategies in the global fight against sexually transmitted infections including the dreaded HIV/AIDS. Success reports on the effectiveness of condom use against sexually transmitted infections have been documented around the world. Findings among the heterosexual partners in which one partner is HIV positive show that constant use of condom significantly reduced the risk of HIV transmission to the unaffected partners (Holmes, Levine, & Weaver, 2004; Potts et al., 2008). Johnson, Hallett, Rehle, & Dorrington, (2012) demonstrated that the 23%-37% decline in HIV incidence in South Africa between 2000 and 2008 was credited to consistent condom use.

Despite the documented evidence of condom use in reducing the HIV incidence, South African population living with HIV increased from 4 in 2002 million to 5.26 million in 2013 (StatsSA, 2013). Nearly 17.4% of South African women of reproductive ages 15-49 years are HIV positive (StatsSA, 2013). Recent studies in South Africa have shown a high prevalence of STIs among young women attending antenatal clinics (Peltzer, 2013; Villar-Loubet et al., 2013). This has been attributed to low and inconsistent condom use among married or cohabiting women (Green, Mah, Ruark, & Hearst, 2009; Hearst & Chen, 2004; Westercamp et al., 2010). It is pertinent to understand the extent to which women in stable sexual relationships are able to initiate and consistently use a barrier method capable of dual prevention of pregnancy and disease in this era of the HIV/AIDS epidemic. Therefore main objective of this study was to assess the extent of condom use among married or cohabiting women are able to initiate and use condom. The specific objectives are:-

1. To assess the knowledge of transmission of STIs including HIV among married and cohabiting women;
2. To investigate the justification women give for using or not using condom; and
3. To analyze the factors that influence use of condom within marital and stable unions.

Data and methods

Data used in the study were obtained from a cross-sectional survey conducted between May and July, 2012 in Mahikeng municipality, North-West province of South Africa by Statistics South Africa. Mahikeng municipality is divided into 150 urban and 233 rural enumeration areas based on the 2011 census (StatsSA, 2012). A cluster sampling method was used with enumeration areas as the primary sampling unit. The clusters from both rural and urban areas were sampled with probability proportional to size. A total of 800 households were randomly selected from the designated clusters which yielded 600 eligible respondents. In each household only married or cohabiting woman within reproductive age was interviewed. The interview was carried out face-to-face in the language suitable to the respondents by the research assistants using a structured questionnaire. A

total of 568 married or cohabiting women aged 18-49 years were included in the analysis.

Furthermore, individual in-depth interviews (IDIs) were conducted on the perception of the participants on condom use using audio recorder. Given that marital relationship is a high risk union for sexually transmitted infections and low usage of condom. We searched for individuals who are willing to provide honest information on condom use in their relationships. The criteria for selecting the participants are place of residence, age, duration of marriage which should be above 5 years, education level and occupation. In all, 33 women in marital or cohabiting union participated in the IDIs. Interviews were conducted using a semi-structured and analyzed using thematic content analysis.

Dependent variable

Current condom use is the dependent variable defined as married or cohabiting women who report that they are using or not using condoms at the time of the survey. Respondents were asked "Are you currently using condoms?" The response to this question was "Yes" or "No". Respondents who reported that they are currently using condoms were coded as 1, while those who did not were coded as 0.

Analyses

Some of the categories in the independent variables were zero at bivariate analysis. These include number of living children which is grouped into three categories (None, 1-2, and 3+). Knowledge that condom use prevents STI/HIV/AIDS was transformed into dichotomous variable (No and Yes). Knowledge that an STI is a risk factor for HIV infection was transformed into a binary variable "No" or "YES".

Three models were fitted for the women who reported current use of condoms. In the first, the effects of demographic characteristics were controlled on condom use. In model 2, the demographic characteristics, knowledge and attitudes to STIs were used. In the final model, the effects of demographic characteristics, knowledge and attitudes to STIs and reasons why women engage in sexual activities on condom use were examined.

