



EVIDENCE BRIEF

Rapid Assessment of Condom Needs, Availability, Access and Use, Especially Among Young People in Swaziland (2012)



Why is it important?

At 26 per cent, HIV prevalence amongst youth in Swaziland is high. This report features results from a rapid assessment of condom needs, availability, access and use among young people in Swaziland. It is beneficial for programming and policy activities.

Methodology

The following methodologies were used: a desk review, focus group discussions, and key informant interviews. Adolescents and youth aged 15 to 19 years old were sampled across the 4 provinces. The 12 focus group discussions consisted of 8 to 12 participants. The key informant interviews sampled policy makers, service providers, cooperating partners and donors, and opinion leaders.

Key findings

Young people have experienced barriers to condom access at a structural, community, family and personal level. Evidence shows that there are barriers to reaching various groups of young people (including in- and out-of-school groups) due to policy impediments, stock outs, and costs associated with commercial and socially marketed condoms, which remain the preferred choice. Other barriers include being too shy to collect condoms, myths and misconceptions about condoms, parental disapproval of sexual activity of young people, and the unavailability of condoms in rural areas.

The young people were unanimous in stating that they lack condom use skills, including condom negotiation skills, especially among young women. Furthermore, the focus group discussions revealed that women and girls are

not able to make decisions independently concerning their sexual lives. Despite these barriers, the young people see themselves as part of the solution. Additional challenges that were identified include cultural and religious conservatism, resistance from elders, stigma and inadequate privacy, social fear, and stigmatization of the female condom. The male condom is preferred and is more accessible.

There are some disparities in the condom needs of young people. This is largely related to location, economic status, HIV status and reproductive health status. Therefore, there is a need to design campaigns that recognize these disparities and address them in order to ensure correct and consistent condom use.

Conclusion

Swaziland has an enabling policy and legal framework environment for condoms, which it is recommended be amended to cater for adolescents and youth in school and also within a conservative environment. Though good initiatives have been started by the government and various implementing partners, which have considerable potential for expanding condom promotion and distribution, it is recommended that more be done as there still remains inadequate access to condoms for young people.

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Developed in partnership with:



Version: October 2017

Published within the framework of Preventing Maternal Deaths in East and Southern Africa programme