RESULTS

Knowledge of sexually transmitted infections and use of preventive measures: Univariate Analysis

Table 1 presents the knowledge of STIs and use of preventive controls. Almost all respondents (99%) had heard of STIs and HIV/AIDS (97%). Ninety-five percent of the respondents knew that sexual intercourse is one of the modes of HIV transmission and STIs and their transmission can be prevented by using condoms (91%). It seems married women in Mahikeng are well aware of the existence of STIs, including HIV/AIDS in particular. Ninety-seven percent of the women reported television and radio (91%) as the main source of information. However, there was a mismatch between knowledge and practice. Although the majority of married women know that the mode of HIV transmission is through sexual intercourse and many know that condoms can be used to prevent STIs, about 16% were users. The main reason for not using condoms was that the respondent and the husband/partner trust each other (60%). But there were cases where either the respondent opposes using condoms (38%) or the husband/ partner opposes (44%).

Table 1: The percentage distribution of women by knowledge and source of information about STIs

Knowledge and attitudes toward STIs	N=568	Percentage
Ever heard of STIs		
Yes	561	98.8
Types of STIs heard about		
HIV/AIDS	542	97.1
Gonorrhoea	282	50.1
Candidiasis	161	28.9
Herpes	164	29.4
Syphilis	279	50.0
Total	*1428	100.0
Source of information		
Radio	512	91.1
TV	545	97.0
Newspaper	367	65.3
Posters	290	51.6
Partners	166	29.5
Others (clinics, Doctors, nurses)	185	32.9
Total	*2065	100.0
Mode of HIV transmission		
Sexual intercourse	538	94.7
Shaking of hands	13	2.4
Unsterilized needles	348	62.9
Blood transfusion	342	61.8
Total	*1241	100.0
Condom use		
Yes	93	16.4
Reasons for not using condom		
Husband/partner opposed	177	44.3
Respondent opposed	150	37.5
Not accessible	16	4
Sterile	61	15.3
We trust each other	240	60
Am afraid of my partner	17	4.3
Total	661*	100

Source: Mahikeng Sexual and Reproductive Health Survey, 2012. **Note:** * Respondents were allowed to state more than one condition.

Women's condom use: Bivariate analysis

Cross tabulation between demographic characteristics of the women and condom use is shown in (Table 2). Women in the age group 30-34 and those who commenced their relationship at the age of 30 and above showed the highest percentage in reporting condom use. Urban dwellers and women with secondary

formal education showed higher percentages (17% and 21%) in reporting condom use compared to rural and women with no formal education. Those who speak Setswana as their home language showed the highest percentage in reporting condom use. In terms of type of union, cohabiting women showed the highest percentage in condom use (24%). Women who were unemployed showed a lower tendency of reporting current use of condoms compared to women who were employed. Increasing number of living children was negatively associated with women reporting current use of condoms. Low percentages in condom use were reported by women who follow traditional religion and those who considered discussion about sex to be very difficult. Women who claimed that their spouses accepted condom showed higher percentage in reporting current use of condoms compared to those whose spouses rejected condom use.

Table 2: Proportion of women who are currently using condoms by demographic characteristics

Demographic characteristics	Condom use (%)	Total (N)
Total	16.4	567
Age group		
< 25	15.6	64
25-29	15.1	106
30-34	17.5	114
35-39	16.0	119
40-44	16.7	90
45-49	16.2	74
Residence		
Rural	16.0	444
Urban	17.1	123
Home language		
Setswana	19.5	375
Afrikaans	9.5	21
IsiXhosa	10.0	50
Sesotho	12.2	74
IsiZulu	6.4	47
Type of union		
Civil	19.0	211
Religious	9.8	112
Traditional	12.1	149
Cohabiting	24.2	95
Highest educational level		
No education	15.2	112
Primary	15.1	179
Secondary	21.2	156
Tertiary	12.5	120
Occupation		
Unemployed	8.9	169
Business/trading	13.2	76
Government worker	16.5	133
Teaching	10.2	59
Student	46.8	47
Domestic worker/security	20.5	83
Religious Affiliation		
Roman Catholic Church	15.3	72
Methodist	16.4	146
Pentecostal	19.2	213
Seventh Day Adventist	13.8	94
Other religion*	7.1	42
Number of living children		
None	35.1	77
1-2	17.6	289
3+	7.0	201
Discuss sex with husband		
Very difficult	2.7	73

Difficult	11.3	133
Not difficult	20.8	361
Husband accepts condom use		
No	6.5	185
Yes	20.9	382

Source: Mahikeng Sexual and Reproductive Health Survey, 2012.

Knowledge and attitudes related to STI/HIV/AIDS and condom use

Knowledge and attitudes related to STI/HIV/AIDS and condom use is show in Table 3. Women who perceived that they were at risk of contracting an STI were more likely to report condom use than other women. Women who had ever suggested condom use to their spouses were more likely to report current condom use than those who never suggested condom use to their partners. Women who knew that an STI is a risk factor for HIV which can be prevented by the use of condoms showed higher tendency of reporting current condom use compared to women who did not know. Women who knew that a healthy looking person can have HIV/AIDS, and cannot be infected by sharing food with a person who had AIDS were more likely to report condom use compared to those who did not know. Low percentages in condom use were reported by women who did not know whether HIV cannot be transmitted by mosquito bite or through supernatural means.

Table 3: Proportion of women who are currently using condoms by knowledge and attitude related to STI/HIV/AIDS

knowledge and attitude related to STI/HIV/AIDS	Condom use (%)	Total (N)
Total	16.4	567
Respondent at risk of contracting STI		
No	17.4	270
Yes	22.3	121
Don't Know	10.3	156
STIs/HIV/AIDS can be prevented by condom use		
No	4.0	50
Yes	17.4	517
Ever suggested the use of condom to your partner		
No	5.0	238
Yes	24.3	329
Do you know that STIs are a risk factor for HIV/AIDS		
No	5.2	58
Yes	17.5	509

Do you know the HIV status of your partner		
No	16.0	125
Yes	16.6	398
Don't Know	16.7	24
A healthy looking person can have the HIV/AIDS virus		
No	12.0	25
Yes	17.2	495
Don't Know	6.7	30
HIV cannot be transmitted by mosquito bite		
No	25.0	72
Yes	15.9	408
Don't Know	10.4	67
HIV cannot be transmitted by supernatural means		
No	25.3	95
Yes	18.7	273
Don't Know	9.1	175
Person cannot be infected by sharing food with a person who has AIDS		
No	9.5	42
Yes	17.2	482
Don't Know	10.0	20

Source: Mahikeng Sexual and Reproductive Health Survey, 2012.

Reasons for engaging in sexual activities and condom use were indicated in table 4. Women who claimed that procreation was not the reason for engaging in sex showed a higher likelihood of reporting condom use than those who reported procreation as important. Those who considered sex for enjoyment to be very important (14%) showed a lower percentage in reporting condom use compared to those who asserted that sex for enjoyment was not important. The highest percentages in reporting condom use were observed among those who considered sex for love/closeness (22%) and confirm desirability (21%) to be important. Women who reported that sex was considered to be very important for health enhancement and to be important to keep and satisfy partners showed highest percentages in reporting condom use within their categories. The lowest percentages in condom use were observed among those who considered sex to be very important (14%) as a natural meaningful experience as well as for the purpose to control partner or show strength (13%) compared to their counterparts.

Table 4: Proportion of women who are currently using condoms by reasons for engaging in sexual activities

Reason for sex	Condom use (%)	Total (N)
Total	16.4	567
Procreation		
Not important	34.8	66
Slight important	18.6	97
Important	9.8	205
Very important	15.7	197
For enjoyment		
Not important	24.0	25
Slight important	21.4	56
Important	16.7	221
Very important	14.0	265
To show love and be closer to partner		
Not important	19.2	26
Slight important	6.5	46
Important	22.1	190
Very important	13.8	305
Confirm my desirability		
Not important	12.1	157
Slight important	13.3	135
Important	20.9	191
Very important	19.5	77
For my health and happiness		
Not important	12.0	117
Slight important	16.3	80
Important	17.1	210
Very important	18.8	158
To keep my partner/ to satisfy my partner		
Not important	14.3	49
Slight important	15.1	86
Important	17.7	203
Very important	15.8	228
Natural and important meaningful experience in my life		
Not important	14.7	34
Slight important	19.2	52
Important	18.8	234
Very important	13.6	243
To control my partner and show strength		
Not important	15.2	343
Slight important	20.5	73
Important	18.8	101
Very important	13.3	45

Source: Mahikeng Sexual and Reproductive Health Survey, 2012.

Multivariate analyses of the factors related to condom use

Table 5 shows separate models of women who reported current condom use by selected characteristics. In model 1, occupation and number of living children, spousal discussion and acceptance of condom were significant predictors of condom use among the women. Compared to unemployed women, students and domestic workers/female security workers were 3.6 times and 2.2 times likely to report condom use. The odds of condom use decreased with increasing number of living children. Women who stated they discuss sexual issues without difficulty were more likely to report condom use than those who found it very difficult to discuss sex with their partners. Women who reported husbands/partners' acceptance of condom use were more likely to use condoms than other women whose partners rejected condom use. In model 2, respondents at risk of contracting STIs, knowledge of partner's HIV status and ever suggested condom use were significant predictors of condom use among women. Women who were unaware of their risk state and those who knew HIV status of their partners were less likely to report condom use than other women. Compared to those who had never suggested the use of condoms to their partner, those who have suggested were 5.9 times more likely to report condom use. All the significant variables in model 1 maintained their significance in model 2 with the exception of husband acceptance to use condoms.

In the final model, students and domestic workers/female security workers were 4.9 times and 2.9 times likely to report condom use as unemployed women. The odds of condom use decreased with the increasing number of living children. Women who were unsure whether they were at risk of contracting STIs or not were less likely to report condom use compared to those who reported they were not at risk. The odds of reporting condom use were significantly higher among women who had suggested condom use to their partners than those who never suggested it. Of particular importance, the odds of reporting condom use were significantly higher among women who discuss sexual matters without difficulties than those who find discussion on sex issues to be very difficult. Women who know the HIV status of their husband were less likely to report condom use compared to those who do not know it. Women who were not sure of transmission of HIV by

supernatural means showed lower likelihood in reporting condom use compared to those who did not know. Women who stated procreation to be important or very important reason for sex showed lower likelihood in reporting condom use compared to those who reported it unimportant.

Table 5: The parsimonious logistic regression model showing the women who reported current use of condom by selected characteristics

Variables	Model 1		Model 2		Model 3	
	OR	95% CI	OR	95% CI	OR	95% CI
Demographic characteristics						
Occupation						
Unemployed (ref)	1.000		1.000		1.000	
Business/trading	1.634	0.663-4.027	1.775	0.690-4.566	2.083	0.777-5.586
Government worker	1.49	0.697-3.185	1.403	0.630-3.124	1.507	0.649-3.498
Teaching	0.782	0.275-2.227	0.768	0.260-2.265	0.724	0.236-2.225
Student	3.578**	1.522-8.410	3.941**	1.533-10.126	4.990*	1.803-13.807
Domestic worker/security	2.252*	1.013-5.005	2.752*	1.184-6.401	2.980*	1.222-7.272
Number of living children						
None (ref)	1.000		1.000		1.000	
1-2	0.422**	0.223-0.796	0.437*	0.216-0.884	0.483	0.225-1.037
3+	0.213**	0.094-0.482	0.182**	0.075-0.445	0.189*	0.074-0.487
Discuss sex with husband						
Very difficult (ref)	1.000		1.000		1.000	
Difficult	3.706	0.782-17.55	4.082	0.817-20.394	3.862	0.746-19.995
Not difficult	4.776*	1.062-21.477	6.403*	1.344-30.512	5.483*	1.099-27.347
Husband accepts to use condom						
No (ref)	1.000					
Yes	3.278**	1.666-6.452				
Knowledge and attitude to STI/HIV/AIDS						
Respondent at risk of contracting STI						
No (ref)			1.000		1.000	
Yes			0.838	0.459-1.533	0.802	0.423-1.522
Don't Know			0.339**	0.157-0.731	0.418*	0.185-0.949
Know the HIV status of partner						
No			1.000		1.000	
Yes			0.472*	0.226-0.986	0.413*	0.188-0.906
Don't Know			2.223	0.557-8.867	2.378	0.554-10.207
Ever suggested the use of condom to partner						
No (ref)			1.000		1.000	
Yes			5.998**	3.030-11.874	6.349**	3.116-12.933
HIV cannot be transmitted by supernatural means						

No (ref)	1.000	
Yes	0.704	0.357-1.387
Don't Know	0.376*	0.166-0.852
Reasons for sex Procreation		
Not important (ref)	1.000	
Slight important	0.418	0.171-1.02
Important	0.197**	0.086-0.450
Very important	0.399*	0.180-0.885

Source: Mahikeng Sexual and Reproductive Health Survey, 2012. Note: * significant at 0.05 level; ** significant at 0.01 level; 1.000 reference category.

Knowledge of condom use: Qualitative study

Most of the participants have heard about condoms as well as having access to them. Two issues that were discussed were perception about condoms and barriers to condom use.

Perceptions about condoms

Respondents were aware that condoms can prevent sexually transmitted infections, including HIV, and unwanted pregnancies. A participant said: *"It is good as it prevents both diseases and unwanted pregnancy and it helps us to plan our family properly"* (urban woman, aged 32, married 8 years).

A few said that condoms have side effects and are not 100% effective. A participant said: *"They have side effects because it gives me rashes and inflammations to my husband. It is not 100 % safe and can burst during sexual activity. So we stopped using it for a long time"* (urban woman, aged 34, married 9 years).

Barriers to condom use

All the participants stated that condom use was important. Some have used condoms whereas a few have never used. However there were some limitations to condom use.

Concerns about sexual pleasure: All the respondents acknowledged the importance of condom throughout the interview. However reduction of sexual pleasure was a negative effect which they were concerned about. Most of the women responded that they would not be able to use condoms consistently

because sex needs to be enjoyed. In the words of the participants: *"I used condoms when I was dating but now that we are married I don't think I can use it anymore except in emergency like during my period* (rural woman, aged 39, married 10+ years). *"I can use condoms to prevent pregnancy but I also need to enjoy sex"* (urban woman, aged 28, married 6 years). *"I knew it prevents diseases and unwanted pregnancies, it also reduces satisfaction but we have been together for 12 years, I trust my husband, we do not want it"* (urban woman, aged 37, married 10+ years).

Fear of accusation: Some of the participants responded that they would not be able to ask their partners to use condoms because of fear of accusation. A few acknowledged that their partners had already accused them of cheating for asking them to use a condom. Some stated that they would ask for condom use as pretence to prevent unwanted pregnancy. Some of the views of the participants on fear of accusation are:

"We did not use it from the beginning and it will be difficult to ask for it now. He will ask me why all of a sudden I want to use it. I trust him as he trusts me. I have not dated anyone since I met him but I know that men do cheat" (urban woman, aged 32, married 8 years)

"It is going to be a battle as we never used it for a long time" (rural woman, aged 28, married 7 years).

"It is not easy, I can't, he will think that I am cheating and we have never used it before" (rural woman, aged 30, married 8 years).

Trust: A few had never used condoms and have no intention to use them because they trust their partners. However, some of the women were of the opinion that there is no need to use condom because relationships must be based on trust. One participant said: *"We do not want to use condoms because we trust each other and we have never used it"* (rural woman, aged 28, married 7 years).

A few reported irregular use of condoms because men should initiate condom use. In the words of a participant: *"I have never asked him, he uses a condom when he wants"* (rural woman, aged 43, married 10+ years).

DISCUSSION

Condom use has emerged as one of the promising strategies in the global fight against sexually transmitted infections including HIV/AIDS. Since the introduction of condoms purposely for disease prevention, easy supply and accessibility is evident from research findings in South Africa (Shisana, Rehle, Simbayi, Zuma, & Jooste, 2009; Shisana, 2005). The present study gives support to the earlier observations on knowledge and efficiency of condoms in preventing the spread of STI/HIV/AIDS. Despite the prospects of condoms in HIV/AIDS prevention, the reported usage in the study was low. The study revealed that while over 90% knew that an STI is a risk factor for HIV and condom use prevents STI/HIV/AIDS, only 16.4% of the women reported current use of condoms. This suggested a high level of mismatch between knowledge and condom use.

The result is similar to studies in Free State province (Chandran et al., 2012) and Cape Town (Hargreaves et al., 2009) which indicated that students were more likely to report condom use compared to unemployed women. This is not unexpected because safer sex practice programmes through condom use have been promoted in institutions of learning and communities where there are students. This finding is in consonance with previous studies in Nigeria (Ogunjuyigbe & Adeyemi, 2005), where a job earning an income enabled women to make decisions on condom use. Irrespective of limited skills and meagre salaries, their economic state bestows self-esteem on women.

One of the findings is in sharp contrast with recent studies in South Africa (Peltzer, 2013; Vu et al., 2012) and other countries (Bunnell et al., 2008) which reported that knowledge of partner's HIV status is associated with high condom use. The discrepancy may be attributed to the fact that previous studies considered married and unmarried women, whereas the present study focused on married or cohabiting women. Knowledge of partners' HIV status may offer unlimited

opportunities to women to decide whether to use condoms or to reject sex outright. The present study did not focus on knowing either the HIV status of the women or that of their partners. However, over 90% of the women in the survey reported that they would reject sex if a partner has an STI. recent studies have shown unprotected sex among discordant couples in which the woman is HIV-positive (Bii, Otieno-Nyunya, Siika, & Rotich, 2008; Peltzer, 2013; Villar-Loubet et al., 2013). There was evidence that these women knew that their partners were HIV-negative (Bunnell et al., 2008). The reason why women who knew the HIV status of their partners showed low condom use in this study is not clear from the data. The low condom use among women reporting knowledge of their partners HIV status may represent trust as observed from the qualitative data.

Considering the recent reports on early sexual initiation, unplanned pregnancies with risky sexual behaviour among women in South Africa (Peltzer, 2013; Villar-Loubet et al., 2013), women with knowledge of their partners HIV status and may yet have sex represent potential risk to their male partners. Studies have shown that some young women commenced marriage and cohabitation after they have already been infected by HIV virus (Kaiser et al., 2011). Under this condition, reluctance to use condoms may occur. From the in-depth interviews, the major impediment to use condom was fear of accusation because condoms were not introduced at the beginning of the union. Interventions that encourage couples to know their HIV status at the inception of a relationship may increase adoption of condoms in steady relationships and subsequently overall wellbeing of sexual and reproductive health.

The result is consistent with other studies in South Africa (Langen, 2007; Maharaj & Cleland, 2004) that showed that the use of condoms decreases with increasing number of children. This may suggest that the use of condoms may be related to prevention of pregnancy rather than disease. The importance women place on having children is higher than the need for protected sex and health risks, a finding similar to a study in Uganda (Beyeza-Kashesya et al., 2009). Sex for the purpose of childbearing will involve unprotected sexual acts. In the African context childlessness might certainly have negative effects on condoms use within

marriage because childbearing is the symbol of a good marriage and womanhood to women. In addition, husbands and male partners may resist use of condoms in marital and steady relationships because sex ought to be natural and based on trust. Women may engage in unprotected sex as a way of discouraging their husbands or male partners from having children outside marriage or their relationship. Juxtaposing the interest in having children which a natural sexual act provides, consistent condom use may be unattainable especially when women desire more children. The importance of procreation may have an impact on the spread of HIV/AIDS in marital relationships because of inconsistent condom use.

The findings of the study are in agreement with other studies (Exavery et al., 2012; Hamid, Stephenson, & Rubenson, 2011; Jones et al., 2013) that reported spousal communication about condom use is associated with a rise in condom use. Our study showed that women who discuss sex without difficulties with their partners were more likely to adopt protective measures by using condoms. Women who have ever suggested the use of condom to their partners had higher odds of using condoms, a finding that is documented in previous studies (Mon & Liabsuetrakul, 2012; Muhwava, 2004). Spousal discussion about sex promotes use of condoms in marital relationships without fear of accusation. This result revealed that women may prefer to use condoms but fail to communicate the desire, a finding similar to another qualitative study in the North-West province (Versteeg & Murray, 2008). The fact that women want to use condoms but could not voice out their intentions suggests a communication gap between couples. Furthermore, women using condoms as a pretence to prevent an unwanted pregnancy instead of diseases cannot be a sustainable strategy to avert risky or unprotected sex. Empowering women through spousal communication may emerge as one of the strategies to promote condom use in marital relationships.

Finally, one of the findings gives support to some extent to earlier studies in South Africa (Kalichman & Simbayi, 2004; Prince, Denis, & van Dijk, 2009) and elsewhere (Behrend, 2007; Tenkorang, Gyimah, Maticka-Tyndale, & Adjei, 2011) that reported supernatural transmission of HIV/AIDS influences attitudes to condom use. About thirty-two percent (32.2%) of the women were not sure about

transmission of HIV by supernatural means. Considering the traditional beliefs that supernatural forces or malicious spirits inflict diseases in South Africa, this particular group of women may not perceive the need to use condoms to prevent sexually transmitted infections. The assumption is that humans cannot contend with malicious spirits if they play a role in the spread of HIV/AIDS. AIDS does not have a name in Setswana, which created doubts about its existence (Scott, 2010). Denying AIDS existence because it has no local name may separate HIV transmission from unprotected sex which may result in low condom use. Uncertainty about HIV transmission by supernatural means is associated with unprotected sexual behaviour. The findings of the study underscore the relevance of local beliefs in promoting condom use in marital relationships.

Apart from socio-cultural and structural barriers to consistent condom use identified in the study, qualitative findings reveal that women may not use condoms because of sexual pleasure despite the knowledge of the benefits. This indicates that women may place sexual pleasure above health risks. The claim that condoms can break is enough to have a negative attitude to condom use. Women's negative attitude to condom use may compromise safer sex measures which is consistent with previous findings (Awusabo-Asare, Anarfi, & Agyeman, 1993; Dixon-Mueller, 1993).

CONCLUSION

The study revealed that the risk of unprotected sex and the implications are clear to the women. Since fertility is intertwined with marriage and womanhood in the African context, condom use within marriage may continue to influence safer sex practices. The misperception and dislike of condoms because of trusting one's sexual partner, fear of accusation, and sexual pleasure among women suggest that married and cohabiting women may continue to represent a high risk population for sexually transmitted infections. Furthermore, non-condom use as a result of trusting partners needs further investigation. Strategies to increase condom use in marital relationships may focus on providing women with income earning jobs and improvement of spousal communication as these two factors play a role in consistent usage.

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